MARGIN LENDING
A new product for medical professionals

GROUP PRACTICE
How to make joint ventures work

CLOUD COMPUTING
A silver lining for busy practitioners

DAY HOSPITALS
Building a successful business from the ground up
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“Give me a place to stand, and a lever long enough, and I will move the world.”

These words of wisdom come from the great Greek mathematician Archimedes (c.287 -212 B.C.). One wonders if Archimedes fully appreciated the relevance of his mathematical postulation in all areas of life, particularly with respect to achieving business, financial and lifestyle goals.

In this edition of The Private Practice Magazine, we present articles with a common theme – leverage. Hanya Oversby’s article outlines specifically what your practice manager should be doing within your practice. These tasks require knowledge and empowerment and, when executed in a disciplined and efficient manner, result in peak staff performance, optimal practice operation and practice profitability. A good practice manager will free up the doctor to focus on medicine and/or business building – that’s leverage!

The leverage theme is taken to another level in Elizabeth Rankin’s article on developing a Day Hospital/Surgery. Where appropriate (depending on your branch of medicine), developing and managing your own Day Hospital can create tremendous leverage in terms of generating passive income and wealth creation through property and business development.

Our specialty feature showcases Rheumatology, with Dr Louis McGuigan, President of the Australian Rheumatology Association, outlining his role and the aims of the association – the leverage theme continues here. Your College, Society or Association provides the leverage your specialty requires to have an effective voice, which will be heard by the Government and the general community – your market.

Julie Smith discusses the benefits of Group versus Solo Practice – a ‘no-brainer’ to my mind. Group practice provides both financial and, more importantly, lifestyle leverage, plus the intangible benefit of peer support.

Leverage, of course, is one of the key ingredients in personal wealth creation and David O’Callaghan outlines a new margin-lending package designed specifically for the medical professional, WITHOUT MARGIN CALLS!

Information Technology is all about leverage and we have the team from Allphones revealing the latest smartphone solutions provided by BlackBerry and Rafic Habib discussing the ‘cloud computing’ phenomenon and the tremendous cost savings that can be achieved.

In my experience, doctors love property and the concept of negative gearing (tax-effective leveraging) is synonymous with real-estate investment. Barry Porter highlights the key factors you should consider before investing.

We also have Chris Caton giving his opinion on the state of the global and domestic economies and markets (beware of Greeks bearing rifts!), and Andrew Arps talking about the lifestyle flexibility afforded by working as a locum. Suzi Skinner gives us the latest thinking and support mechanisms required to successfully manage a career transition, Margaret Faux discusses the laws around Privacy and Anne Levitch talks about practice design considerations when catering for male patients.

So, the ancient Greeks have left lasting lessons. Leverage helps us to achieve our goals quicker and with less energy. The more leverage you employ in your practice and financial lives, the faster you will achieve your lifestyle goals.

As far as lessons from the modern Greeks? Don’t spend more than you earn!

Happy reading.

Steven Macarounas, Editor
editor@theprivatepractice.com.au
If there is anything that needs doing at Dr Greenwood’s practice, Sarah is the one who gets it done. Sarah has been Dr Greenwood’s secretary for eight years now, and was promoted to the role of practice manager two years ago. Her extremely busy days are spent managing the staff and the appointment book, as well as taking care of day-to-day issues such as ensuring the banking is reconciled efficiently and treatment rooms are clean, sterilised and well stocked.

Despite all this efficiency, Dr Greenwood still has no idea how well his practice is doing. There’s no doubt that his Practice Manager is working hard in the business, yet no-one is working on the business.

This highlights the importance of having a practice manager. Medical practitioners have limited time and need a skilled manager to develop an effective business plan and ensure it is implemented. As times are becoming more competitive and practices more expensive to run, an effective management process is imperative. Medical practitioners have short careers and therefore need to limit the margin for errors.

**IN PRACTICE**

So, what should a practice manager be responsible for? First and foremost, implementing management systems that are logical and simple to use. This is crucial to ensuring that your customer service levels are consistent and systems should be applied to:
- Clinical
- Financial
- Administration
- Operations
- People
- Marketing
- Risk

Each of these practice management issues requires time. If you do not engage with the problem you will have the worst possible outcome. You are removing your opportunity to achieve a better outcome for yourself by not allocating time to your practice.

Implementing systems is important, but establishing a process of continuous improvement allows the practice to grow and improve proactively. This is important to avoid practicing in a reactive manner, which can prove stressful and costly.

Deming’s Cycle (Continuous Improvement)

**Benefits of a good system:**
- Your business can operate without you
- Increases the effectiveness and efficiency of business
- Removes most risks
- You are able to employ staff with lower skill levels
- Eases the burdens of training staff
- Enables you to leverage your time, effort, knowledge and money

**Defining qualities**

A good practice manager is a valuable asset, but what exactly should this all-important role encompass? Hanya Oversby provides an overview.

Hanya Oversby is Director of Specialist Consulting.
LEAD THE WAY

How can you ensure your practice manager is working to full capacity? All practice managers should provide regular monthly reporting to doctors to ensure the Key Performance Indicators (KPI) of the practice are being met. This reporting is best when it is easy to read and the identified KPIs are easily identified.

How can you help your practice manager?
To be fair to practice managers, they are expected to be able to manage many areas of the practice, where in a bigger organisation there would be a department allocated to deal with a specific area of business need. The key in a small organisation is to outsource. This may initially seem to be an expensive way of managing the business, but at a closer look you can have experts doing work in less time than your practice manager. This gives the practice manager time to work on your business and not get stuck with jobs they may not have expertise in.

Bookkeeping is a common example of a task that can consume a lot of a practice manager’s time yet can – and should – be outsourced to a trained bookkeeper.

Practice management can also be outsourced. Management consultants have expertise in dealing with the challenges medical practices face on a daily basis and practice managers can benefit from this experience through a mentoring process. Along with having access to many contacts for outsourcing, consultants de-personalise issues that may need to be addressed at your practice, which can save you and your business time, money and frustration.

Where can a practice manager find additional support?
Organisations such as The Australian Association of Practice Managers (AAPM) represent practice managers and the profession of practice management. Founded in 1979, AAPM is a non-profit, national association recognised as the professional body dedicated to supporting effective practice management in the healthcare profession.

Formal education for practice managers is available with UNE Partnerships, the University of New England’s education and training company. In association with AAPM, UNE has developed the Professional Practice Manager Development Program – Australia’s leading Professional Practice Manager Development Program, which offers nationally recognised qualifications and both national and international delivery. This program has been evolving over many years and offers qualifications developed against the latest industry standards for healthcare management.

Effective practice managers such as Sarah are out there, but unfortunately they are bogged down with day-to-day duties. The key is to ensure they have the time to stay true to their actual role and the necessary resources to do the best job possible.

SOURCES:
The Australian Association of Practice Managers: www.aapm.org.au
UNE Partnerships: www.practicemanagement.edu.au
OH&S Compliance – MONIT: www.monit.com.au
Specialist Consulting: www.specialistconsulting.com.au
Watchmynumbers – Dashboard Reporting: sc.watchmynumbers.com

General Management Duties of a Practice Manager include:

• Practice Analysis
  – A review of the current practice
  – Recommendations for improvement
  – Business planning and implementation

• Project Management
  – Business Development
  – Implementation of projects
  – Development of Management Schedule

• Change Management Facilitation
  – Facilitating changes in direction of business

• Staff
  – Education, mentoring and monitoring
  – Assistance in recruiting
  – Training and professional development

• Systems and Operations
  – Introducing systems that staff will use and understand
  – Continuous Improvement of systems

• Reporting
  – Identifying and monitoring KPIs specific to the business

• Marketing
  – Developing and implementing marketing strategies appropriate for the speciality

• Information Technology
  – Software and hardware advice

• General Management
  – Record keeping review and advice
  – Benchmarking

• Practitioner
  – Scheduling
  – Operational management
There is no magic surrounding the development of a day hospital – it’s a long and labour-intensive process requiring over 1000 individual forms and around 2700 man-hours of effort. The typical development process can take anywhere from 12 to 18 months to completion and involves activities as varied as obtaining approval from the State Health Department, designing the functionality of the hospital, equipping the hospital and accrediting the new facility.

The development process also requires a strong ability to identify, analyse and solve problems, plus meticulous attention to detail and a thorough understanding of all aspects of the legal, technical and management areas of building a facility. There are literally hundreds of steps involved and many issues that will arise along the way.

Can you do it yourself? Certainly, but you have to ask how much time you can afford to devote to a project that has a steep and expensive learning curve, will consume your energy and stretch your administrative capabilities as you continue to manage your current business. This is where having the right people involved from the start can save you money, time and harassment.

With careful and competent planning
prior to actual development and construction, the risks inherent in developing a day hospital can be substantially minimised, greater efficiencies can be achieved and the goals of the principals behind the project can be met and even exceeded.

**DOWN TO BUSINESS**

The first step is to conduct a business feasibility study. If the project is seen as feasible, the next stage is to proceed with a full business plan. This will have a threefold purpose:

1. **Firstly**, it’s necessary to lay a firm foundation for the project so all investors have a more complete understanding of the dynamics inherent to the venture’s success.
2. **Secondly**, the business plan should be used to secure financing and other capital required for the project, as nearly all day hospital development projects utilise debt financing.
3. **Thirdly**, if the principals wish to enter into a joint-ownership arrangement, the business plan is used as a starting point for discussion, as it includes all material factors relating to the day hospital’s development, operation and ongoing viability.

