The Psychology of Tulips
Market forces & investing theory

Super Confusion
Understanding the window of opportunity

Family Escape
Finding sanctuary in Hong Kong

MAKING GOOD HEADWAY
FEATURING CURE BRAIN CANCER FOUNDATION
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Underpinning cancer research is the incredible work being done by the most brilliant minds who are globally united to rapidly increase the probability of finding new treatments for people with cancer.

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Or email us at research@curebraincancer.org.au
We look forward to welcoming you!
Doctors hate talking about money – at least that’s my experience.

This is totally understandable given the motivation that has led most healthcare professionals into their areas of specialisation – a dedication to the medicine and to making a positive impact on the health of the community they serve.

Yet, there is a direct relationship between financial independence and professional satisfaction; one that when understood helps doctors to focus on their wealth planning strategies.

Delegates of our Advanced Wealth Planning & Lifestyle Management workshop will be familiar with our interactive session posing the question “what does wealth mean to you?”

Amongst the answers received, a good proportion of the room always suggest an overarching goal of freedom.

As one of the successful doctors who presents at our courses states:

“The sooner your assets are generating the revenue you and your family require for lifestyle, the sooner you will be free to practice the medicine you WANT to, not just the medicine you HAVE to!”

This notion is a powerful one, and the goal of financial independence and freedom is achievable sooner rather than later if we lift our level of understanding, set defined goals and align ourselves with good advisers.

The starting point is always a deep exploration (preferably facilitated by a medico-specialist financial adviser) of your values – what is important to you.

I know that, at least in part, doctors will always include ‘the medicine’ in that answer!

Many of the featured articles, courses and workshops in this, our Spring 2016 edition of The Private Practice Magazine, ‘speak to’ some of the pieces in the puzzle of Professional, Practice and Lifestyle success.

We hope you enjoy the output of our passion.

Happy Reading.

Steven Macarounas, Managing Editor
editor@theprivatepractice.com.au
Always looking after you.

“More than just an insurer – personal support and expert advice, protecting you and your career.”

Mandy Anderson
Chief Executive Officer and Managing Director

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As with all things, your legal advisers should be medical industry specialists. Andrew Sinclair of Cowell Clarke has considerable experience in working with doctors in practice, here he outlines by example the important elements of a contract.
When asked to visualise a “contract” most of us probably instinctively picture an excessively large stack of papers bound together by a staple. However, it may come as a surprise to some that many legally binding contracts are not required to be in writing and may be formed verbally.

It is a long standing general rule that a contract need not be in writing. If we consider the basic requirements for the formation of a contract, those being broadly, offer, acceptance, consideration, a prudent observer will note that there is no requirement for a contract to be in writing.

There are, of course, some contracts which are required to be in writing. For example, contracts for the sale of land are required to be in writing in accordance with legislation passed by each State and Territory. Generally, any dealing with land needs to be in writing.

The obvious difficulty with a verbal contract is evidencing the terms of the contract with sufficient precision. Any dispute regarding a verbal contract will be a case of one persons word against another.

In the absence of written documentation to support the terms of a verbal contract, it can be very difficult to prove the terms of a verbal contract. However, terms of verbal contracts can be implied from the conduct of the parties or prior dealings of the parties in some instances.

A classic example of a verbal contract that everyone has entered into, perhaps without knowing so, is a taxi fare. When you enter a taxi and request that the driver take you to a specified location, you are entering into a verbal contract with the driver that he or she will take you to the specified location and that you will pay the fare as shown on the meter. Of course, if the driver permits, you can negotiate an upfront fixed fare. For example, you might ask the driver “How much to the airport?” and if the driver responds “No more than $50”, this is a term of your verbal contract.

If a verbal contract is found not to exist, or not to include a particular term, an aggrieved party can rely on the doctrine of estoppel in some instances. This doctrine provides relief to a person who has relied upon a representation of fact by another party to their detriment and in the circumstances it would be inappropriate for a Court to deny the aggrieved party relief. Importantly, the doctrine of estoppel can be invoked in circumstances where a contract is not found to exist.

Following on from the taxi driver example above, if the taxi driver made a representation that a fare to the airport would be no more than $50 and this was not found to be a term of a verbal contract between the passenger and the driver, if the driver sought to charge the passenger more than $50 for the fare to the airport, then the aggrieved passenger may seek relief by invoking the doctrine of estoppel.

Another relief that may be available to an aggrieved person is the law of restitution which, again, does not require the existence of a contract. Restitution is broadly a remedy available to prevent unjust enrichment of one party at the expense of another. For example, following on with the taxi theme, a person may hail a taxi and then pay the driver $10 upfront to secure the services of the taxi whilst the driver waits for the passenger to retrieve some luggage from inside their house. In the absence of a verbal contract being found to exist, should the taxi driver immediately drive off without repaying the $10, the aggrieved passenger may invoke the law of restitution to deny the unjust enrichment of the taxi driver.

Estoppel and restitution are just some of the examples of protections that may be available to a party that has unsuccessfully sought to rely on the existence of a verbal contract, or a term of a verbal contract, to their detriment.

Practically, it is almost always best to have a written contract between the parties as this will create greater certainty of the terms of the contract. Having a written contract also allows the Courts to interpret the written terms and imply any necessary terms to give effect to the contract based on the parties’ intentions as construed by the Courts.

Following on from the taxi driver examples above, given the minor amounts at stake, it would be infinitely more sensible for the aggrieved party to rely on the terms of a written contract rather than attempting to invoke the doctrine of estoppel and the law of restitution, both of which would require Court action to enforce and would necessarily come at a cost.
CONFIRM YOUR DISCUSSIONS BY EMAIL

Often commercial contracts are negotiated via telephone. If the parties do not wish to record the terms of such contract in writing, a practical compromise might be to follow up such telephone discussions with an email confirming the major agreed points. This would go a considerable distance in evidencing the terms of the verbal contract if needed.

The remainder of this article will highlight some key terms to consider when reviewing common commercial contracts that you are likely to enter into at some point in your business affairs.

COMPANY CONSTITUTION

Depending on the composition of the company (for example, the constitution of a sole director, sole shareholder company would require less consideration than a company with a diverse shareholding and numerous directors) the main issues to consider are:

1. the rights of the shareholders with respect to voting at meetings of shareholders;
2. the shareholders’ rights with respect to dividends, in particular where different classes of shares have been issued;
3. the rights of the shareholders as to capital of the company upon the winding up of the company;
4. the mechanism for appointing and removing directors of the company and the requisite shareholder approval;
5. the issuing of further shares in the company and how this is authorised by the shareholders;
6. any pre-emptive rights of the existing shareholders in respect of shares to be sold to a third party, and
7. the share valuation mechanism on transfer of shares.

DISCRETIONARY TRUST DEED

Key terms for the lay person to consider would be the class of eligible beneficiaries with respect to income and capital of the trust, the mechanism for appointing and removing the trustee of the trust, the date on which the trust vests (i.e. the date at which the trust is wound up and the assets distributed to the beneficiaries) and the mechanism for amending the terms of the trust deed.

LEASE AGREEMENT

Key considerations to review include, aside from the term and rent payable under the lease, the rights of the tenant with respect to renewal of the lease, any security required to be provided by the tenant, any mechanisms which allow the landlord to vary the rent during the term of the lease, and any make good obligations imposed upon the tenant at termination of the lease. A make good obligation can trigger significant financial burden at the expiry of a lease.

EMPLOYMENT CONTRACT

Key terms to consider would include the role and duties of the employee, remuneration, duration of employment (if applicable), key performance indicators, expectation with respect to working hours, restraint of trade during the term of employment as well as post employment and notice period for bringing the employment to an end.

This article endeavours to highlight some of the more important aspects for people to consider when discussing “contracts” with their lawyers. Anything in writing can be useful (or perhaps detrimental) evidence.

LEGAL AGREEMENTS
HELPING YOU GROW YOUR PRACTICE

At ESV, we know how important your practice is to you. We serve as your accounting and business advisors, drawing on our experience from working with medical and dental practitioners to help you solve complex problems as your practice evolves.

EVERY STEP OF THE JOURNEY

We understand that medical practitioners face unique challenges at different states of the business journey. Whether you are starting out, growing your practice or planning your exit strategy, we can help you reach your goals at every phase of the business.

BUSINESS GROWTH

Growing your business brings additional challenges – staff, property and bringing on partners. How you structure your practice, minimise tax and whether you should lease or buy equipment are just some of the questions we can help you with.

STARTING UP

Starting your own practice means you are not only a practitioner, but a small business owner as well. From choosing the right business structure to tax treatment and cash flow planning, we can help you set up your practice the right way from the very start.

SUCCESION PLANNING

We can help you draw up a comprehensive succession plan, including buy-sell agreements, insurance funding and advice on asset protection. We can also advise on appropriate estate planning structures and liaise with solicitors on your behalf.

“As medical practices grow, they will encounter many different and often unexpected issues. An advisor with a long-term understanding of your business can help you address challenges at each stage of the growth journey.”

Maree MacPhail
ESV Partner
PREVENTION BETTER THAN CURE

More risk management wisdom from Chris Mariani.

Every so often a new client asks for insurance to cover me for every possible risk I face in running a medical practice. Not only is this unachievable (and if it was, it would be unaffordable) – but it also is a sign the practice owner/practitioner has not thought about how to best manage their risks. Whilst insurance is important, it is not the starting point – and one needs to take a broader view, aka risk management.

Insurance is simply a mechanism to transfer risk to an insurer in return for payment of a premium. But no amount of insurance can protect a doctor’s largest risks – their medical registration. Insurance should be a part of your ‘risk management framework’. Get advice from relevant experts on mitigating your key risks – accountants, lawyers, risk managers, insurance brokers, financial planners, IT consultants, medical billing experts, etc. Think in terms of “what can I do to protect my assets, liabilities, reputation and revenue?”.