**MEETING THE REQUIREMENTS**

**Cost**: The cost of establishing a day hospital is around $4000 per square metre if you are fitting out an existing building. This amount increases to about $5000 per square metre if you start with a greenfield (or undeveloped) site, where you have the cost of the property/land to consider.

**Time**: From the time you decide to go ahead with the process it will take a minimum of 12-24 months before you can open your doors.

**Space**: The Australasian Health Facilities Guidelines specify the spaces and rooms required for a day hospital. A two-theatre complex needs around 1000 square metres, as well as parking for 15 to 20 cars. Space is also required for gas manifolds and bottle storage, suction compressor, generator, uninterruptable power supply, waste (general, recycled, clinical, delivery area, water treatment), reverse osmosis water system and a dedicated ambulance bay. Other considerations include lift size (the lift must be able to take a patient on a trolley and have a slab-to-slab height minimum of three metres), and access for trucks to deliver gas/linen/consumables.

**Ongoing compliance**: The Australian healthcare industry is one of the most regulated industries in the country, with compliance including accreditation, monthly reporting to the relevant State Health Department, monthly reporting to the Private Hospitals Data Bureau (Commonwealth), monthly reporting of Hospital Casemix Protocol to the health funds, Annual Private Health Establishments Collection (ABS) and half-yearly clinical indicator reporting.

**Profit expectations**: Most people overestimate profit expectations. The reality is that you need enough surgeons to bring enough patients to cover the fixed cost of running your day hospital, as well as the variable costs and any loan repayments.

**KEY SUCCESS FACTORS**

**Feasibility Study and Business Plan**: Ensuring that you commence the process with a clear understanding of all the costs and requirements will minimise the risks.

**Unilateral commitment**: Having a clear mission and objectives ensures that everyone is moving in the same direction.

**Management experience**: Ensure that you have a proven experienced management team – you can’t afford to be giving everyone on-the-job training.

**Proper incentives**: Ensure that your incentives for staff and surgeons will result in achieving your objectives.

**Culture of compromise**: Surgeons and anaesthetists need to work together so instrument trays, equipment and consumables can be standardised.

**Sound financial footing**: Make sure your cash-flow projections are realistic, that you have allowed for delays throughout the process and you have sufficient working capital or access to an overdraft.

**Billing and collecting**: Make sure all staff are committed to a schedule of at least weekly billing and that all accounts are followed up. There should be no ‘outstandings’ in 90 days – uninsured patients must pay on admission and health funds will pay within 28 days.

**Information system**: Selecting the right Patient Administration System, Electronic Medical Records and Theatre Costing can provide a strong basis for your information system. These systems can reduce the floor area required for the hospital, reduce staffing and stationery costs, and provide information for decision making. ☺
ON THE JOB
The key reasons day hospitals run into trouble are:

**Partner conflicts:** It is vital to discuss the following factors, all of which may become hotspots for dissent:
- Philosophy and goals for the day hospital and the approach to achieve those goals
- Optimal management structure
- Procedure for adding/removing partners
- Long-term strategic plan
- Profit distribution

**Poor surgeon recruitment:** The right mix of surgeons is essential for the success of the hospital. Many surgeons will overestimate the number of cases they can bring to your hospital and not all patients are suitable for day surgery.

**Failure to properly staff the hospital:** A core team of experienced staff is required, together with a mix of part-time and casual staff. For every 10 staff you need one more to cover annual leave, personal carer’s leave etcetera. To maximise efficiency, staff members should be multi-skilled and work in two areas of the hospital.

**Failure to negotiate health-fund contracts:** In Australia, there is no requirement for health funds to contract with new facilities. Once the Commonwealth has declared your facility as a day hospital and issued a provider number, health funds must pay the default accommodation benefit depending on the type of anaesthetic and the time in theatre, as well as the default amount for any prosthesis used. There is no requirement for health funds to pay the theatre fee. Once your facility is accredited with either the Australian Council on Healthcare Standards (ACHS) or International Organization for Standardization (ISO) and you meet the requirements for Second Tier Default Benefits, you can apply for the Second Tier Default Benefits. The committee meets four times per year and the process takes around three months before the Commonwealth adds your hospital to Schedule 5. Once your hospital has been specified the health fund must pay you 85% of the contracted rate for the procedure for your type of hospital in your state. Health Funds typically will not discuss a contract until you have been accredited and there is no guarantee a contract will be forthcoming.

**Undercapitalisation:** This is a common problem. Without realistic cash-flow projections, tight control on the building process and equipment purchasing, many day hospitals find themselves with insufficient working capital and either borrow more than expected or go back to the shareholders for additional cash injections. There are many hidden costs in the establishment of a new hospital that are overlooked.

**Over or under building:** Much thought needs to be given to the size of the facility and its expected growth over its life. If you have a 20-year lease, it’s worth considering taking options on adjacent areas for five to 10 years so you have the ability to expand. On the other hand, if you overbuild you must live with the burden of a higher breakeven point.
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November was another difficult month for investors. Plagued by ongoing concerns about Europe, share markets struggled once again. The S&P500 index fell by 0.5% for the month, while the Australian share market, as measured by the ASX200 index, declined by 4.1%.

This was the seventh negative month in the past eight. The main reason the Australian market underperformed the US is that the latter rose by more than 3% on the last day of the month. This, at least, got the Australian market off to a good start in December.

ALL EYES ON EUROPE

The European debt crisis clearly worsened in the month, in that it “spread” to Italy. So long as the issue was confined to Greece, Ireland and Portugal, it was relatively inconsequential, given the small size of those economies. But the Italian economy is almost three times the size of the others in total, and is the eighth largest in the world.

I recently suggested Italy did not really have a debt problem – its debt/GDP ratio is high but has been close to stable for 20 years – but that would change the day that markets decided it did have a problem.

In November, the Italian long-bond rate rose to its highest level in 14 years, piercing the 7% “ceiling” considered to be consistent with debt spiralling out of control. When rates get that high, financing new debt or refinancing maturing debt obviously becomes more costly. This financing cost itself adds to the debt, and the debt-to-GDP ratio tends to rise, which further concerns markets.

I also suggested that the most likely way any such sell-off and subsequent spiral could be avoided was for the European Central Bank (ECB) to act as a buyer of last resort of government bonds. I stand by that prescription.

Were the ECB to pursue this policy aggressively, markets would tend to stabilise and the problem would – slowly – alleviate. The problem is that Germany, in particular, does not see this as part of the ECB’s responsibility. But if the latter is not responsible for doing whatever is necessary to ensure European economic stability, what exactly is its function?

This is not all that needs to be done of course. Austerity does need to be practiced in those countries, particularly Greece, whose public finances are out of control. But trying to solve the whole problem by austerity measures in the individual countries is effectively trying to shrink one’s way out. It would appear far better to try and grow one’s way out!

If your debt-to-GDP ratio is too high, then wouldn’t it make sense to try to raise the denominator as well as reduce the numerator? The affected countries can’t simply set the sails for growth, but the strong economies – particularly Germany and, to a lesser extent, France – can. A stronger Germany will demand more exports from its neighbours, and hence drag them along.

In addition, the European “cash rate” stands at 1.5%. Why can’t it be cut to zero?

What I am arguing is that Europe has (admittedly unconventional) weapons that it hasn’t even tried yet. My assessment is use of these could at least stabilise the situation and thus allow for gradual improvement. There seems to be only one way to find out!
ELSEWHERE IN THE WORLD

The other two international issues are still with us. In late-November, it was reported that a Chinese purchasing managers’ index fell to its lowest level in some 32 months. This is, at worst, an indication of some light slowing. But it was enough to knock close to 2% off the Australian share market in one day, and to increase the speculation that commodity prices have already peaked (they probably have!).

In the US, the “Super Committee” tasked with coming up with a long-term deficit reduction plan failed miserably, but is anyone really surprised? The economic data from the US continues to suggest that it is not about to lurch back into recession – something I have long contended is unlikely to happen. But it remains a risk.

In the year to the September quarter, real US GDP grew by 1.51%. In the post-war period, whenever this statistic has dipped below 1.5%, a recession has followed in short order. Watch this space!

THE LOCAL OUTLOOK

In the last week of November the Federal Government released its Mid-Year Economic and Fiscal Outlook (MYEFO), as it does every year. This one differed from its predecessors, however, in that it morphed into a mini budget, with a number of new initiatives announced.

The raison d’etre for these initiatives was the desire by the Government to continue to forecast a surplus for the 2012/13 fiscal year. The measures announced ranged from things that needed to be done all the way through to picayune.

The forecast surplus still exists, but the biggest reason is that some measures were moved into 2011/12 (post-flood reconstruction spending, for example), thus increasing the forecast deficit in that year (it now stands at $37.1 billion, up massively from $22.6 billion at Budget time six months ago). This is the accounting equivalent of a shell game; the forecast surplus has been maintained with very little genuine fiscal tightening.

The good news is that this isn’t so bad. In the current global environment, there is simply no good economic reason to set out to achieve a surplus no matter what. And it probably won’t happen anyway. First, the turnaround from large deficit in 2011/12 to small surplus in 2012/13 would be the largest on record. Second, the global economy in general, and the possibility of a substantial fall in commodity prices, may wreak havoc with any forecast surplus that is, in any case, less than rounding error!