When advising clients I ask them to aim for 3 levels of protection

First Level  Asset protection/structure – what can you do to protect assets?
Second Level  Risk management – identify and manage your risks.
Third Level  Insurance – purchase the right insurances to cover your key insurable risks.
<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
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<tbody>
<tr>
<td><strong>Structure</strong></td>
<td><strong>Prevention is better than cure (but it’s hard to cure the unknown)</strong></td>
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<td></td>
<td>I once visited a paper-based psychiatry practice. They had been running for over 30 years and their medical records room was down an unsupervised corridor with patient toilets at the end. There was no door, let alone a lock to the medical records room. After some appropriate (risk management) counselling, they had a door and lock installed – far cheaper than the potential $1.7 million fine under Australian privacy laws. Even though they had walked past the risk every day, it never occurred to them they were not managing their risks appropriately – they were completely ignorant to the huge fine and risk staring at them every time they walked past.</td>
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<tr>
<td></td>
<td><strong>Risk assessment</strong> – workshop your top 10 risks. What key risks you are concerned about? Think in terms of:</td>
</tr>
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<td></td>
<td>1. Assets, Liabilities, Lost Revenue, Reputation, Registration/Licences and compliance/law</td>
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<tr>
<td></td>
<td>2. Your critical business items – rooms, IT system, equipment, people (staff, doctors, patients, suppliers, facilities and referrers)</td>
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<td></td>
<td>Think about your risk management choices – Avoid, Transfer, Reduce, Accept. How will you deal with these risks? Not every risk is insurable, so risk management is important!</td>
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<td></td>
<td><strong>Implement a risk management framework</strong> – Develop your own risk management framework and have a mechanism for the management team to review and manage your top 10 risks. Set up regular risk management meetings and ensure the practice or business manager is driving your framework.</td>
</tr>
<tr>
<td></td>
<td><strong>Get the right contracts in place</strong> – Contracts such as leases, service agreements, IT contracts either protect you or are a source of risk. You absolutely need to get advice on contracts from lawyers, accountants, financial advisers and risk/insurance advisers. From an insurance perspective – get advice on:</td>
</tr>
<tr>
<td></td>
<td>1. What are my insurance requirements in the contract?</td>
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<td></td>
<td>2. What ‘contractual indemnities’, ‘performance guarantees’ and commercial obligations am I signing? Are these reasonable or should be negotiated out? (aim for ‘I’m responsible for my mistakes and you’re responsible for yours’)</td>
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<tr>
<td></td>
<td>3. What risks are insurable &amp; what risks aren’t? How else should I manage the contract risks?</td>
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<td></td>
<td>Tip – search for Indemnity, waiver, subrogation, release, hold harmless, consequential</td>
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<td><strong>Policies &amp; Procedures</strong> – what documentation, policies, procedures manuals etc. do you need to get compliant with legislation, best practice guidelines or to make your practice run smoothly and efficiently? At a minimum you may need:</td>
</tr>
<tr>
<td></td>
<td>1. Privacy – New Patient Consent Form and Privacy Policy</td>
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<tr>
<td></td>
<td>2. Employment contracts and independent practitioner agreements</td>
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</tbody>
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**Show me the money**
Ask your accountant to draw a diagram of your business structure and show how the money flows from the patient billings. Identify directors, shareholdings, trustees, beneficiaries and the activities of each entity (i.e. which entity employs the staff, leases/purchases rooms or bills patients).

**Asset Protection**
Does this structure protect your assets and liabilities?, Does it start with the end in mind? (How to scale, sell, bring in other practitioners as partners or associates, etc.), Give this diagram to your advisers and ask for their advice.
**Advice is Key** – Get advice from someone who is not the product manufacturer as they will only sell you the products they have available. Find someone independent from the product provider whose duty is to you (not to the insurer). – Interview them:

1. Is your duty to me, or do you represent the insurer? Are you providing me ‘personal advice’ on my circumstances?
2. What’s your experience/qualifications in the medical field?
3. What insurances do other practitioners and practices buy, how does it protect them and what does it usually cost?
4. What is within your scope of services and what is not?
5. How are you paid?
6. What products do you believe I should consider and why?

**Consider core insurances** – Typically, for a small medical practice which owns or leases rooms, employs staff, contracts in other doctors, the following insurances should be considered as a starting point:

1. Medical Indemnity – doctor
2. Medical Indemnity – (practice entity & employed staff)
3. Workers Compensation (as required by law)
4. Business Package (cover for your rooms, equipment, public liability, business interruption)
5. Management Liability (a range of covers to cover management exposures)
6. Cyber & privacy (your costs to restore data, privacy investigations & fines and lost revenue)
7. Equipment Breakdown (can cover both breakdown and subsequent lost revenue)

You should also speak to your financial planner about the personal risks such as life, Total and Permanent Disability (TPD), trauma, income protection, and whether the business should also hold ‘keyperson’ insurances and how these policies may also dovetail into buy/sell agreements.

**Don’t DIY Insurance.** You have as much chance of getting it right as I do of performing neurosurgery on myself! You simply don’t know what you don’t know. You’re far better off focusing on your core skills – and outsourcing the rest. The pharmacists “best stuff” is behind the counter and only accessed with a prescription. Insurance is often the same. Many of the best business insurers (and policies) are only available if you have a script – aka an insurance broker/ adviser.

**Spend your money on the right insurances...**
Don’t insure the small stuff. There is also no point buying the cheapest policy if it doesn’t provide the cover needed. You might as well stick your money in the bank and self-insure. Understand what insurances you’re required to have by law or contract. Consider what other policies you may benefit from – judge these against your other risk management options. E.g. should I spend $1,000 on that insurance policy, or spend it on my IT system to improve my backup, cyber security & IT supplier response.
Dedicated to you, dedicated to the profession

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Doctors’ Health Fund was created specifically to meet the needs of the medical community, which is why our hospital and extras products are designed to deliver you the quality you need and the value you demand.

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Call 1800 226 126

Member of Doctors’ Health Fund: Dr Dominic Barnes
Hopefully the scenario where an unhappy patient is in your practice making demands and verbally unloading their frustration rarely happens but let’s face it, even the best practices have unhappy patients.

It’s understandable that no-one really wants to deal with an irate patient, least of all a busy practice manager or doctor with other patients to see. But determining why your patient is unhappy and working swiftly to remedy the situation (no pun intended) will help reduce the number of patients switching service provider and increase positive referrals.

Nobody wants to be a patient but you can make them want to be your patient. People don’t like being unwell and it’s easy to mistake their concerns, ill-temper or dissatisfaction as part and parcel of being poorly. Practices that don’t fall into this trap are the ones geared for the future.

Patients’ initial confidence in their practice of choice historically came from the recommendation of a close friend or family member. While this is still relevant, prescient practices have realised that technology dominates our society and word of mouth is now digital. When it comes to online reviews ‘negativity bias’ (where negative information is considered more heavily than positive information) really comes into play. Or in other words, your unhappy patients may negatively impact your new patient sign-ups more than your happy patients could positively impact them.

For this reason, it is important to deal with any unhappy patient swiftly and with great empathy. The empathy part may seem natural for a medical professional or the employee of a medical practice. However, when faced with an unhappy patient who you feel you have done your best for, it is easy to feel attacked (or that the patient is being unreasonable) and this often leads to defensive behaviour.
WHY FOCUS ON UNHAPPY PATIENTS?
Aside from being the right thing to do, focussing on unhappy patients can affect patient bookings and referrals. Preserving and even enhancing your patient relationships can lead to positive word of mouth promotion that specifically mentions your ability and willingness to address complaints.

If you don’t determine why your patients are unhappy you can’t do everything reasonable and necessary to combat their concerns, and you are inadvertently putting your practice’s brand and reputation at risk (as well as your personal reputation).

You can gain a competitive edge. If your practice has unhappy patients then your competitors are sure to have them too. However, by understanding the precise influencers causing your patients to consider switching providers allows you to not only assuage their concerns but also target your marketing to entice new patients to switch to your practice.

NEGATIVE DATA IS POSITIVE NEWS
When you understand what makes patients unhappy you can use this data in a positive way. Data-mining will enable you to see patterns in the complaints you receive and track how your resolutions are working. In turn you can put this knowledge to work and specifically target patients who are most likely to switch provider and reinforce their loyalty to your practice.

Not all patients will be vocal with their dissatisfaction or ideas for improvement. Indeed most patients will leave silently. However being able to determine which patients are unhappy and find out why is powerful information. Often times patients will find many of the same problems after switching to a new provider because that new provider suffers from the same problem the old one did – lack of understanding why their patients are unhappy.

This knowledge is invaluable to your sales and marketing consultant who will be able to more effectively target the internal and external market. Patient attrition should hopefully reduce and new bookings will increase, in turn benefiting your brand reputation and future growth.

INCREASE BOOKINGS WHILE DECREASING WORKLOAD
When you provide a higher level of care and attention to making unhappy people happy, you create loyal patients who will spread the good word and help drive new patients to your practice. You should view each complaint as an opportunity to improve your practice and increase patient satisfaction.

Most medical practices lack an effective system and process to track patient satisfaction. In turn they cannot use this data to implement strategic positive change. When presented with digital solutions to this conundrum practice managers and doctors often voice concerns about workload and cost. However, done correctly satisfaction management actually has the opposite effect. The data-driven changes you implement can free up more time and increase revenue.

Happier patients are easier to deal with, their increased trust improves treatment acceptance, and greater loyalty increases both repeat bookings and word of mouth referrals, thus helping to attract new patients. A consistent flow of the right types and quantities of cases is very profitable to a practice and in turn funds more sophisticated programs to systemise and automate business processes.