On the monetary policy front, as I type financial markets are expecting the cash rate to fall by a further 1.25 percent in the next six months. While there will certainly be one or two more cuts, this seems to me to incorporate an overly gloomy view of both the Australian and global economies.
Locum tenens has evolved into a smart and flexible alternative for practicing medicine and working with patients. Andrew Arps discusses the options.

Once strictly considered a way for doctors to supplement their income on the weekend, locum tenens – defined as ‘a medical practitioner who temporarily takes the place of another’ – has grown in popularity as a practice choice for doctors and viable staffing option for healthcare facilities.

Most doctors seeking locum positions will contract with agencies that perform recruitment services for healthcare providers. The doctor is paid by the agency, which in turn is paid by the healthcare provider. Locum positions can last anywhere from a few days to several months or long-term contracts.

Locum work is attractive to doctors at all stages of their career. For young doctors, the main attraction is lifestyle and work balance. As a locum, you can work all you want, when and where you want. It gives you the freedom, lifestyle and time to travel or study without sacrificing income or clinical hours.

Locum assignments also offer a more hands-on experience and the chance to practice in different urban and rural settings until you find the right practice opportunity for your individual needs.

Setting up your own practice can be a costly exercise. Locum work can help fund your set-up costs or supplement your income while you are building up the practice. Your exposure as a locum to different practices offers a valuable way to learn practical, on-the-job management and operational skills to utilise in your own practice.

SUPPLY & DEMAND
If you’re already running your own practice, working as a locum gives you the flexibility to pursue different scopes of practice. And if you need time out, locum assignments let you work as an independent contractor without the daily concerns and responsibilities of running a practice.

For doctors with young families, locum work provides the chance to experience the world with your children, gaining new practice experiences as you go. It can also offer flexible scheduling and part-time hours so you can spend more time with your loved ones.

For doctors nearing retirement, locum work lets you choose when and where you want to work, giving you plenty of time to pursue other interests.

The increasing need for full-time doctors coupled with the decreasing supply means locums are in great demand. Healthcare providers look to locums to help better staff their facility, especially during busy periods, or to fill the gap for permanent staff away on holiday or leave. As healthcare facilities can experience seasonal and holiday variances, employing locums is an excellent way to maintain a consistent level of service. In addition, locum assignments offer healthcare providers the opportunity to evaluate a doctor before hiring them permanently.

An increasing number of doctors are choosing locum work for its flexibility, lifestyle, income, travel, clinical and practice experiences. Locums tenens truly offers a smart and flexible way to practice medicine and work with patients at any stage of your career. ©

Andrew Arps is General Manager at Triple0 Medical Recruitment.
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- We provide a tailored service delivering an end-to-end solution from acquisition through to property management if required.
- We inspect 2000+ properties a year for our client’s - saving time, money and stress; providing confidence, objectivity through the process, strong risk management and anonymity.
- We are experts in Residential and Commercial (retail, mixed use and industrial) acquisition, management and leasing.
- We are experienced, professional and process & results driven.
We all know someone in our professional lives who is undertaking some type of career transition – they may be working towards retirement, stepping into a new role, setting up a medical practice or returning to work following parental leave. While each of these scenarios is relatively commonplace, our ability to understand and support our colleagues through these transitions is not so common.

To understand the transition process is to understand the impact a change in circumstance can have on our identities and sense of self. To coin a common phrase, we are all products of our environment to some extent, and we have elements of our identity tied to these various environments. For instance, we may be the successful specialist doctor at work, the nurturing parent at home, the confident mentor with our peers and the competitive sportsperson on the tennis court.

Each of these ‘selves’ makes up our identity and include the following components:
• Our ‘self concept’: This refers to the perceptions we have about our traits, talents and weaknesses. It includes multiple aspects of our self, such as our occupation, gender role beliefs, attitudes about family, lifestyle and so on.
• Our remembered younger self.
• Our anticipated future (or ‘possible’) self.

SELF AWARENESS

According to US psychologists Hazel Markus and Paula Nurius, our identity is multifaceted and is attained gradually as we move through life and experiment with different ‘possible selves’ (Possible Selves, American Psychologist Vol 41, No. 9, 954-969, 1986). Markus and Nurius first introduced the concept of ‘possible selves’ to complement our understanding of our inner selves, and how we build and shape our identities over our lifetime.

The pair noted that, “possible selves represent an individual’s ideas of what they might become, what they would like to become and what they are afraid of becoming” in the future. They highlighted

Making a successful career transition requires getting in touch with our sense of self, questioning our motives and seeking the support of colleagues. Suzi Skinner talks us through the process.

Suzi Skinner is a consultant at The Private Coach.
that possible selves are the images, senses and thoughts that individuals carry around in their heads and are dependent on that individual’s personal history, motives, experiences, values and beliefs.

A successful physician contemplating life after practice can be faced with a myriad of personal challenges to their sense of identity as he or she navigates away mentally from what their life has been (sometimes for over 50 years) towards a different future (and a different ‘possible self’ or selves). While the transition time itself may be impermanent, such as moving from working full-time to working part time, it can mean significant changes to how that individual views themself and their future.

The diagram below highlights the shift in perspective and identity that can take place through career transitions. Indeed, while everyone that undergoes a transition approaches the time with a range of different motivations, ideas of why they are transitioning and constraints and available resources, the underlying psychological processes involved are remarkably similar.

The diagram highlights that transitions are fundamentally a time for exploring what new possibilities may be available to that individual. An individual transitioning from full-time practice may be asking who they might become and what the possibilities are. They will need time to consider how their view of themselves may change and what type of activities will they now be involved in. They may also question how they will share their expertise and wisdom; how their peer relationships will change; what transitions people in their team will need to make; what may need to change about the way their team is working; and which of their personal and working habits need to be updated.

An individual starting out in their own private practice may be wanting to test out a variety of possibilities that fit with their new evolving sense of identity, such as the number of hours worked, responsibilities, income and promotion potential.

EMBRACING THE CONCEPT

Importantly, these career transitions often involve a longer psychological process than we expect. This is primarily because we not only need to make room in our heads for the ‘new self’ we are becoming, but have to rid some of the ‘old selves’ we may still be dragging around.

Even when we’ve decided what our ‘possible self’ will look like, there is still an adjustment period as we linger between the two identities. Eventually there comes a time when we are clear and confident about how to integrate these various ‘possible selves’. This is the point at which we spend time grounding the changes and updating our understanding of who we think we are – i.e: the ‘self-concept’.

Once we’ve been through the transitional process, we generally find that we can more easily adapt to the external changes in our lives. We also find that the internal changes feel like a better fit between who we are and what we do, leading to a more centred and confident approach to this next phase of our lives.

SHOW YOUR SUPPORT

How can you successfully support someone through their transition?

- Recognise a transition when you see it and decide to give that person your attention.
- Be a sounding board and take time to help your colleague explore their possibilities for work and life.
- Be open about your support through this time and help your colleague to recognise that transitions take time and can be awkward.
- Be flexible and allow your colleague time to test out various options, then check in with them at regular intervals.
- Remember that career transitions are something we will all experience, so be prepared to share your personal reflections and own experiences.
Can a patient provide too much information? Margaret Faux discusses the laws around privacy and what health professionals can do to safeguard records.

In the provision of health care, it seems strange to even contemplate that there could be too much information about a patient. Doctors are trained to only consider diagnosis and treatment when all the available facts have been gathered. Yet even the smallest detail about a patient, such as their address or referring GP, can be too much information should it enter the public domain and infringe the patient’s right to privacy.

Health information is valued and valid when it is required in the course of treatment. In this context, a ‘need to know’ approach should be taken. But when information is overheard or glimpsed by others, privacy laws may be breached.

Doctors and their surgery staff have always been aware of the importance of confidentiality and have taken measures accordingly. A document dealing with the US Health Insurance Portability and Accountability Act (HIPAA), entitled Improving the health, safety and well-being of America, refers to examples of such safeguards:

- By speaking quietly when discussing a patient’s condition with family members in a waiting room or other public area
- By avoiding using patients’ names in public hallways and elevators, and posting signs to remind employees to protect patient confidentiality
- By isolating or locking file cabinets or records rooms
- By providing additional security, such as passwords, on computers to maintain personal information.

ON THE HOME FRONT

In Australia, the legislation covering the rights of an individual – or patient – to privacy is the 1988 Commonwealth Privacy Act, which comprises 10 principles. They include how information may be collected, how it must be held securely and disposed of, how it must be accurate and kept up to date, and how the individual concerned must be able to access the information and have it corrected.

Some states have their own statutes governing health records, which vary slightly from each other but essentially echo the Commonwealth Act then take it a little further. For instance, New South Wales has added five privacy principles to the Act, along with the requirement that patient-doctor confidentiality be observed up to 30 years after the death of the patient – an obligation not imposed in Victoria.

When considering patient privacy, there is no real or useful distinction to be made between health information and personal information. As a rule of thumb, all personal information collected in the context of a health service is considered health information. Even a residential address that can be linked to a patient is ‘health information’, and is therefore privacy protected.

Something as apparently innocuous as a patient sticker is also captured by the legislation. Hospitals across Australia use patient stickers to record a patient’s full name, date of birth, address, telephone number, health fund, Medicare number, the name of the hospital, the doctor treating or referring, an admission date and a medical record number.
This amounts to a lot of sensitive information. With the advent of the electronic transmission of health data, the issue of privacy has become more complex. It’s no longer the case that locking up records in a filing cabinet or speaking in hushed tones about a patient’s condition is sufficient. And while the rules around privacy protection are becoming more stringent, the means for breaching privacy have broadened.

SAFE & SECURE
It’s fair to say that the HIPAA legislation provides even more safeguards for US citizens than our own domestic privacy laws do for us. In researching privacy with respect to medical billing across the globe, I have become aware of a company handling US billing that goes to extraordinary lengths to satisfy privacy requirements. For example, all the company’s staff computers have the USB function disabled so health information can’t be copied and removed from the premises via memory stick. In addition, all the computers face in a certain direction so people walking by can’t glance at the screens as they pass, and windows that allow viewing into work areas are covered with dark film. Entry in and out of work areas is by security swipe card and there are no printers at the facility to ensure no documents may be printed.

Although we have not reached the same level in Australia, we still take privacy very seriously. At Synapse Medical Services, all of our staff sign detailed privacy agreements and our printed documents must be disposed of by shredding. We avoid email where possible, encrypt sensitive information if it must be emailed and encourage doctors to upload information to our website via a secure channel.

With the introduction of national identifiers, which we understand is less than a year from implementation, all health records will be kept in a central location. From as early as 2006, the National E-Health Transition Authority (NEHTA), the authority charged with the transition, had commissioned three independent Privacy Impact Assessments of the program. As one of the assessment reports stated: ‘NEHTA is to be commended for its proactive approach to building privacy issues into the design and development of all its work, including the Unique Health Identifier Program, from the outset’.

A HEALTHY APPROACH
Privacy concerns will certainly have an increasing impact on the health professions, however there is no reason to be afraid of handling information. Indeed, without transmitting patient information your practice would cease to function, bills wouldn’t be paid and referring letters wouldn’t be sent.

The primary consideration here is how you are transmitting information and to whom. The general rule to apply is: Can it be ‘reasonably expected’ that you would be providing this information to a third party? Examples of where this expectation applies include:
• For quality assurance activities
• Managing a legal claim or complaint
• Engaging pathology services
• Administrative needs (letters and bills)

A final word of warning: When transmitting patient information in the course of your practice as a medical professional, be wary when emailing, as it does not provide an acceptable level of security. If you are routinely emailing to any third party, such as a billing service, talk to them about more secure ways of passing on information.
Reflecting on his years as a medical student, Dr Louis McGuigan says he was inspired to specialise in rheumatology after seeing how courageous patients suffering with inflammatory conditions were.

“Rheumatology patients stood out for me as they had great attitudes even though they were living with very challenging conditions,” he explains. “This led me to study at Prince Henry and Prince of Wales hospitals in Sydney and Auckland Hospital in New Zealand, and I completed my doctorate at the University of New South Wales.” Working as a Consultant Rheumatologist in private practice since 1994, Dr McGuigan now sees patients via Combined Rheumatology Practice – a group practice with three Sydney locations that he co-runs with four other rheumatologists.
The Private Practice Summer 2011/12

Dr McGuigan is also current President of the Australian Rheumatology Association (ARA), which "supports and educates members and other practitioners in the musculoskeletal field to enable provision of best possible management for patients. It fosters excellence in the diagnosis and management of musculoskeletal and inflammatory conditions through training, professional development, research and advocacy".

Here Dr McGuigan talks us through ARA’s key areas of focus and offers tips for young fellows.

What does your role as ARA president involve?

As president I work with the ARA executive to run the organisation on a day-to-day basis. This is done with the help of the ARA council, which meets twice a year. As well as advocating on behalf of our members, patients and the general community to support the quality provision of musculoskeletal services, part of the role is to determine new projects we should focus on. At present there are two particular areas of interest. The first is to expand the Regional Rheumatology Service across Australia. We currently have 74 outreach clinics and are aiming to open a further 30. Our goal is to have six to eight set up next year, with the remainder opening over the following three to four years. It’s very important for rheumatology services to be available to remote areas, especially because the earlier patients are treated the better the outcomes will be. New South Wales is four times the size of Great Britain but there are only two rheumatologists working across the Great Dividing Range. And in Queensland, the most regionalised state in the country, we only have one rheumatologist in Cairns, one working part-time in Bundaberg and one in Toowoomba. Across a distance of 1000 kilometres there is no rheumatology service at all. This is presenting great challenges, but we have to address the problem and increase awareness to our members so that younger rheumatologists consider going into regional areas. There have to be incentives, as often the reasons they don’t want to go are the lack of education facilities for children or the difficulty their spouses have getting work in the area, along with starting a practice and running a business when they barely know how to do either. Our aim is to encourage experienced rheumatologists to go into remote areas, set up and then hand over the established practices to younger colleagues. The other key area of interest is lobbying the Government so we can get more research done into rheumatology. We have been working closely and cooperatively with Arthritis Australia and consumer groups – we’ve been going hard with the lobbying for the past 12 months and are looking at achieving long-term success.
What are the ARA’s goals with regards to professional development, practice standards and expanding its profile, and how are they achieved?

Professional development and practice standards: The goal is to support the availability and accessibility of relevant continuing training so ARA members can maintain professional competencies, and to establish practice standards for musculoskeletal medicine.

Each year we hold the ARA Annual Scientific Meeting, where prominent Australian and visiting rheumatologists share their research into the latest clinical and scientific breakthroughs in our field. [The 53rd ARA Annual Scientific Meeting will be held in Canberra’s National Convention Centre from 12-15 May 2012, visit www.araconference.com.] This is an excellent event that keeps everyone informed about professional development and the advances being made in rheumatology.

We also hold monthly state meetings, where practitioners have the opportunity to present cases and topics for discussion. In addition, there are a number of ARA committees that have been formed to oversee policy development and assist us in upholding our high practice standards.

Profile raising: The goal here is to ensure our specialty achieves recognition and influence among the medical profession, within government circles and in the general community.

We have employed a press liaison person to spread the messages that come from our annual meeting and to increase awareness among GPs and the public by being in contact with the media. We have a very valuable service to offer and we take the approach that if the media wants to talk to us about anything, we will always provide a spokesperson.

How has the practice of rheumatology treatment changed since you first started out?

It has changed dramatically over the past 25 years. When I first started in practice my colleagues and I were, in many ways, social workers, as we watched people become crippled by their conditions. Then, with the advent of some basic research, medications were developed that vastly improved the lives of many people.

In the 1980s and 1990s Methotrexate was the drug of choice for rheumatology treatment, and since then a range of new drugs have become available and completely changed the way we treat rheumatoid arthritis.

Over the past 15 years new biological agents have brought about fundamental improvements in the treatment of metabolic bone disease. Unfortunately many of these drugs, particularly steroids, can cause osteoporosis, but in recent years a whole variety of new drugs have become available that can be very effective in the management of osteoporosis.

It has been a privilege for me to experience these advances and see the amazing differences they have made to patients.
Before prescribing, please review Product Information. Full PI is available from Bristol-Myers Squibb Australia.

**Indications:** ORENCIA® in combination with methotrexate is indicated for the treatment of moderate to severe active rheumatoid arthritis in adult patients who have had an insufficient response or intolerance to other disease-modifying antirheumatic drugs (DMARDs), such as methotrexate or tumour necrosis factor (TNF) blocking agents. A reduction in the progression of joint damage and improvement in physical function have been demonstrated during combination treatment with ORENCIA® and methotrexate. ORENCIA® in combination with methotrexate is also indicated in the treatment of severe, active and progressive rheumatoid arthritis in adults not previously treated with methotrexate.* ORENCIA® is indicated for reducing signs and symptoms in paediatric patients 6 years of age and older with moderately to severely active polyarticular juvenile idiopathic arthritis who have had an inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs). ORENCIA® may be used as monotherapy or concomitantly with methotrexate (MTX). ORENCIA® should not be administered concurrently with other biological DMARDs (e.g., TNF inhibitors, rituximab or anakinra).

**Contraindications:** Patients with known hypersensitivity to ORENCIA® or any of its components; patients with severe infections such as sepsis, abscesses, tuberculosis and opportunistic infections. **Precautions:** Hypersensitivity with any injectable protein; immunosuppression; infections; malignancy; immunisation; pregnancy (Category C); lactation; children; elderly; COPD; patients on controlled sodium diet. **Adverse Reactions:** Lower respiratory tract infection (including bronchitis); urinary tract infection; herpes simplex; upper respiratory tract infection (including tracheitis, nasopharyngitis); rhinitis; headache; dizziness; hypertension; flushing; cough; abdominal pain; diarrhoea; nausea; dyspepsia; rash; fatigue; asthenia; others, see full PI. In paediatric patients, adverse events were generally similar frequency and type to those seen in adult patients; see full PI.

**Dosage and Administration:** 30-minute intravenous infusion at dose adjusted according to weight. 0, 2 and 4 weeks, then every 4 weeks thereafter. Adults: < 60 kg, 500 mg; 60 to 100 kg, 750 mg; > 100 kg, 1 gram. In paediatric patients: < 75 kg, 10 mg/kg; > 75 kg, dose as per adult regimen, max 1 g.

**PBS Dispensed Price** (maximum quantity 1): Public Hospital 250 mg $504.43. Private Hospital 250 mg $531.03.

*Please note changes in Product Information.*

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**Gone dancing.**

PBS Information: Authority required. Refer to PBS Schedule for full authority information.
**What are the key concerns of rheumatologists at present?**

Firstly, there seems to be a misunderstanding in the community about the severity of arthritis. The fact is that severe inflammatory or rheumatoid arthritis are both life changing and even life threatening, but in my experience the people who have these conditions tend to grin and bear it, which is why it has a lower profile than other less-common diseases. Arthritis effects one in five Australians [about four million people] – it is a major form of disability and should be acknowledged as such.