At Vividus one of our specialist medical marketing consultants can show you how to implement systems to improve your practice profitability and quality of care. Contact us today on info@vividus.com.au or 07 3482 4262.
Michelle Romero provides some tips to protect against cyber attack.

Michelle Romero is a Director at ACSS Health.
With all our software applications moving to the cloud, we all need to exercise cyber hygiene to protect our data, especially our patient data. Let’s explore two tips you can easily action today.

**ENABLE 2-STEP AUTHENTICATION**

You may not have heard of this term, but chances are you have used this security measure before. Banks usually use this when transferring money to another party.

**HOW IT WORKS**

When logging into an application hosted in the cloud, once you have entered the correct username and password, you will be sent an SMS with a code. To access the application, you need to enter in the code.

2-step authentication adds another level of protection to your applications because if your username and password is compromised, you still need the SMS code to log in. Hopefully, you still have your mobile with you!

The Department of Human Services my.gov.au website has this permanently enabled and can’t be disabled, which when dealing with patient data, is a good thing. But other applications usually have this disabled, and it’s an option you can turn on if you want.

So I’d recommend you turn this on for everything, especially your email, accounting software, internet banking, and practice management software. Interestingly, popular accounting software Xero only released 2-step authentication in early 2016. Better late than never, I guess.

**THINK PASS-PHRASE NOT PASS-WORD**

After the infamous hack of the Ashley Madison website where thousands of passwords were made public, an interesting password trend was noticed. It showed that there are common passwords we all like to use, such as:

- 123456
- password
- qwerty
- abc123
- password1
- 12345
- monkey

I’m hoping you don’t see your password in the list above, but I’m sure we can all agree we have used one of those passwords at one time or another.

**WHAT IT MEANS**

Most security experts agree that we need to have a shift in thinking of it as a pass-word, but rather a pass-phrase. Make it harder to hack. Try a phrase from your favourite song or a famous movie line, and try to include upper and lower case, numbers and symbols.

Have you thought of a phrase you can use? Well, you are going to need a lot of them because it isn’t secure to reuse the same pass-phrase for every application you have. Let’s say you have a great pass-phrase for your email and you also use it for your accounting software, internet banking and practice software. If your login details for your email get compromised, hackers will quite easily try that same username and password on a whole bunch of sites. This is easy for them to do, as they are not manually trying each website and typing the details. They have ‘scripts,’ which with the click of a few buttons, that one username and password is tried on hundreds of websites. Within minutes, they have a list of websites that match. Scary, I know!

So how on earth does someone remember dozens of pass-phrases? Well, keeping an excel file on your computer with all your passwords is not safe, but what do you do? 😊
WHICH TYPE ARE YOU?

The Process Manager, Efficiency Manager or the PX Champion?
Dr Avnesh Ratnanesan outlines the different kinds of health care leaders.

A lady walks into a clinic. She winces, rubbing her arm then kneading it gently. She approaches reception. She sighs and scribbles what she needs to on a form and is then motioned into the waiting room. She scurries up when she hears her name and disappears into a consultation room. Three hours later, she walks out to a waiting car outside the hospital. She’s not rubbing her arm anymore.

If you ask a healthcare center what they think about the above scenario, and their focus is process rather than patient experience, they would probably measure success as a patient’s condition resolved, her details recorded on the right forms and the availability of a consultation room as a result of that problem resolution.

Turn now to the healthcare center whose focus is patient management and efficiency; they would ensure that the effectiveness of every step of the healthcare process – from the patient arriving at reception to patient discharge – is measured and efficient from a time and activity perspective.

Now question the healthcare center whose focus is the patient journey. They would do all of the above, and more. They’ll wager their time to understand and measure the ‘wincs’, the ‘sighs’, the ‘scurry’, the manner in which the patient ‘walks out to the waiting car outside of the hospital.’ They ensure the right questions are asked of the right people at the right time. They would also very likely follow-up with her after discharge to ensure her safety and service satisfaction. For these healthcare centers – the Patient Experience (PX) champions – the patient is at the very center of the care they receive.

The focus would be:
1. Did the patient require help filling out the form (was there a physical pain or language barrier)? VS. Did the patient fill in the form we need them to fill in?
2. Did the patient understand what the doctor was saying? VS. Did the doctor explain everything to the patient?
3. Did the patient experience compassion and empathy during any treatment? VS. Were staff able to treat the patient in a professional and timely manner?
4. Were any family members present reassured about the patient’s situation? VS. Were the family members informed about the patient’s situation?
5. Is the patient able to perform well at work and at home in the days and weeks after treatment? VS. Was the patient followed-up with the day after the consultation and treatment?

Taking a holistic view, the PX champions would also ask staff, if they were making a difference, if they felt resourced, supported, celebrated and if they felt like they had meaning in their work i.e. ‘living their purpose’?

Understanding the various elements that comprise the patient’s journey and then measuring each element of that journey, is what separates the wheat from the chaff, the top performing healthcare centers from the average ones. Indeed, many are now riding the wave of PX trends.

What kind of healthcare leader would be more meaningful to you?

Dr Avnesh Ratnanesan is CEO at Energesse.
Dr Google
What seems to be the problem?

Become the subject matter expert – Caroline Ucherek provides some simple tips.

FAST FACTS:
• Google owns 78% of market share.
• 1 in 20 of Google searches are for health-related information.
• Google has partnered with the Mayo Clinic in an effort to provide relevant and accurate medical facts.
• Google is looking to medical practitioners to provide readily available clinical knowledge for patients.

Having your own website and ensuring it ranks on Google has never been so crucial.
Whether we want to accept it or not, we now live in a world where nearly all information we seek is literally at the click of a button.

The impact for medical practitioners is that not only has Google changed the world we live in (and Google knows it), it has changed how people seek diagnosis of a medical symptom.

It has now become commonplace that when people have a health concern they search online to get an array of different answers. And that’s the kicker - anyone who has had a ‘consultation’ with Doctor Google is familiar with the diverse and sometimes unsettling range of results that they receive.

**FINDING WHAT THEY NEED**

But being bombarded with varied information on these searches may be a thing of the past.

In an attempt to come up with better search results to specific health questions, Google has decided to upgrade and improve its health results and has now joined forces with the Mayo Clinic.

The upgrade by Google will provide better advice upfront, and even list possible treatment options.

For example, a search for arthritis will show, beside the resulting links, a few basic facts about arthritis and include a definition. To ensure quality and accuracy, all of the gathered facts have been confirmed by medical doctors, which have then been checked for accuracy by Mayo Clinic clinicians.

“The goal of this new feature is to provide medical information in a digestible way and to get basic answers quickly. Using Mayo Clinic as a primary source, Google provides information about symptoms and treatments, whether or not it’s critical or contagious, what ages it typically affects, and more,” a spokesman said.

**GOOGLE IS INTENDED FOR INFORMATIONAL PURPOSES ONLY**

Should Doctor Google be considered competition – No.

Google is not going to replace the need for Doctors. Google does not give patient care. It does not think in terms of age, sex, or ethnicity. It does not know the patient history, if the person smokes cigarettes, drinks alcohol or has been in contact with someone who is contagious.

For medical professionals conducting a diagnosis and subsequent treatment, the improvement of Doctor Google is not something to be concerned about.

But it is a reason why your practice/business needs to have a technically sound website that looks professional, has sound quality “Google” ranking content about your practice and your services, and is updated regularly.

Why? So you are seen as the authority and not your competitors.

**HERE’S HOW YOU CAN TAKE CONTROL**

Now is the time to make sure you are found online and regarded as a credible resource on Google by having a well-designed and functional website. Your website needs to not only be professional, look good and function well, it needs to be built on Search Engine Optimisation principles to ensure you rank in searches and be found by your current and potential patients.

Here are a few ways you can start to rank on Google and begin to get traction in the digital world:

**Search Engine Optimisation (SEO)**

This is related to the sum of activities that are used to attempt improvement in organic (not paid for) rankings by search engines – particularly Google.

When you do a Google search, Google will return links to websites that it considers relevant and sees as an authority. This is gained through the use of keywords, good website content, back – links (links from other websites to your site) and compliance with ‘best practice’ techniques such as having a ‘responsive design website’.

Good ranking organic search results cannot be achieved quickly. The ultimate goal is to have your site rank on the first page.

SEO is a long term, slow build project and can take between 6 – 12 months to achieve good results, but when done properly it can deliver outstanding results for your website.

**SEO is complex – so why do it?**

Current figures show that over 70% of people will only click on organic search results.

Ranking on the first page can deliver 75% of traffic to your site and research shows that most people just don’t bother going beyond the first page. If your website’s on the second page you only get to share 4.8% of the traffic along with all other websites on the page. With page 3, it shrinks lower to 1.1%.

If you have a website – SEO is a must.

When you build a website, ensure you have a robust, ongoing SEO program in place that helps you rank on the first page of Google to make sure you can be found on line and to help drive potential patients to your site.
SEARCH ENGINE MARKETING (SEM)

SEM works by your setting up of a Google AdWords campaign with a Google budget (there are others such as Yelp – but Google really is king and will get you best results.)

Your business gets found by people on Google precisely when they’re searching for the things that you have included in your AdWords – i.e. if you are an orthopaedic surgeon you might set an AdWords campaign that includes “ACL reconstruction surgeon”.

You only pay when patients click on the ad which is why SEM is also known as Pay per Click (PPC). This is a highly targeted and quick method of driving leads to your website. It helps your website rank instantly on Google and can drive up to 25% of traffic to your site and can be used as a short to long term thread as part of your digital strategy.

Takeaway point: Don’t put all your eggs in one basket. While working on your long term SEO program, an SEM strategy can be used to help your website rank immediately on Google to help drive leads. It is often used to best effect in tandem with SEO even when you start ranking well organically.

CONTENT MARKETING

With the many algorithm changes Google has gone through, now more than ever, content is King. Content marketing is creating, sharing and posting information on topics that prospective patients are researching before making direct contact with your medical business. It is a powerful way to gain referrals to your practice.

Content marketing is also an essential tool in helping your website rank on Google. Content needs to be varied, comprehensive and most importantly relevant. Recent research shows that comprehensive content significantly outperformed shallow content in helping to rank websites.

Not only is content marketing great for SEO, it also brings the following benefits for your practice:

- Raises brand awareness
- Humanises what you do
- Builds trust
- Positions you as an expert
- Grows your patient engagement

Takeaway point: Have a strong content marketing strategy and make sure your content has variety, in-depth, quality and relevant information that can help the Google ‘crawlers’ find your website.

SOCIAL MEDIA

Social media is another aspect of SEO and can contribute to helping your website rank on Google. Think of social media as another search engine for your medical business. When regularly posting content relevant to your brand, Google will take notice how many people you are able to reach with the content you’re sharing on your social profiles, and whether people are engaging. Having a strong social media plan and use of a content calendar is key to running a successful social media platform.

Takeaway point: The relationship between social media and ranking on Google is real. If you are going to engage in Social Media, ensure you have a strategy that is consistent and engaging and relevant to your audience.

SO WHAT’S NEXT?

Google and digital marketing is ever evolving and the data is compelling regarding the power and reach of this medium. There is a constant stream of new social media channels that change how people interact and exchange information. With the online world we live in today it’s now more crucial than ever for medical practices to be thinking how to effectively and properly utilise these channels to reach out to your target audiences.

Why? When used well, they are a great resource for your medical practice, they can provide information and educate, establish your credentials, identify and highlight your services, build trust, raise brand awareness – and grow your medical business.
YOUR PATIENTS GET PERSONAL ATTENTION.
WHY SHOULDN’T YOUR BUSINESS?

KEY SERVICES FOR MEDICAL PROFESSIONALS:
- Cashflow and business planning
- Structuring
- Asset protection
- Tax effective advice
- Collaborative approach

To learn about how we can help your practice contact
Kristy Baxter or Angela Stavropoulos
on (07) 3023 1300 or taxmed@pilotpartners.com.au
Are you at risk of a Tax Audit?

Fernando Baptista, Business Advisory Accountant at William Buck Chartered Accountants & Advisors
Surgeons, anaesthetists and special physicians have the highest taxable income based on occupation according to the most recent statistics released by the Australian Taxation Office (ATO). This means, they’re also among the country’s highest individual tax payers.

The risks associated with this tag include increased scrutiny in tax compliance. The ATO have developed the tools and infrastructure to identify those that have not paid enough tax. If they believe you fall into this category, you may become the subject of an ATO audit.

While the idea of an ATO audit is intimidating to many tax payers, with the right safeguards in place you could minimise the possibility and impact of an audit.

**WILL YOU BE SELECTED FOR AN ATO AUDIT?**

My medical clients regularly ask if they are likely to be selected for an ATO audit. There’s no easy answer to this question.

The ATO regularly releases media updates on the specific occupations or industries that they are currently investigating. While it’s worth keeping an eye on these releases for your occupation, the ATO may audit any individual they believe is in breach of tax compliance.

**WHAT’S THE DIFFERENCE BETWEEN AN ATO REVIEW AND AN ATO AUDIT?**

Both reviews and audits are considered “tax audits” with differing complexities.

**A review allows the ATO to determine whether there’s enough of an issue to warrant further investigation. This is usually determined in a phone discussion with a representative from the ATO in regard to a specific matter such as a discrepancy that has been identified. The review process can require the provision of information on record-keeping procedures, practices and controls.**

This may result in no further action or alternatively amendments to rectify the matter. The ATO will escalate the review to audit if they believe a review cannot attend to the matter sufficiently.

**An audit is more comprehensive than a review and involve intensive case examination. A case officer is appointed to the audit to examine whether the taxpayer has fully complied with the law. The ATO expects the taxpayer to work cooperatively, provide complete and accurate information and timely responses to information requested by the tax officer.**

**IDENTIFYING A COMPLIANCE BREACH**

The ATO has invested heavily in tools to identify possible breaches in reporting compliance. This includes data matching of tax information with organisations such as government agencies, financial institutions, employers and health insurers. Data matching is enforced by law and is a powerful administrative tool to detect anomalies between 3rd party records and the tax being paid by a specific taxpayer.

The ATO also uses industry specific ratios to identify businesses for review or audit. The ratios act as risk indicators to identify outliers. An example of such a ratio is the cost of goods to sales turnover. If your ratios differ dramatically to peers in your industry, you may be earmarked for a review or audit.

**RED FLAGS**

The following red flags may result in a review or audit by the ATO:

**Review of financial performance to industry**

The ATO will benchmark the data in your tax return against your occupation or industry. Where inconsistent performance is highlighted, it’s an indication to the ATO that there may be underlying tax issues such as unreported income, transfer pricing and other issues.

Large fluctuations in reporting from year to year can also draw attention.

**Employee superannuation**

If employees complain that their employer has not paid superannuation on time it is likely this will lead to review or audit. This will result in a superannuation guarantee charge. This is a penalty payable by the employer if superannuation guarantee is not paid by the due date into the employee's nominated fund.

**Reporting obligations**

A crucial aspect of tax risk management is the reporting of compliance obligations. Variances between information reported in your tax return and business activity statements for the corresponding
TAXATION

period will be red flagged. Mistakes in disclosure items in your tax return can also cause you to inadvertently be flagged.

Lodgment history
A good compliance history will improve the perception of your business. It is important to meet the due dates of all compliance obligations and timely payment of tax liabilities. Failure to do so could result in ATO investigation.

Operating losses
The ATO is likely to investigate a taxpayer that has three loss years out of five as this is indicative of a problem.

Data matching
The ATO will review third party data from agencies such as motor vehicle registries regarding individuals or businesses that purchase vehicles (generally with a value of $10,000 or more). This information is then matched to information reported in your tax return. If the tax return does not include private usage or ‘fringe benefit employee contribution’ it will possibly lead to review or audit.

International transactions
International transactions have always been an area of intense scrutiny. Taxpayers with significant international dealings and low tax performance compared to industry standards are at greater risk of review. In particular, transactions with international related parties, transactions with tax havens and funds being transferred in and out of Australia will raise attention.

Media publicity
A major high-value transaction or dispute reported in the media will undoubtedly be noticed and selected for review.

Many of the issues outlined above can be easily managed with a proactive tax risk management strategy. Senior management in conjunction with your accountant can implement procedures, practices and controls to reduce the risk of audit.

Even with such a strategy in place, you should be prepared for the possibility of an ATO review or audit. After all, business activities in a complex commercial and legislative environment can lead to differing interpretations of the tax law. Comprehensive documentation will set you in good stead should you be required to provide substantiation for a particular issue.

Should a dispute with the ATO occur your accountant can mediate and advise on legislation to resolve the matter. This will include advice on the specific steps required to complete the audit effectively with minimal impact on your business.

TAX AUDIT INSURANCE
Responding to official queries and audits can be stressful and costly to your business. You may need to write off chargeable hours, costing you valuable time and money. Audit insurance is a simple, cost effective and affordable way to save time and provide protection against the costs of audit.

Tax audit insurance covers professional fees incurred as a result of a review, investigation or audit. Audit insurance provides peace of mind that substantial costs incurred by accountants, advisers and lawyers will not impact your cash flow.

There are two certainties in life – death and taxes. This old adage remains true. However, strategies can be implemented to reduce against such events. Sound professional advice can help you manage risk by ensuring that you are playing in accordance with the rule book. ☝
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The Complication of Giving Back

Why volunteering can be a risky business for medical practitioners, writes Murray Howlett.

Doctors spend a lot of their time helping people due to the nature of their chosen profession. Some choose to further embrace this cause and donate their time and skills by volunteering both locally and abroad.

Donating time and skills can be a very rewarding experience for medical professionals however substantial costs are often involved, particularly when traveling overseas.

WHERE ARE THE RISKS?

In this year’s Federal Budget, the government has proposed a 55% increase in audit funding over the next four years. Its goal is to generate $3.7 billion in gross revenue. The proposed tax audit activity will make up nearly 25% of the major new sources of revenue for the federal government.

To meet this expectation The Australian Taxation Office (ATO) will focus its attention on “high risk” taxpayers which includes high net worth individuals.

For this reason in the current environment, where the risk of taxation audit is increasing for medical professionals, it is important to be aware of the tax treatment of expenses incurred in voluntary work.

AUSTRALIA’S CURRENT INCOME TAX LAW

The income tax law in Australia does not specifically allow for deductions incurred in relation to voluntary work. The 1997 Income Tax Assessment Act states you can deduct expenses from your assessable income to the extent that they are:

1. incurred in gaining or producing your assessable income; or
2. necessarily incurred in carrying on a business for the purpose of gaining or producing your assessable income.

This section of the Act goes on to exclude deductions for expenses that are of a capital, private or domestic nature.
BUSINESSES AND VOLUNTEER-RELATED EXPENSES

The deductibility of business expenses provides the most scope for the potential to claim any volunteer-related expenses. The interpretation of what is ‘necessarily’ incurred in carrying on a business is quite broad. Generally, where a connection to the production of assessable income can be established the expense will be deductible.

For example, many businesses will sponsor a local organisation and receive some form of advertising in return. This would include sponsoring the local football team and providing promotional material such as uniforms and signage displaying the business name and logo. It is widely accepted that expenses incurred in such arrangements are deductible business expenses.

In the case of a medical professional volunteering, a link between the activity and promotion of the business can be more difficult to demonstrate. If a doctor volunteers at a local sporting event, it can be argued that this acts to increase the goodwill of the medical business. Therefore supporting the claim for a tax deduction of associated expenses. However, where the volunteer work is performed in a remote location or overseas the link to promotion of the business is less clear.