Secondly, two years ago one of our item numbers – a steroid injection – was withdrawn without any industry consultation. Because some practitioners seemed to be overusing the item, our patients are paying the price and it has been extremely frustrating for them – as well as them being physically disabled this decision has been financially disabling.

The ARA has been lobbying to have this decision reversed. It has become a major dispute that has taken up a lot of time that could have been better spent on other issues.

**How important is being involved in research?**

It’s extremely important that young fellows are exposed to research – unless you have done it you have no idea how difficult and time-consuming it is. Realising the pitfalls of research and analysing the work done by others can help to give you the sceptical mind required to treat patients.

In rheumatology, research has resulted in us finding out about how the inflammatory process works and how to treat it. If you find research stimulating it could be appropriate to go into academic rheumatology and be at the forefront of treatment with biological agents. What our specialty needs now and in the future is good academic rheumatologists, and the ARA encourages new graduates to think about this.

The ARA has also established a research trust. We currently have $3 million in trust and our aim is to reach $10 million so we can fund high-quality research for rheumatology.

**What are some of the main challenges faced by young fellows?**

If you’re starting out and want to begin a practice, the challenge is to decide whether you want to go out on your own or join a group practice. It is much more economically viable to go into group practice, but you have to be clear about the terms and what it takes to run a successful business.

Once you are set up you have to make sure you continue to maintain a high level of service while ensuring the business side of things is running properly – if you give good service you will attract good business. I recommend talking to a number of people that run successful practices and asking them lots of questions.

Rheumatology, like any medical specialty, is labour intensive and you can become so engulfed by practice that you don’t spend time on educational development and stimulating your mind. My advice would be to get a good mentor who is prepared to guide you through your career and will have your best interests in mind.

Remember that you have to maintain your enthusiasm for your chosen profession for around 30 years!
When experience counts

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Within the medical profession there is an ever-growing trend towards group practice. For general practitioners, this model is well established. For specialist practitioners, the benefits are clear – improved lifestyle and sharing of costs and patient coverage, plus the intangible benefit of peer support and a second opinion when you need it.

As tax advisors, we are often approached for advice on how to structure a group practice. In most cases practitioners are surprised by our response, which is to ask: “What type of practice are you building?”

Group practice is a complex business venture. It requires communication between the parties and a plan to ensure the goals of the practice are achieved.

As advisors, the overriding principle we focus on is the structure and operation of your business.

**QUESTION TIME**

If you’re considering group practice, discuss the following with your colleagues.

**What type of practice?**

The direction of a practice is impacted by the ethos of the owners and their goals. Your advisors need to be aware of these goals to ensure you establish the most appropriate structure. Questions to answer:

- Is the ethos of all practitioners aligned regarding patient-care principles?
- Why are we going into group practice – is it to pool profits, grow our practices or to help share costs and resources?
- Do we want to attract future practitioners to take on partial equity in the practice?
- Do we want to build a practice for sale?
- Do we want to build a unique brand?

**How will we be remunerated?**

If you have clear ideas about how you want to run your practice from a financial perspective, it’s important to convey these to your advisors by raising the following:

- How will we determine the percentage of ownership?
- Who will contribute to the working capital requirements on start-up of the practice?
- How will we return profits to the owners?
- On what basis will we remunerate the doctors for patient and practice administration time?
- How will we address differing levels of effort by the doctors?

**How will the practice be run?**

As in any business, each practitioner will bring strengths and skills to the practice. Key points for discussion are:

- Who will oversee the operations side of the practice?
- Who will oversee the financial side of the practice?
- Will we have a practice manager?
- If so, what will their duties be?
- Who will deal with staff issues?
- Which functions will we outsource?
- How will we address patient coverage?

**Protecting all interests**

One of the most common problems we observe when group practices break down is the lack of formalised mechanisms for dispute resolution. Without this it’s not only difficult to achieve resolution but to determine the entitlement of either side.

In order to protect your own interests and those of your colleagues, it’s best to document your approach to practice while things are going well. Documentation is usually undertaken by a solicitor, with input from the practice accountant, as required.

**Issues to consider here are:**

- What is our formal legal structure?
- What happens if one party wants to exit the business?
- How will we resolve financial or professional disputes?
- Do we want to measure the performance/contribution of each party? If so, what happens if one party is not performing?
- What happens in the event of the death or prolonged sickness of an owner?

Group practice has many benefits and to harness them you need to take time to plan and manage it well. Open communication and seeking advice from an experienced network of advisors will assist in this process and help you convert all goals into reality.
Cetaphil® UVA/UVB Defence SPF 30+ is a broad spectrum daily facial moisturiser specifically formulated to provide the highest level of sun protection for sensitive skin. It’s gentle, fragrance-free, non-greasy and protects skin from the sun’s harmful rays.

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Margin Lending

A unique new lending and investment package available only to medical professionals is worth your consideration, says David O’Callaghan.

BlackRock, one of the world’s largest funds-management firms, has combined with BT Securities Limited to offer medical practitioners and dentists an innovative product – a margin-lending package that comes without margin calls.

So, how does margin lending work? Basically, margin lending operates differently to normal investment lending, which typically requires property for security, as the lender takes the investment itself as security for the loan. It may therefore be suitable for those who don’t have property for their security, or for someone not wishing to provide their property as security for the loan.

The investments allowable for security vary between lenders, however they are generally cash, managed funds and/or shares. The loan-to-investment value ratio, commonly referred to as the Loan to Value Ratio or LVR, is monitored to ensure the value of the investment does not fall to such a point that a negative-equity situation may occur (i.e. the investment is less than the loan value). There is a point at which the lender has a trigger and should the LVR reduce to that point, a margin call would occur. This may, for instance, be 10% above the value of the loan.

In the event of a margin call, the investor generally has two options. They can provide more security by way of cash, managed funds or shares, or if this is not provided the lender can sell down the investments and repay part of the debt, thus increasing the LVR to an acceptable limit. The second option is clearly less preferable, as this would mean selling down the investment when the market has fallen.

Similar to other gearing arrangements, the interest on the loan is generally tax deductible to the investor, provided it is used to generate assessable income. Of course, always consult your taxation adviser as to the potential impact on your situation.

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**THE INVESTMENT**

This lending package is used for investment in the Blackrock Separately Managed Account (SMA) BlueChip20 Long Term Equity (LTE) – Series 3. A key feature is that the investor will be the beneficial owner of the portfolio of shares – the largest 20 shares on the Australian Stock Exchange. This is a passive investment strategy and the expected return would be close to that of the index, before fees and charges.

**What is unique about the package?**

Unlike most margin-lending facilities, the margin loan with this package does not have the margin calls typically associated with a margin loan. So, if the share market were to fall, the investor would not have to be concerned that they may be required to provide additional security at short notice or have the investment sold down to improve the LVR.

**How can the loan be offered without margin calls?**

The main risks for a lender and investor in...
this type of gearing arrangement is that the investment collapses or the investor is not able to continue to make interest repayments, particularly at a time when the arrangement is in a negative-equity situation.

To reduce these risks Blackrock and BT Securities Limited have been very specific on how this package is offered. The risk of the investment – the Blackrock BlueChip 20 LTE – totally collapsing would seem low as it is comprised of the largest 20 stocks on the Australian Stock Exchange.

The risk that an investor is not able to make interest repayments on the loan is reduced by the fact that this package is only available to people fully employed as medical practitioners or dentists. This is clearly a group whose future work prospects would be considered high, and thus less likely than the general population to be in a situation where they cannot find employment and would have difficulty making repayments on the loan.

Time Frame
As with most equity-based investments, this should be considered a long-term investment. The loan is structured over a 10-year period, however there is potential for an investor to exit before expiry, with the option of making a redemption in the form of cash or an ‘in-specie’ transfer out of the shares the investor beneficially owns. There may be costs associated with taking this action.

Lending Ratio
The package is structured with a maximum lending ratio of 80% – for example, an investor wishing to have a $100,000 total investment would need to provide a deposit of $20,000.

Interest Rate
The interest-only loan has both variable and fixed-rate options available, and the rates are typical of a margin-lending facility (as at October 2011 the variable interest rate was in the 9-10% range). Due to the nature of the underlying security, it would be expected that the rate continues to be above that of normal home-loan interest rates.

RISK ASSESSMENT
As with any investment, and in particular when gearing is involved, the investor should consider all risks and appropriateness given their own personal circumstances, needs and objectives. It’s important to understand that gearing magnifies the risk of an investment and while this can improve returns if the investment performs well, it can also have the effect of magnifying losses to the degree that the investor could potentially end up owing more than he or she invested.

Government policy changes can also add risk. For instance, if the government were to change the rules regarding the deductibility of interest, this could potentially impact all gearing arrangements.

Finally, it should be noted that this is a full-recourse loan, which means that should the investor wish to exit the arrangement at a time where the balance of the loan is greater than the investment, he or she would still be responsible for making up any shortfall.

There are conditions, fees and charges applicable to these products, so it’s important to read the Product Disclosure Statements (PDSs) for both the loan facility and investment prior to considering such an arrangement.

The PDSs can be obtained by calling The Private Practice hotline on 1300 720 090.

Please note: This product review should in no way be considered a recommendation of this package and prior to investment you should obtain advice from an appropriate professional.
By placing records at your fingertips and enabling virtual communication with colleagues, BlackBerry products can help you to focus on patient care. The team at Allphones talks us through the multiple benefits of this smartphone solution.