The motive of the taxpayer can also be a relevant factor. Expenses that are incurred pursuant to a moral, social or religious obligation can be considered to be private. If this is the case, they are excluded from the definition of deductible expenses.

If a medical professional operates a business and incur substantial costs associated with volunteering, it may be worth considering whether steps can be taken to improve the ability to demonstrate a link between the expenses and the business. For instance, communicating your volunteering efforts to patients, customers and referring practitioners via newsletters or Facebook posts clearly indicates the activity is related to promoting the business.

Implementing an employment policy requiring all staff to commit to providing a certain number of volunteer hours per year also demonstrates a link to the business. The staff wages and other volunteering expenses could be paid, and potentially claimed as a tax deduction by the business. Such a policy can be used to promote that business as well as potentially improving staff work satisfaction and performance.

While many may seek to downplay the time and resources they donate to charitable causes, promoting these activities can encourage others to participate or support charities. The promotion will also establish a link to business activities thereby supporting the claim for a tax deduction for associated expenses.

EMPLOYEES AND VOLUNTARY WORK

The circumstances of medical professionals that are employees and not operating a business is a little different. For such employees claiming a deduction for volunteer-related expenses is much more restricted. The definition of allowable deductions requires that the expenses must relate to the assessable income. As voluntary work is usually unpaid, it means that related expenses are not tax deductible (as stated in the Act on previous page).

If some form of payment is received in relation to volunteer work it will not necessarily be treated as assessable income. The treatment will depend on the nature of the payment and the volunteer’s circumstances.
The ATO provides the following guidance in determining the treatment of such payments. It suggests a payment that is not assessable will have many of the following characteristics:

• The payment is to meet incurred or anticipated expenses
• The payment has no connection to the volunteer’s income-producing activities or services
• The payment is not relied upon or expected for the volunteer’s day-to-day living
• The payment is not legally required or expected
• There is no obligation on the part of your organisation to make the payment
• The payment is a token amount compared to the services provided or expenses incurred.

While the provision of medical services will generally be connected with a medical practitioner’s income-producing activities, all characteristics need to be taken into account. A payment for voluntary work would often meet the other criteria. In the case of a doctor volunteering overseas where it is agreed the doctor will fund the associated travel and accommodation expenses, any payment that is received that does not cover the costs would likely be considered a token amount and not assessable. Accordingly, with or without payment, the expenses are only likely to be considered deductible in limited circumstances.

**DEDUCTIBLE GIFT RECIPIENTS**

Tax deductions for charitable causes in Australia are similarly limited to donations to Deductible Gift Recipients (DGRs). The establishment of a not-for-profit-entity to be registered as a DGR is one option that may be considered by medical professionals seeking to support charitable causes and receive a tax deduction for associated expenses.

We should express the administrative requirements for a DGR are particularly onerous. The cost and effort required to establish and maintain a DGR to enable pursuit of your preferred charitable causes would generally be considered to be prohibitive.

In addition, the Federal government has proposed legislation limiting the activities of DGRs to Australia unless further requirements are met. This would further limit the ability to use this option where a medical professional is seeking to volunteer overseas.

Gifts and donations to DGRs are tax deductible under specific rules in Australian income tax legislation. DGRs include a number of organisations that facilitate volunteering by health professionals. Donations made to these organisations are tax deductible. Any expenses associated with volunteering are generally paid by these organisations. However, it should be noted that a conditional gift is not deductible. Accordingly, an individual cannot claim a deduction where funds are paid to a DGR on the condition that the organisation pays the travel and accommodation expenses of the individual.
While this option may reduce the flexibility of volunteer work options, providing assistance to an established charitable organisation has many advantages. These organisations will generally ensure the required resources, training, information and logistics are provided. They will also generally have established relationships within the communities they operate and have a long-term presence. These factors can act to improve the effectiveness of the volunteer services provided by medical professionals.

WHAT SHOULD WE EXPECT FROM THE AUSTRALIAN GOVERNMENT?

Medical professionals willing to volunteer their time should be supported. The Australian taxation system imposes high levels of tax on medical professionals due to high personal income tax rates and restrictions limiting the ability to access company tax rates. Where a doctor pays the expenses associated with volunteering it would only seem just for these expenses to be offset against assessable income as is the case with donations to DGRs.

Medical professionals involved in a business may be able to incorporate the provision of volunteer services into their business model, as discussed above. By doing so it helps to establish a link between the carrying on of the business and the expenses associated with volunteering. However, we again note that the individual circumstances of each case would need to be considered.

In order to remove this uncertainty a change to the Australian taxation law would be required. The law would need to change to specifically allow for deductions for volunteer expenses.

This is the case in the United States (US). The US tax system recognises out-of-pocket expenses incurred while volunteering as charitable contributions. It allows deductions for costs, such as travel and car expenses, with the treatment being the same as it is for donations. Like donations, the costs must be associated with volunteering for a qualified organisation that is registered with the IRS. So while volunteering is seemingly encouraged by the US tax system tax deductibility is dependent upon the charity registering with the IRS which in turn supports US-based charities.

The Sustainable Development Goals (SDGs) agreed at the United Nations (UN) in September 2015 include “ensure healthy lives and promote well-being for all at all ages”. This goal includes specific targets, many of which require significant improvements in access to medical services. As a member state of the UN, the Australian government agreed to adopt these goals. An index comparing countries performance on the SDGs recently released by the UN ranks Australia at 20th in the world. Government policy encouraging individuals and business to support charitable causes is vital if Australia is to improve its ranking. The introduction of legislation similar to the US would be one way of achieving this.

Unfortunately, given the current Australian political environment with continued focus on budgetary pressures it would seem unlikely that legislative changes to increase access to deductible expenses will occur. As a result, the ability to claim a tax deduction for expenses associated with volunteering will depend on the particular circumstances. Particular care should be exercised where the expenses incurred are substantial and a direct link with the business is not easily demonstrated. Accordingly, the advice of an experienced tax professional is advisable to ensure peace of mind given the increasing risk of tax audits for medical professionals.
Nihal D'Cruz is Underwriting and Risk Education Manager at MIGA.
Self-Assess Practice Performance

Nihal D’Cruz explains Practice Audit – A Powerful Tool to Self-Assess Practice Performance

The aim of every healthcare practice is to provide efficient medical services to patients with as little disruption as possible to doctors, allied health practitioners and staff. Well documented policies and procedures that are understood and followed by everyone in the practice can be critical to maintaining efficiencies and optimising patient care. However, these policies and procedures need to be reviewed on a regular basis to ensure that they are still relevant for the practice, achieve the desired outcomes and that they are being followed routinely.

One method is to carry out a self-assessment of the practice on an annual basis. Practice self-assessments (PSAs) that check policies and procedures are in place to manage the critical functions of the practice can highlight the areas where improvement is needed and will assist in maintaining the high standards of your practice. PSAs, if completed at an individual level, can also be a useful tool to assess the working knowledge of doctors and staff of the systems and procedures in the practice. The context in which the self-assessment is done can influence the outcome. For example, if the self-assessment is being done following an adverse event, it is likely that the assessment will be slightly more critical of practice systems than if the self-assessment was being done as a routine annual review.

The practice self-assessment is still a fairly new concept for the health sector and is not yet a standard annual activity for all healthcare practices. There can be various impediments to starting the process. It may be difficult to find a starting point to self-evaluate and so it becomes less of a priority for a busy practice. Even if the process of self-evaluation is started, it may be a challenge to identify the improvements needed and obtain support for change. Employing an external consultant to carry out an independent self-assessment is an option but it can also be an expensive exercise.

MIGA recognised that having good systems and procedures in place did not just create business efficiencies for a practice but also reduced the risk of a claim or complaint from incidents such as a delay in diagnosis following a mislaid test result. The majority of medico-legal claims or complaints are potentially avoidable and relate to how the service of providing medical care is delivered. MIGA introduced a Practice Review Tool for doctors enrolled in the MIGA Risk Management Program in 2002, and since its introduction, over 2,500 self-assessments have been completed by doctors from nearly every specialty in medicine.
OBJECTIVES

MIGA’s Practice Review is a two-stage process. The first stage involves a Practice Self-Assessment (PSA) of the areas of risk in your practice over 12 sections. These sections include office procedures, locums, medical records, confidentiality and privacy, consent, infection control, medication management, appointments and referrals, adverse events, complaints, follow up and disease prevention screening. Once submitted, a report provides feedback on the two highest areas of vulnerability. Participants can also compare their results against all MIGA clients (in a de-identified manner) or just those in their specialty via the Score Histogram.

The second stage involves focusing on at least one area of vulnerability, introducing improvements to policies and procedures to lessen the vulnerability and documenting this in an Action Plan.

The key objectives of the Practice Review are to:

• Provide instant feedback to doctors who complete the PSA on the results for each of the 12 sections of the PSA, including how they scored in comparison to all doctors and relative to their own specialty. This information is provided as interactive histograms
• Identify the two areas of highest risk vulnerability in the PSA
• Provide topic specific fact sheets and assistance in areas identified for potential improvement
• Offer a basis for clients to develop, implement and track improvements over time
• Allow MIGA to track and report to members on:
  • Areas of risk and vulnerability across the membership
  • Areas where improvements are being implemented
  • Outcome: “is risk management making a difference?”
• Align the PSA into the key areas of practice management that can be supported by MIGA Workshops, Risk Resources and comparisons to claims data.

Since its inception over, 2,500 PSA and action plans have been completed; and over 797 clients have completed an Action Plan. Very few doctors scored less than 50% for the PSA, with most doctors scoring over 80%.
Below is a snapshot of PSA’s and action plan completed by different specialties.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>PSA</th>
<th>Most common vulnerability</th>
<th>Action Plans</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesia</td>
<td>172</td>
<td>Follow up</td>
<td>72</td>
<td>42%</td>
</tr>
<tr>
<td>General Practice</td>
<td>817</td>
<td>Adverse Events</td>
<td>228</td>
<td>28%</td>
</tr>
<tr>
<td>General Practice Obstetrics</td>
<td>120</td>
<td>Adverse Events</td>
<td>27</td>
<td>23%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>72</td>
<td>Follow up</td>
<td>28</td>
<td>39%</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>78</td>
<td>Follow up</td>
<td>24</td>
<td>31%</td>
</tr>
<tr>
<td>Procedural Ophthalmology</td>
<td>184</td>
<td>Adverse Events</td>
<td>59</td>
<td>32%</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>120</td>
<td>Adverse Events</td>
<td>76</td>
<td>63%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>59</td>
<td>Follow up</td>
<td>26</td>
<td>44%</td>
</tr>
<tr>
<td>Radiology</td>
<td>179</td>
<td>Consent</td>
<td>109</td>
<td>61%</td>
</tr>
</tbody>
</table>

**Areas of Vulnerability**

The following sections of the PSA scored the lowest across the membership. The ranking differed slightly in relation to the two forms of PSA:

For doctors who own or manage their own practice the lowest ranking sections were:
- Section 9 – Unexpected/ adverse events
- Section 11 – Patient follow up process
- Section 5 – Consent procedures

For employed doctors these were:
- Section 11 – Patient follow up process
- Section 5 – Consent procedures
- Section 9 – Unexpected/ adverse events.

Doctors were only scored on those questions that were applicable to their practice or department.
The tables show the questions that exposed the most vulnerable areas of practice:

<table>
<thead>
<tr>
<th>Section</th>
<th>The question that exposed the most vulnerable area of practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Office Procedures</td>
<td>The practice has a documented disaster recovery plan in place and the plan is tested regularly and as a minimum annually</td>
</tr>
<tr>
<td>2. Locum Doctor Services</td>
<td>The practice prepares an agreement of their expectations of the locum doctor regarding the skills and procedures to be carried out</td>
</tr>
<tr>
<td>3. Medical Records</td>
<td>Medical records are regularly audited to ensure compliance with the practice’s policy and procedures and accepted standards of medical documentation</td>
</tr>
<tr>
<td>4. Patient Confidentiality/ Access to Medical Records</td>
<td>The practice has a written privacy consent form which is given to all patients</td>
</tr>
<tr>
<td>5. Consent Procedures</td>
<td>The practice has a written chaperone policy</td>
</tr>
<tr>
<td>6. Infection Control/ OHS</td>
<td>The practice has a steriliser which is regularly checked and maintained appropriately</td>
</tr>
<tr>
<td>7. Drug Storage and maintenance</td>
<td>An inventory is maintained of all drugs and other medical consumables including their expiry dates</td>
</tr>
<tr>
<td>8. Referrals and Appointment Procedures</td>
<td>There is a policy and supporting written procedures for following up the patient if they fail to attend a designated referral appointment</td>
</tr>
<tr>
<td>9. Unexpected/ Adverse Incidents</td>
<td>The practice has an incident notification form incorporating actual incidents and near misses</td>
</tr>
<tr>
<td>10. Complaints Review</td>
<td>There is a written complaints policy that incorporates both patient and family complaints and complaints forwarded by external agencies and a system for investigation and feedback within a reasonable timeframe</td>
</tr>
<tr>
<td>11. Patient Follow Up Process</td>
<td>The system for tracking the ordering and return of results from tests and investigations (including imaging) are audited by the practice on a regular basis</td>
</tr>
<tr>
<td>12. Preventative Screening</td>
<td>The practice has screening protocols in place for skin cancer</td>
</tr>
</tbody>
</table>
### PSA – Employed Doctors

<table>
<thead>
<tr>
<th>Section</th>
<th>The question that exposed the most vulnerable area of practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Office Procedures</td>
<td>The practice/hospital has a written policy for terminating the doctor/patient relationship</td>
</tr>
<tr>
<td>2. Locum Doctor Services</td>
<td>The locum doctor participates in a formal induction to ensure an introduction to all facets of the practice/hospital including policy and procedure manual, relevant equipment, general communication systems, support person</td>
</tr>
<tr>
<td>3. Medical Records</td>
<td>Medical records are regularly audited to ensure compliance with the practice’s policy and procedures and accepted standards of medical documentation</td>
</tr>
<tr>
<td>4. Patient Confidentiality/Access to Medical Records</td>
<td>The practice has a written privacy consent form which is given to all patients</td>
</tr>
<tr>
<td>5. Consent Procedures</td>
<td>The practice has a written chaperone policy</td>
</tr>
<tr>
<td>6. Infection Control/OHS</td>
<td>The practice has documented instructions for pre-sterilising and sterilising</td>
</tr>
<tr>
<td>7. Drug Storage and maintenance</td>
<td>An inventory is maintained of all drugs and other medical consumables including their expiry dates</td>
</tr>
<tr>
<td>8. Referrals and Appointment Procedures</td>
<td>There is a policy and supporting written procedures for following up the patient if they fail to attend a designated referral appointment</td>
</tr>
<tr>
<td>9. Unexpected/Adverse Incidents</td>
<td>There is a regular audit and feedback mechanism by the designated staff member of the content of incident notification forms</td>
</tr>
<tr>
<td>10. Complaints Review</td>
<td>Induction of new staff and doctors includes familiarisation with the complaints policy and procedures for addressing patient complaints</td>
</tr>
<tr>
<td>11. Patient Follow Up Process</td>
<td>The Communication policy is supported by literature available to the patient</td>
</tr>
<tr>
<td>12. Preventative Screening</td>
<td>The practice/hospital has screening protocols in place for skin cancer</td>
</tr>
</tbody>
</table>

Across the different specialties, the most common vulnerabilities identified by the doctors were inadequate systems for:
- Providing locums with up to date information about the practice or local community
- Auditing medical records to ensure acceptable standards of documentation
- Recording after hours telephone calls in the patient record
- Providing a copy of the practice’s privacy policy to patients
- Consenting children for treatment
- Keeping an inventory including expiry dates of medications and medical consumables
- Following up patients who do not attend referred appointments
- Recording incidents in a consistent manner
- Having a written complaints policy
- Tracking returned test results.

Specialities with more than 100 PSA and 50 Action Plans were examined in more detail. A total of 544 Action Plans were reviewed. These documented 677 improvements to various areas of practice.
This shows that the areas of vulnerability that doctors identify do not always correspond with the areas improvements are made in nor are indicative of the most common issues in closed claim files. Doctors can take comfort that their identified areas of risk do not always manifest into claims, but should be mindful that claims may stem from issues that they may not be as cognisant about.

MIGA’s Practice Review helps clients assess areas of vulnerability using a structured tool. In effect, it is a regular health check for your policies, processes and systems. It allows proactive identification of areas that could be improved and also confirms and reinforces the processes that are in place that are reducing vulnerabilities. Practices benefit from having their clinicians complete the PSA and comparing the results. The Action Plan stage can then be completed as a group.

When was the last time your practice had its check-up?

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Most vulnerable in</th>
<th>Made improvements in</th>
<th>Most common issues from closed claim files</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anaesthetists</strong></td>
<td>1 Follow up</td>
<td>Consent</td>
<td>Dental damage</td>
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<td></td>
<td>2 Office procedures</td>
<td>Office procedures</td>
<td>Clinical judgement</td>
</tr>
<tr>
<td></td>
<td>3 Appointments and referrals</td>
<td>Complaints</td>
<td>Infection control (failure to give antibiotics)</td>
</tr>
<tr>
<td><strong>General Practice</strong></td>
<td>1 Adverse Events</td>
<td>Office procedures</td>
<td>Diagnosis</td>
</tr>
<tr>
<td></td>
<td>2 Consent</td>
<td>Consent</td>
<td>Clinical judgement</td>
</tr>
<tr>
<td></td>
<td>3 Prevention Screening</td>
<td>Adverse Events</td>
<td>Billing practices</td>
</tr>
<tr>
<td><strong>Procedural Ophthalmology</strong></td>
<td>1 Adverse Events</td>
<td>Follow up</td>
<td>Managing patient expectations</td>
</tr>
<tr>
<td></td>
<td>2 Follow up</td>
<td>Office procedures</td>
<td>Communication</td>
</tr>
<tr>
<td></td>
<td>3 Complaints</td>
<td>Appointments and referrals</td>
<td>Infection control</td>
</tr>
<tr>
<td><strong>Orthopaedics</strong></td>
<td>1 Adverse Events</td>
<td>Office procedures</td>
<td>Communication</td>
</tr>
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<td></td>
<td>2 Follow up</td>
<td>Consent</td>
<td>Clinical judgement</td>
</tr>
<tr>
<td></td>
<td>3 Office procedures</td>
<td>Confidentiality</td>
<td>Nerve damage</td>
</tr>
<tr>
<td><strong>Radiology</strong></td>
<td>1 Follow up</td>
<td>Consent</td>
<td>Diagnosis</td>
</tr>
<tr>
<td></td>
<td>2 Consent</td>
<td>Follow up</td>
<td>Perception errors</td>
</tr>
<tr>
<td></td>
<td>3 Appointments and referrals</td>
<td>Confidentiality</td>
<td>Clinical judgement</td>
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Maree Macphail outlines what the recent superannuation changes mean for your investment strategy.

The Turnbull Government recently announced a U-turn for many of the superannuation measures announced in this year’s Federal Budget. In particular, the Government has scrapped its proposal to introduce a $500,000 lifetime non-concessional contributions cap on superannuation.

In order to recover the cost of scrapping the lifetime cap, the Government has proposed a number of changes to its super package announced in the Budget. This has left an opportunity for high net worth investors to review their super investment strategies before the changes are enacted in the next financial year.