Healthcare professionals are constantly working to maximise productivity, streamline processes and find extra hours in the day. Whether delivering healthcare in a hospital environment or out in the community, a BlackBerry solution can help organisations improve efficiency across the board, allowing healthcare providers to focus on patient care.

As one of the globe’s best-known smartphone solutions, the BlackBerry allows professionals to efficiently and securely connect to colleagues and operational data wherever their work takes them. It enables healthcare professionals to access and update patient records, receive and record test results, contact and consult with colleagues, and manage emails and appointments from virtually anywhere.

By giving workers access to the information they need, when they need it, BlackBerry solutions enable organisations to provide better care to patients.

Rather than relying on a pager and phone calls, mobile care providers can access and interact with organisational databases and systems in real time, ensuring more timely and complete information, faster information flow and more collaborative healthcare services can be delivered during patient interactions. This, in turn, allows organisations to improve the choice and quality of care services they provide to patients by cutting the administrative requirement and enabling more frontline service delivery.

As a result, more time is spent with patients and less on administration, and patients have the reassurance of an informed decision without the need for the practitioner to carry around multiple files, laptops, mobiles and even certain pieces of recording equipment.

STRIKING A BALANCE

In a community service role it can be challenging to manage work/life balance, and smart technology from BlackBerry can genuinely help to alleviate some of these issues. The ability to reduce turnaround time for examinations, screen a higher number of patients per day and rationalise paperwork processes is invaluable, and having technology to assist with this can mean staff get out the door on time.

A 2007 research study conducted by leading global market-research group Ipsos
REDUCE PRACTICE COSTS
With Speech Recognition generate ‘once and done’ documentation, dictating, editing and reviewing in one step, reducing dramatically the time spent documenting care. You can even:
• Play back your dictation – with fast-forward, rewind and speed and volume control capabilities – for easy proofing
• Get better results over time. Dragon automatically updates your voice profile based on your dictation sessions and corrections. Set Dragon to quickly adapt to your voice and writing style by ‘studying’ your sent emails and documents of your choice.

INCREASE THE PRODUCTIVITY OF YOUR PRACTICE
Dragon NaturallySpeaking Professional offers a faster, more efficient way for medical professionals to create medical records, medical correspondence or e-mail messages. You can turn talk into text three times faster than most people type with up to 99% accuracy using virtually any Windows based application.

BUILD CUSTOM VOCABULARIES
Add unique names, acronyms, and terminology tuned to your medical practice so that Dragon will recognise the words and phrases you use. Custom word lists can be imported and shared across the practice.

CREATE CUSTOM COMMANDS TO SAVE TIME
Create special voice commands that let you fill out forms, insert frequently used text and graphics, or automate business processes.

BE PRODUCTIVE ANYTIME, ANYWHERE
Use a wireless headset for comfort and mobility in your practice or on the road. Take multi-tasking to a whole new level. Dictate notes using a digital voice recorder to capture thoughts while they’re still fresh in your mind.

Boxed Product RRP $699.95. Volume Licencing and Site Licencing programs available.

KEY BENEFITS OF USING DRAGON PROFESSIONAL IN A HEALTHCARE ENVIRONMENT
Using Dragon NaturallySpeaking 11 Professional, you can dictate in real-time into your electronic health record (‘Medical Director’ or ‘Best Practice’) letting you instantly review, sign, and make your notes available for other clinicians.
• Improves financial performance by eliminating transcription costs and by increasing productivity compared to typing or ‘point and click’ data entry. You can now spend more time with patients or increase your patient load – leading to higher practice revenue.
• Raises quality of care by enabling you to dictate, review and sign medical records in one step. This allows you to communicate clinical information more quickly to referring specialists and patients alike. Faster, more complete medical records lead to care plans being put into place more quickly.
• Make your life easier by simplifying data-entry, eliminating typing or ‘point and click’ methods.
Reid, entitled *Analyzing the Return On Investment of a BlackBerry Deployment*, found the average BlackBerry user in a small to medium-sized business (SMB) has an extra 60 minutes of productive time every day through the use of their device.

The study also found that the average SMB BlackBerry user:
- Converts 60 minutes of downtime into productive time each day
- Increases team productivity by 39%
- Processes 2,500 time-sensitive emails per year while mobile
- Calculates return on investment at a minimum of 256%, equating to a payback of 142 days.

**ACCESS ALL AREAS**

Smartphone solutions also facilitate wireless communication between team members. This can increase responsiveness among colleagues and boost productivity, translating to more efficient treatment and shorter waiting times. BlackBerry Messenger is a free instant-messaging app designed expressly for BlackBerry owners. It features a chat-style format, unlimited characters and the ability to set up chat groups and send pictures, voice notes, videos and files. Included in the cost of a BlackBerry data plan, it’s the perfect tool for healthcare professionals who need to be in constant contact with colleagues and medical specialists.

As BlackBerry Messenger is always turned on, you can instantly check someone’s online status and updates, allowing you to instantly determine which staff member is available. It’s also possible to create groups to simplify the sharing of information. Calendars, schedules and task lists can all be shared with the group.

In addition, it’s possible to assign responsibility and due dates for each task to members of the group, and you can instantly see when tasks have been completed. Adding specialists, co-workers and friends is easy – simply scan the barcode contained in your BlackBerry Messenger profile or just exchange PIN numbers. You can use BlackBerry Messenger as much as you want and chat to other BlackBerry users locally or around the world at no extra cost – it’s included in the data plan on your home network.

BlackBerry Messenger is one of thousands of applications that can be downloaded onto the BlackBerry platform. Customising the smartphone by downloading applications from BlackBerry App World is a great way of getting what you need for your business, from productivity apps to reference materials and even games.

**SECURITY CHECK**

The integrity of patient data is critical and BlackBerry solutions have been created with data security in mind. Data stays encrypted at every point, both in transit and on the smartphone. Comprehensive IT management and administration tools enable IT departments to manage data security and individual smartphones, and/or groups of smartphones, remotely.

Lost or stolen smartphones can be remotely locked or wiped, with documents and contacts quickly restored to another smartphone. In fact, the BlackBerry Enterprise Solution has been approved for storing and transmitting sensitive data by government and security organisations around the world.

To find out more about the best solution for your needs, visit au.BlackBerry.com/healthcare, or to speak to an expert and experience the product call Allphones Business on 13 90 00.
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Silver lining

The take-up of cloud computing by the majority of medical practitioners is just around the virtual corner, writes Rafic Habib.

I recently found myself sitting on the banks of the Hawkesbury River with a fishing rod in my right hand and an iPad in my left. The plan was to do a little fishing and catch up on some work before heading to the nearby cellar door at Jubilee Vineyard, which I’d heard produces a great chambourcin. It was a pleasant way to spend an afternoon and it highlighted the fact that technology really does make it possible for us all to achieve some life balance.

Cloud computing is one aspect of technology that medical practices will inevitably be taking advantage of in the near future. Many of you would have heard of cloud computing by now, and most would have had their judgment clouded by the choices, pardon the pun. I don’t blame you – the options are vast and variable, and often not right for the needs of a medical practice. However, as usual, technology will catch up quickly and cloud computing will have a positive impact on practices of all shapes and sizes going forward.

AT YOUR SERVICE

So, what is cloud computing? The term refers to the on-demand provision of computational resources such as data and software via a computer network, rather than an onsite computer. Users can actually submit a task, such as letter dictation, to the service provider without having the necessary software or hardware.

What are the effects of cloud on a practice? Traditionally, a practice of any size would need to purchase a server, or multiple servers, to house its medical application, practice documents, accounting files, emails and anything else relevant to running the business. In a cloud environment, those needs will not change, however the capital expenditure required to purchase the initial equipment will be mitigated by the ability to lease a cloud-based server that is housed in a purpose-built environment – a luxury previously only available to large multi-nationals.

Although the issue of bandwidth is presently a limiting factor for some practices, especially with those that acquire digital images from patients, the benefits outweigh any negatives and, as the technology is updated, most practices will eventually adopt a cloud-based system.

REMOTE POSSIBILITIES

If your practice conducts sessions in multiple locations, a cloud-based solution is an obvious choice for you. Some of the tasks you can perform remotely include checking emails, patient results and schedule, dictating letters, making quick notes, sending messages, checking your financials, and paying bills and wages.

Having the ability to work on administrative jobs remotely can help to reduce the amount of time you spend at your desk and give you greater life balance. The key here is to make the technology work for you and your practice.

Over the next two to three years I envisage that more and more practices will take up cloud-based servers. I, for one, will be keeping a close watch on the possibilities offered by this exciting technology.

THE BENEFITS

There are several advantages to having a cloud-hosted server:

- It provides an optimal environment for servers without any upfront capital expenditure.
- You won’t be left with redundant and costly server infrastructure.
- Cloud solutions are generally hosted in highly secure, state-of-the-art data centres designed with perfect conditions for servers.
- You have the flexibility of upsizing or downsizing a server as needed without having to purchase the whole solution.

Rafic Habib is Managing Director at ISN Solutions.
You spend your life looking after others, so let us help look after you.

In your line of work, you need to be ready to handle all scenarios, never knowing what medical challenge your next patient will present.

But how prepared are you with your own financial health? With such a demanding occupation you may have little time to carefully consider the management of your investments, superannuation or insurance.

If the unthinkable happened to you, would you be in a position to take as good a care of yourself and your family as you do your patients?