The Government has made changes in three key areas, which are outlined below.

NON-CONCESSIONAL CONTRIBUTIONS
Crucially, the $500,000 lifetime cap on non-concessional contributions has been reversed. In its place, the Government has announced a reduction of the existing annual cap of $180,000 to $100,000, effective from 1 July 2017. The new yearly cap will be limited to those who have a balance of $1.6 million or less at the end of the preceding financial year.

Once the $1.6 million limit is reached, individuals will be unable to make further non-concessional contributions.

CONCESSIONAL CONTRIBUTIONS
The concessional contributions cap will still be reduced to $25,000 from 1 July 2017 as per the Budget proposal. However, the Government has deferred starting the catch-up concessional contribution provision, which allows individuals with interrupted work patterns to roll over unused contributions from the previous year on a rolling basis for a period of five years, provided that they have a superannuation balance of $500,000 or less. The concessional contribution catch-up provision will now commence one year later, from 1 July 2018.

WORK TEST MEASURES
The government has made another U-turn on the plan to abolish the work test for those aged 65-74. Individuals in this age bracket will still need to meet minimum work requirements before making voluntary contributions to their superannuation fund.
WHAT NEXT?
The revised super legislation will be introduced before the end of the calendar year, with changes to have effect from 1 July 2017. Treasurer Scott Morrison announced that the revised package will save the budget $180 million over the next four years and $670 million in the medium-term.

Mr Morrison has stated that the new measures will help support Australians to maximise their retirement balances in the pension phase where they can access tax-free earnings.

REVIEWING YOUR SUPER INVESTMENT STRATEGY
It is important to review and document your super investment strategy regularly, especially for SMSF trustees. Starting this process before the rush at the end of the financial year can be an opportunity to re-evaluate your retirement goals and ensure the fund is progressing in line with your investment strategy. Your review should also include an assessment of your insurance policies and if these are still applicable to your circumstances.

It is important to make sure your strategies best suit your situation and to remember that there are a number of criteria that need to be applied and considered when determining how much you can contribute into your superannuation.

The newly proposed measures leave only a small window of opportunity to optimise your contributions into super and investment strategy before the changes come into effect, particularly in this current financial year.

Don’t fall into the trap of leaving these considerations until the last minute. Remember that the longer your money is left in your fund, the greater the benefits. By fine-tuning your super strategy now, you can reap both greater contribution opportunities and potential long-term tax savings.
One less thing on your to-do list

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Prevention is far better than cure. This applies equally to our health, as it does to managing the complex and varied risks faced in running a healthcare business. The issue for healthcare businesses is often the unknown risks....

“There are known knowns. These are things we know that we know.

There are known unknowns. That is to say, there are things that we know we don't know.

But there are also unknown unknowns. There are things we don't know we don't know.”

- Donald Rumsfeld

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MAKING GOOD HEADWAY

Barrie Littlefield, Head of Engagement, Cure Brain Cancer Foundation.
Cure Brain Cancer Foundation was established in 2001 by Professor Charlie Teo AM, a well-known, at times outspoken neurosurgeon, and patient advocate. He founded Cure Brain Cancer Foundation because surgery is never going to be a cure. It only buys patients time and, as important as that is, Charlie felt that there was not enough being done to find more effective treatments.

I first became involved with the Foundation as a parent/carer in 2011. My ten-year-old daughter, Eloise, had recently been diagnosed with a glioblastoma (GBM) and like many parents in this situation I was searching the world for answers – anything that might offer a little hope that she might beat the odds and survive, all systems intact. She was very keen to raise funds to help other little girls and boys in a similar situation so we participated in the Cure Brain Cancer Foundation annual Walk4BrainCancer. At that time there were just two walks in Sydney – now they are all over Australia, this year, in October and November.

Sadly, Eloise died in October 2011. Early in 2013, following a long period of reflection, I was invited to a two-day workshop with a difference! The two inspirational people behind this were the Foundation’s Chair, Joanne Quin and then CEO, Catherine Stace. Charlie Teo set the tone for the workshop with this challenge: “Brain cancer survival hasn’t changed in more than thirty years. How do we change it in ten?”

A CHALLENGING TEN-YEAR MISSION

The uniqueness of this workshop is hard to express in a few words. The format, setting, energy and creativity were palpable – everyone was committed and the quality of the people in the room, from all over the world and all walks of life, was very impressive. By getting representatives of the ‘whole system’ there, we were able to map it all out, identify blocks and generate a plan.

Our mission emerged: to increase five-year survival from the current 20% to 50% by 2023.

Like many parents, desperately wanting to hold on to the memory of their child, I flirted with the possibility of setting up my own foundation in Eloise’s name, but in the end I felt a better way to go was to join the team at Cure Brain Cancer Foundation. Having been part of the group that came up with the mission, I wanted to be a part of making it happen. So in mid-2013, I signed up.

Looking back on the last three years, it has been both one of the hardest and the most rewarding experiences I have had. I feel that I have used, to good effect, the knowledge I gained from many years of working in the corporate sector, much of it in pharmaceuticals, communications and change consulting.

Cure Brain Cancer Foundation is making good headway. By no doubt, many of you reading this may feel, I fear, that we are not going fast
enough. Every week, I get emails and phone calls from carers and people living with brain cancer imploring me to help.

Brain cancer kills more Australian children than any other disease and more adults under 40 than any other cancer. Those diagnosed with a GBM, have a five-year survival rate of only 5%.

Sadly and frustratingly, while some things have improved, there are still few treatment options available, and those that we have, cause far too much damage. The much-respected, Distinguished Professor Web Cavanee, from the University of California, capture my feeling exactly when we spoke at our annual Gala Ball in 2014 and said: “The current situation is unacceptable.”

SO WHAT ARE WE DOING TO ACHIEVE OUR MISSION?

We realised early on that it was pointless to carry on doing the same things that had been done for decades. The system hasn’t worked for people with brain cancer, so we decided that we needed to take a disruptive approach – higher risk, but greater (and hopefully, quicker) rewards.

The Foundation’s focus is research, advocacy and awareness. We champion collaboration, both in Australia and internationally, as it is by working together and eliminating siloed practices that we can get results faster. While we endeavour to act as a beacon for other brain cancer organisations in Australia, we are always mindful of our mission and 2023! Therefore, our collaborative model, which is very important to us as an effect-multiplier, is time-driven. We want to connect people and organisations and act as both host and glue.

And, we have done this very successfully with GBM AGILE – an important global initiative, led by Anna D. Barker Ph.D., Director, National Biomarker Development Alliance; Executive Committee Chair, GBM AGILE Trial; Co-Director, Complex Adaptive Systems, Professor, School of Life Sciences, Arizona State University.

We do not have time to sit in endless committees, coming up with consensus-based (and often mediocre) outcomes. We would rather take action, and if we fail, learn and move on quickly. Too many people are dying from this appalling disease and it has to stop. Time is of the essence.

We are helping to catalyse collaborative efforts across basic, translational and clinical research, with a key focus now on bringing world-class clinical trials to Australia, to give people here access to promising new treatments as soon as possible.

ZERO CHILDHOOD CANCER AND GBM AGILE

Two big bets were announced towards the end of last year, both innovative trial platforms to accelerate new treatments to patients – children and adults.

It is vitally important that both of these trials are funded quickly to get them recruiting patients as soon as possible.

GBM AGILE is of particular importance. It is a revolutionary way of trialling new potential treatments much faster than traditional clinical trials and will change the way that clinical trials are conducted in the future. An initiative of this size and complexity needs collaboration of many
disciplines, including influencers, funders, researchers, clinicians and patient advocates. Funds raised for GBM AGILE will help to ensure Australians with the most common and aggressive form of brain cancer have access to world-class clinical trials. The first patients are expected to be enrolled in early 2017.

While my biggest hope is that there will be a treatment breakthrough very soon, my biggest fear is that people who need it can’t get speedy and equitable access to it. We are working hard in Australia to reduce the risk of this happening.

I am a passionate advocate for the rights of children and adults living with brain cancer. In my role as Head of Engagement at Cure Brain Cancer Foundation, I am so lucky to meet many courageous people impacted by the disease. It is their will to get better, as well as the fighting spirit of Eloise, that drives me. I have no doubt that we will achieve our mission, collectively, collaboratively and with a smile.
THE PSYCHOLOGY OF TULIPS

Luke McMillan helps us understand market forces and their relationship to successful investing.

We can thank the Dutch for more than Van Gogh. They also delivered what is arguably the world’s first asset bubble – Dutch Tulip Mania. It’s an interesting story in light of today’s low yield world because it highlights the dangers of investment ‘group think’. But more on that later – let’s get back to those tulips.

They were all the rage in 17th century Holland after their introduction from Turkey. People couldn’t get enough of the unique flower. Demand pushed prices up. Then the tulips contracted a friendly virus (called ‘mosaic’) which transformed them into something even more beautiful, creating the flames of colour we now see on their petals. Prices hit the stratosphere. The demand for new tulip varieties escalated to a point where a person could trade a single tulip bulb for an entire estate.

Everyone wanted a piece of the action, buying bulbs and speculating on the tulip market. Before long these perfumed assets were trading so far above their value that some investors decided to sell and take their profits. A chain reaction of selling followed, panic set in and the market crashed. In the end a tulip was worth the price of a common onion. That’s enough to bring water to your eyes.

WHY DO TULIPS MATTER?
Because ‘herding’ – what behavioural finance experts call our inborn tendency to follow the crowd when we invest – is flourishing in Australia and around the world.

Today many investors are challenged by a low yield environment. They’re seeking money to live on – but at low risk. Cash is flowing into a few select asset classes, assets perceived to offer that crucial combination of low risk and reliable income. Paradoxically, instead of finding greater safety, investors may be concentrating their risk and driving the price of some defensive assets into dangerous territory.