BT Wrap and BT Insurance can work together with you and your financial adviser to create, protect and manage your wealth – making sure you’re ready to face the challenges life may bring.

To find out how BT Wrap and BT Insurance can partner with you to achieve your objectives, speak to your Financial Adviser.

BT Portfolio Services Ltd ABN 73 095 055 208 (BTPS) operates Wrap and administers SuperWrap. BT Funds Management Limited 63 002 916 458 is the trustee and issuer of SuperWrap. The insurer of BT Protection Plans is Westpac Life Insurance Services Limited ABN 31 003 149 157 (WLIS). A Product Disclosure Statement (PDS) or other disclosure document is available for Wrap and SuperWrap (the Wrap Products) and the BT Protection Plans. These can be obtained from your financial adviser. You should obtain and consider the PDS or other disclosure document before deciding whether to acquire, or continue to hold or dispose of the Wrap Products or a BT Protection Plans policy.
Men’s needs are rarely specifically addressed in our medical sector and it’s a fact that men often resist the need to seek medical attention. While this may have much to do with attitudinal factors such as male bravado or even ignorance, it is also worth considering that men may not feel comfortable visiting practices that don’t take their personal, gender-based needs into account.

In many cases the average waiting area is ‘decorated’ by receptionists who indulge their personal feminine preferences for pretty pastels and pictures of flowers. Blissfully unaware of the influence of a service environment on patient experience, the results can often be discomforting for men.

An effective design brief for any practice should take into account the target market in terms of demographic, gender, physical stature, age, income bracket and general profile. Good designers can then create an environment that not only attracts people who fit the profile but actually addresses their needs throughout the service process.

If a patient has a positive experience, he or she will become loyal patients and are likely to recommend the practice. This practice-building benefit is substantial and should never be underrated.

MAKE IT WORK

In developing the ideal brief for a men’s health facility, we recommend the following inclusions:

- A strong and earthy paint scheme
- Natural finishes, such as timber and stone
- Variation in lighting levels to create both brighter and subdued areas
- Easy parking nearby
- Speedy service with minimum waiting periods
- Effective air conditioning
- Generously sized individual chairs positioned away from reception
- A variety of seating options, with armchairs, a coffee bar and private bays
- A seating layout that avoids anyone facing each other or sitting too close, with enough leg room to stretch legs comfortably outside of the transit area
- Access to good coffee, filtered water, newspapers, Wi-Fi and Internet
- A separate booking/payments area for private transactions
- A large TV screen playing programmes with a male focus
- Enough background/white noise to enable a discreet call to be made or taken
- Magazines and/or books on cars, sport, travel, technology and finance.

A final word of warning: If an environment is too ‘blokey’ it may encourage a sense of alpha-male invincibility. The key is to make men feel comfortable while simultaneously giving them ‘unconscious’ permission to share the fact that they are feeling a little less than perfect.
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As a nation we have long been drawn towards investing our hard-earned cash in bricks and mortar, however most of us are unlikely to have analysed the real long-term investment outcomes delivered over the past 10 and 20 years. Here we look at some of the considerations, other than investment returns, that should be made before investing, as well as the key drivers for success in residential property markets.

PROPERTY VS SHARES
When considering investment performance there are two ways to assess the outcomes – before-tax and after-tax returns. Obviously one’s marginal tax rate will impact the after-tax returns over time, so each individual’s circumstances and actual returns will differ accordingly.

<table>
<thead>
<tr>
<th>ASSET CLASS</th>
<th>10 YRS</th>
<th>20 YRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Property</td>
<td>7.9%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Australian Shares</td>
<td>6.3%</td>
<td>7.8%</td>
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<tr>
<td>Residential Property</td>
<td>9.5%</td>
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</tr>
<tr>
<td>Australian Shares</td>
<td>8.6%</td>
<td>9.9%</td>
</tr>
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As the figures in the table show, residential property has outperformed shares in the majority of the scenarios set out. The results demonstrate that while residential property has generally outperformed, there has not been any major disparity in the performance of the two asset classes over 10 or 20 years – both have delivered strong long-term returns. Ignoring before-tax comparisons, the largest variance in performance over any given period has been only 1%.

BUYING TIME
While consideration must be given to the effect that an additional 1% per annum has on the disposal value of the investment, the raw numbers are not the only factor to take into account when making the decision to invest in one asset class over another.

Additional factors are:

Aversion to risk: When we look at the volatility of returns there is no doubt residential property delivers a better result over time. On a risk-adjusted basis property significantly outperforms shares. Investors should determine whether or not the volatility of share markets is something they are comfortable with. If not, perhaps property is a more appropriate investment vehicle.

Understanding your investment: Most would agree that as investors we generally have a much stronger understanding of how returns are achieved from an investment property as opposed to a single share (or a parcel of shares or managed fund).

Source: 2010 Russell Investments/ASX Long-term Investing Report (all returns are net of costs)
When investing in property it’s a relatively simple equation: you purchase the property, lease it to a tenant at an agreed weekly rental rate and pay the costs associated with owning the asset, such as interest on your investment loan, water rates, strata fees and repairs. These expenses are tax deductible and you may also be able to depreciate your asset, which can deliver further tax advantages. Tax depreciation is particularly beneficial with respect to brand new properties, as the deductions are much higher in the first 10 years of a new property’s life.

In the case of investing in a company, a number of companies or a managed fund, it’s impossible for the majority of us to understand the internal operations of those companies, what decisions management are making on behalf of shareholders and what drives the performance of your investment. There is a much higher level of complexity to consider with investing in shares. It is important to note that if you are borrowing to invest in shares, the interest costs are also tax deductible.

**Investment timeframe:** This is important when investing in either of the asset classes. Both are considered growth assets and although advice may vary, a reasonable rule of thumb would be seven-plus years in either case. Also, remember there are costs associated with disposal for both – you can be up for agent’s commission and legal costs for a property sale and brokerage fees for selling shares. Liquidity is also an important consideration; clearly you can dispose of shares much sooner than property.

Having an understanding of investing and aversion to risk will dictate whether residential property or shares best suit your circumstances. Both need to be researched thoroughly and the assistance of professional advisers employed where appropriate.

**MARKET FORCES**

There are a number of key drivers that will impact performance in residential property markets in the coming years:

**Population growth versus supply of new housing:** When comparing geographic locations, a key indicator is to assess the number of new housing approvals against the projected population growth in that area. For example, are you better off purchasing a property in the inner ring of Sydney or Melbourne, where population growth currently outweighs the number of new homes being built for many years to come? Or should you buy in a regional area where population growth, and contraction, is cyclically driven by a certain industry or industries?

There is currently a large gap between the number of dwellings being built and population growth in inner-city areas, which will drive property values over the long-term. In addition, all State Government planning policies encourage ‘urban consolidation’, slowly driving up urban density and capital values. The failure of most state and local governments to plan for outward urban growth is reinforcing this trend. The strongest demand is for property closest to quality infrastructure.

**Vacancy rates:** Intrinsically linked to the point above is the importance of purchasing a property in a high population-growth area. Desirable attributes include areas where there are already strong demand and low vacancy rates, and where you aren’t going to see a significant number of new properties coming onto the market. Residential rental demand is currently strong in many of the inner city areas of Australian capital cities, in particular Sydney and Melbourne.

**Labour markets:** The strength of labour markets, i.e. employment growth, is a strong historical indicator of the growth in property prices. When employment numbers are increasing, house prices usually follow suit. It is the opinion of the majority of economic commentators that our unemployment rate is likely to continue to improve which bodes well for the long-term growth in property values.

**Interest rates:** This is one potential fly in the ointment for property markets. It is the general consensus that there may be a few more interest-rate rises over the next 12 months, this may impact property prices in the short term. All prospective purchasers of property should consider this when borrowing to invest. Model your cash flow on at least a full 1% rise in rates to ensure you can afford to fund an investment should rates increase.

As an investor, it’s up to you to do your due diligence, seek advice from professionals and consider all of the variables that will impact on the long-term outcome of your investment. Look to areas where high population growth is forecast and take advantage of any government incentives that may be in place. Making the right decisions upfront will help to bring you the best results down the track.
In need of some rest and relaxation but only have a couple of days to spare? 
**Suzi Wallace** has the perfect solution – book in for a weekend of luxurious living at Hamilton Island’s spectacular Qualia resort.

**BREATHE IT IN**
Being whisked away in a Mercedes as soon as we touched down – without having to collect our luggage – was the first of many thoughtful touches that hinted at the weekend of luxury awaiting us. As the tall gates at the entrance to the resort opened, we were transported through lush tropical gardens to the central resort area, known as the Long Pavilion, which has been cleverly designed to frame the beautiful Coral Sea beyond. The stunning views of the island’s northern tip were simply breathtaking.

As we sunk into the plush reception lounges, chilled glasses of champagne magically appeared, encouraging us to stay put and take the time to watch a lone sailboat pass on by. This simple gesture was indicative of Qualia’s key objective – to have you relax, breathe and simply enjoy the superb surroundings.

Driving around in our own buggy meant we could deal with the hilly aspects of the resort as we familiarised ourselves with the impressive facilities – 60 guest pavilions, two pools, a library, a private dining room, two bars and restaurants plus a well-equipped fitness centre. The ‘Windward’ and ‘Leeward’ pavilions are individually situated across the north headland, maximising ocean views and guest privacy, with some featuring their very own plunge pools.

Those seeking additional indulgence have the option of splashing out on the private Beach House, which comes complete with its own separate guest quarters and lap pool. It’s no surprise to learn this is the spot Oprah chose for the Queensland leg of her Australian tour.

**PAR FOR THE COURSE**
Our pavilion proved to be another delight. Masterfully designed by Australian architect Chris Beckingham to suit the tropical climate, the pavilions are light and spacious – ours had an open-plan living area and bedroom, a full-length deck overlooking the ocean below and an enormous bathroom with an oversized tub and aromatic Aesop toiletries to select from.

Paradise found
EAT, SEE, DO

- For world-class cuisine with a great side of views, book in for dinner at Qualia’s Long Pavilion restaurant, or at Bommie, located at the Hamilton Island Yacht Club.
- Lunch at the Hamilton Island Golf Club, which is worth a visit even if you aren’t a golfer.
- Go diving and snorkelling in the Great Barrier Reef.
- Visit the Hamilton Island Wildlife Park and get up close to some Australian natives.
- Learn to sail or take a sunset cruise around the Whitsunday Islands.
- Take time to just sit and soak up the beautiful surrounds.

For bookings and more information: Call Qualia’s Luxury Specialists on (02) 9433 3349 or visit www.qualia.com.au

It’s fair to say that no detail has been overlooked in the Qualia living quarters. From the piped classical music, inspired wine choices and Riedel glasses to the turn-down service complete with Spanish chocolates handcrafted by former El Bulli pastry chef Oriol Balaguer, it’s clear the resort takes its role as a premiere pampering destination very seriously.

Fine attention to detail was also prevalent at breakfast, where we were presented with a fruit plate and individual thimbles of yoghurt as soon as we sat down. After choosing from the enticing à la carte menu, we scanned the blue horizon for whales – a refreshing way to start the day!

Intent on working off our breakfast, we headed to nearby Dent Island, home of The Hamilton Island Golf Club, the country’s only championship island-based golf course. Designed by Peter Thomson, one of Australia’s greatest golfers, the 18-hole course runs along the island’s natural ridges and steep valleys, making it a genuine challenge for the amateur player. Onlookers would have found it amusing to see us constantly looking out for our wayward balls, but the game was made truly enjoyable thanks to the 360-degree water views at every hole.

DRIFTING AWAY

After exerting ourselves on the golf course, the obvious thing to do was book in at Spa Qualia. Opened in August last year, this deluxe venue is the first day spa on Hamilton’s main island and it fuses contemporary treatments with indigenous influences. We spent a couple of hours blissfully enjoying the signature massage, which started with a traditional aboriginal smoking ceremony.

The first-rate treatments were a perfect match for the beautiful open-plan setting, which provides tranquil views of the Whitsundays so your mind can drift far, far away. Like the rest of the resort, the attention to detail at the spa is outstanding. Amazingly, it took just two nights at Qualia to clear away our stresses and leave us prepared to re-enter reality with a sense of deep inner calm.
Inspiring physicians and patients to jointly fight RA

**INDICATIONS:**
- **Rheumatoid Arthritis (RA):** Reducing signs & symptoms, and inhibiting structural damage, in adults with moderate to severely active RA; including patients with recently diagnosed moderate to severely active disease who have not received methotrexate. Humira can be used alone or in combination with methotrexate.
- **Polyarticular Juvenile Idiopathic Arthritis (pJIA):** Humira in combination with methotrexate is indicated for reducing the signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis in patients aged 4 years of age and older. Humira can be given as monotherapy in case of intolerance or when continued treatment with methotrexate is inappropriate.
- **Psoriatic Arthritis (PsA):** Treatment of signs and symptoms, as well as inhibiting the progression of structural damage, in adults with active PsA who have had an inadequate response to conventional therapies or who have lost response to or are intolerant of infliximab.
- **Ankylosing Spondylitis (AS):** Reducing signs and symptoms in patients with active AS.
- **Crohn’s Disease (CD):** Treatment of moderate to severe CD in adults to reduce the signs and symptoms of the disease and to induce and maintain clinical remission in patients where response to previous DMARDs has been inadequate.
- **Psoriasis:** Treatment of moderate to severe chronic plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy.

**CONTRAINDICATIONS:**
- Severe infections including sepsis, active TB, opportunistic; concurrent anakinra; moderate to severe heart failure.

**PRECAUTIONS:**
- Infections (bacterial, mycobacterial, invasive fungal e.g. histoplasmosis, viral or other opportunistic); hepatitis B, latent TB; demyelinating disorders; haematologic events; live vaccines; immunosuppression; new or worsening CHF; renal, hepatic impairment; malignancy; hypersensitivity reactions; latex sensitivity; concurrent abatacept; elderly; pregnancy, lactation, surgery.

**ADVERSE REACTIONS:**
- Respiratory tract infections, leucopaenia, anaemia, headache, abdominal pain, nausea and vomiting, elevated liver enzymes, rash, musculoskeletal pain, injection site reaction are very commonly seen adverse events. Benign neoplasm and skin cancer including basal cell and squamous cell carcinoma were commonly reported.

**Fatal infections such as tuberculosis and invasive opportunistic infections have rarely been reported.**


**PBS Information:** Authority required for the treatment of adults with severe rheumatoid arthritis, severe psoriatic arthritis, ankylosing spondylitis, Crohn’s disease, fistulising Crohn’s disease and severe chronic plaque psoriasis. This product is listed on the PBS as a Section 100 item for polyarticular juvenile idiopathic arthritis. Refer to PBS Schedule for full authority information.
**EVENTS**

The Private Practice 'Comprehensive' Melbourne 14 - 16 October 2011

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**HUMIRA**

*The Power To Fight RA*,1 Inspiring physicians and patients to jointly fight RA*

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- **Rheumatoid Arthritis (RA):** Reducing signs & symptoms, and inhibiting structural damage, in adults with moderate to severely active RA; including patients with recently diagnosed moderate to severely active disease who have not received methotrexate. Humira can be used alone or in combination with methotrexate.
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**DOSAGE & METHOD OF USE:**

- **RA, PsA and AS:** 40 mg sc fortnightly as a single dose.
- **pJIA:** Paediatric Patients (4 to 17 years) 15 kg to <30 kg 20 mg fortnightly; 30 kg 40 mg fortnightly
- **CD:** Induction: 160mg sc (Four injections on Day 0 or Two injections on Day 0 and 1), 80mg as two sc injections on Day 14, then Maintenance: 40mg sc starting on Day 28 and continuing fortnightly.
- **Psoriasis:** Initial dose of 80 mg, followed by 40 mg fortnightly, starting one week after the initial dose.

**DATE OF PREPARATION:**


**Reference:**

1. HUMIRA Approved Product Information. ® Registered trademark.

**PBS Information:**

Authority required for the treatment of adults with severe rheumatoid arthritis, severe psoriatic arthritis, ankylosing spondylitis, Crohn’s disease, fistulising Crohn’s disease and severe chronic plaque psoriasis. This product is listed on the PBS as a Section 100 item for polyarticular juvenile idiopathic arthritis. Refer to PBS Schedule for full authority information.
The Private Cancer Physicians of Australia 21-23 October 2011

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Bleary eyed, we leave behind the comforts of our luxurious safari tent and clamber into the four wheel drive. “Well, what wonders does nature hold for us today?” our gently-spoken tracker-guide-driver, Chiumbo, greets us. He is tall and lean and his gorgeous ebony face is lit up by an impossibly white-toothed smile.

We are immediately invigorated and are soon happily bumping along one of the dirt tracks which criss-cross the Masai Mara, Kenya’s most famous game reserve. We have barely left camp, the first magical rays of morning sun splayed across the horizon, and we spot two rhino—the mother, like a massive pre-historic tank, lumbering along, her youngster trotting beside her to keep up. We drive parallel to them till the photographers are satisfied and then veer off in search of more game. Not a bad start.

We drive slowly through a vast herd of wildebeest and zebra. At this time of the year an estimated one million wildebeest and half as many zebra make their way to the Mara as part of their annual migration from the Serengeti in search of greener pastures. They have certainly found them here. We stop a while to watch some zebra who entertain us, rolling around in the dirt for a scratch, or leaning against each other like drunks after a big night out. The wildebeest graze peacefully, oblivious to our attention, the silence punctuated by the click of cameras. We are the paparazzi of the veld.

Chiumbo directs our sights to some indistinct rustling in a stand of tall grass; our senses heighten as we wait. Suddenly, a tawny streak of lioness races to confront one of the wildebeest calves face-on, separating it slightly from the group.

The larger beasts turn awkwardly to defend the youngster but two further flashes of power as another two female lions materialise from the tall grass and attack the calf from behind. The little one stumbles, but regains its footing, the adults now butting the lionesses, who circle and lunge relentlessly until finally, a successful strike to the throat brings down the calf. Two lionesses chase away the remaining wildebeest who pace back and forth, obviously distressed. And then, out of nowhere, the huge male, proud, arrogant, with a thick dark mane, saunters over to the kill; the females slink off obediently to await their share and he settles down to the feast—king of the jungle!

We make our way back to camp where the dining room is abuzz as groups share tales of their morning experiences over a delicious lunch before the afternoon conference session.

Unconventional Conventions will hold a conference for Australian doctors on safari in Tanzania and Kenya in September 2012. The academic program will incorporate a series of presentations and workshops by Steven Macarounas from The Private Practice.

Please contact 1800 633 131 for more information. Join us for this remarkable experience. www.uncon-conv.com