YIELD TO MARKET FORCES
The Reserve Bank of Australia has reduced the official cash rate to 1.5% (since August 2016) and our 10-year bond yields have fallen to the lowest levels on record (it could actually be worse – you could be in Japan or Germany where rates are negative). These are particularly challenging times for those relying on cash and bond returns for their income.

Some investors have sought a solution by buying into defensive stocks – those seen as safe investments because the companies involved operate in sectors insulated from a broader economic downturn. The consumer staples sector (grocery stocks) is one example. The utilities sector is another – people need services like electricity and gas, whatever the broader economic outlook.

The problem arises when the volume of money flowing into these stocks (and into certain other assets like real estate or bonds) inflates their price. Every asset becomes a risk at a certain price – overpay for defensive assets and they aren’t defensive at all.

In a low-return world the temptation to seek safety and stable income in the obvious places may work against you. There’s no perfect solution when economic forces combine – at least in the short-term, but there are some key principles you need to remember...

SO WHERE DO YOU LOOK FOR YIELD?
Firstly, when you think about yield it’s important to think about it in the context of an investment’s total return. The total return of an investment portfolio includes a combination of yield income, capital gains or multiple expansion.

When assessing the potential return of an asset, it is also important...
to assess yield as a valuation measure and to consider income beyond the cash flow you may receive from that asset. If the projected return is high, the risks associated are also likely to be high. For example, a property asset promising 9.5% yield may be highly leveraged, located in an undesirable area or occupied by low quality tenants – therefore you are being compensated for taking that risk on.

In addition to assessing risk, the time horizon of an asset is important in the context of total return. Assets that are obvious short-term generators of income can still be “overvalued” and risky in the long term. Overvalued assets should be avoided to reduce the risk of your portfolio because in the medium-to-long term, losing money chasing income is just as counter-productive as losing money chasing growth – you end up with less capital, which ultimately leads to less income in the future.

The final key approach to looking for yield is smart – and wide – diversification. Diversification is often referred to only at the capital gains level, however it is important to consider it from the income level as well. In practical terms, if you were to hold four Australian bank stocks, rather than holding four separate incomes streams, you are likely to only be holding one.

These bank stocks may have the same business drivers, very similar business models and they face the same macro-economic headwinds and tailwinds as each other, therefore their yield or income streams are in fact correlated – if one should face a downturn, it is likely that all of them will face a downturn to some degree.

When obvious sources of income are too risky and too expensive, you should consider focusing on different sources of income that don’t rely on the performance of stock markets to generate a return. If you can avoid buying what looks like tulips, but actually turns out to be onion bulbs when held close up, you can protect your savings over the long-term.

WANT TO KNOW MORE?
For an introduction to an endorsed specialist adviser that can help you avoid investing in onion bulbs, please contact Steven Macarounas at editor@theprivatepractice.com.au

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Furniture designed to make us feel better
Research has proven that the environmental design of healthcare facilities has a direct affect on the wellbeing of patients and their families. In fact well-designed environments can improve health outcomes, while poorly designed environments can aggravate patient anxiety and stress and negatively influence the healthcare experience.

With more comprehensive research into the impact of design on health and healing, we are amidst a renaissance in the design of healthcare furniture and environments. In addition to smart looks and practical design, new healthcare furniture solutions provide well-conceived seating for staff and patients and their families. These seating collections have the potential to reduce the spread of healthcare associated infections, decrease the risk of patient falls, improve the efficiency of cleaning and maintenance, and contribute to visually appealing environments that contribute to recovery as well as attract more patients.

KE-ZU supplies a range of contemporary healthcare furniture by ENEA, Source International and Proyec designed especially for healthcare environments and specific medical needs including:

- **Boomerang** by Proyec designed by Quim Larrea. Proyec offers innovative seating solutions for nursing homes with furniture developed to meet the needs of elderly residents. The Boomerang collection includes stationery and transfer chairs with streamlined forms and contemporary shapes.
  The Boomerang collection has been realised after extensive ergonomic studies of elderly users and is designed to promote ease of movement for sitting and getting up. The back and seat support correct posture and the armrests are positioned to allow side access.

- **Lottus** by ENEA designed by Lievore, Altherr & Molina. Everyday furniture used in healthcare settings can act as a transmitter of healthcare-associated infections spread through contact. The Lottus collection by ENEA is designed to prevent this transmission contributing to a more hygienic environment and healthier people.
  The addition of the chemical agent Vibatan PP/M Bacteriostatic 02518 to the polypropylene shell enables Lottus chairs to actually inhibit the reproduction of bacteria. Lottus chairs have a single shell and frame that are easy to wipe and dust and ergonomic design that is comfortable and durable over an extended period of time. Tables of varying heights and sizes are also available.

- **Cache Bariatric** by Source International designed by Terrance Hunt.
  Source International has created a range of bariatric chairs specifically designed for a larger population. Seating in healthcare environments needs to account for people of all shapes and sizes and the Australasian Furnishing Research and Development Institute (AFRDI) has approved Source’s Cache collection for public use for people up to 135 kilograms.
  The contemporary and ergonomic chairs are available in three seat widths from 495 to 660 millimetres. The Cache 17.5 and Cache 19 have been tested and certified by the AFRDI to withstand a static load of 330 kilograms, while the Cache 26 (Bariatric) is able to endure a static load up to 407 kilograms.

The Proyec, Enea and Source collection are exclusively available through KE-ZU.

Rebecca Gross explains the relationship between the right practice furniture and well-being of your patients.
The Subject Matter Expert

Steven Macarounas explains the importance of well drafted patient communication.

Delegates at The Private Practice courses will have heard me introduce the medical marketing session with these words: “Marketing is everything...and everything is Marketing”

Traditionally, marketing has been shunned by doctors as unethical, even bordering on evil.

I contend that this attitude comes from people who don’t understand that, done correctly and in keeping with AHPRA guidelines, ethics-based marketing should be the process by which you identify the needs of the patient, beyond purely the 'clinical' and develop a service offering to address those needs.

More than ever before (and fueled by the dynamics of the digital age in which we live), patients are seeking information & education – a platform of knowledge from which to better engage with their doctors and make informed decisions.

The opportunity, therefore, exists to position yourself and your practice as the subject matter expert regarding your specialty or specific areas of interest.

This helps to differentiate your practice from others in this increasingly competitive world, broaden your referral network and deepen existing relationships, as well as help make existing patients raving advocates of you, your team and practice.

One very effective element of the patient communication platform designed to achieve this is the patient newsletter.

Written in an authoritative fashion, on subjects of interest and in a vocabulary that makes sense to patients, the regular (at least monthly) patient newsletter should form part of every strategic marketing plan.

The following is an example of one such expertly constructed patient newsletter developed by the team at the practice of Dr Obstetrician & Gynaecologist.

We have featured Dr Morris in previous editions of this magazine and I am particularly impressed with his philosophy regarding patient and community engagement. “The business of medicine as we know it has changed. People have choice. They expect service, and quality. People don’t only shop for their clothes, food, real estate and entertainment – they shop for their doctors and their medical care too. You may ask your colleague or best friend for advice on where to take your parents on a Saturday night. You’d just as likely ask which obstetrician she used. For many, it’s not only about receiving a medical service. It’s about receiving a good quality, friendly service in a caring, compassionate and positive environment, with their wellbeing the focus” Dr Stephen Morris.

For more information on Dr Morris’ services or to read similar blogs you can find these in the Latest News section of his website www.drmorris.com.au
Carpal Tunnel Syndrome

Carpal Tunnel is the small space or ‘tunnel’ in the wrist, formed by the wrist bones (carpal bones) and a ligament (transverse carpal ligament). The median nerve and nine tendons used to flex the thumb and fingers, pass through the carpal tunnel from the forearm into the hand.

Due to the increased fluid volume that circulates around the body during pregnancy, the structures (including the median nerve) in the carpal tunnel, can be crowded and compressed. This is called Carpal Tunnel Syndrome (CTS) and in pregnancy can affect, one in three women.

It is common for Carpal Tunnel to be felt more overnight, as fluid redistributes around the upper body after a day’s activities. Common signs and symptoms of Carpal Tunnel Syndrome can include:

- Tingling, numbness or pain in the hand and fingers.
- Morning stiffness or cramping of the hands and joints.
- General weakness in the thumb and fingers.
- Burning sensation in fingers.
- Shooting pain from the wrist up along the forearm.
- clumsiness with fine motor skills.
- Hand pain/numbness at night which disturbs sleep pattern.
- (this is particularly helpful if activities during the day are repetitive e.g. computer work or fine motor skills)
- Sleeping with your hands raised up on pillows.
- Carry items with your forearms, not your hands.

Although the pain of Carpal Tunnel Syndrome can be quite intense, below are some helpful remedies that can provide relief.

- Hand splints which will help stabilise your hand and wrist in a neutral position so that it doesn’t bend and add pressure to the carpal tunnel (this is beneficial overnight).
- TENS machine, (transcutaneous electrical muscle stimulation)
- Modify activities so motor skills are trying to use more forearm and elbow instead of the wrist joint.
- Massaging the forearms and wrists may help ease pain.
- Contrast Bathing can relieve symptoms and give great relief. Set up two bowls and fill one with hot water and the other with icy cold. Bath hand/wrist in alternate bowls for 30 seconds at a time and repeat over a few minutes.
- Aromatherapy, using essential oils such as Cypress and Lemon Grass can be used to reduce swelling. Two drops of either oil added to a warm or cool cloth and applied to the wrist may help soothe and give relief.
- Eating foods high in Vitamin B6, such as sunflower seeds, sesame seeds, hazelnuts, lean meats, avocado, oily and white fish, promotes a healthy nervous system.

In addition to the remedies listed above, there are also many therapies, that can help ease the pain of Carpal Tunnel Syndrome.

- Depending on the severity of symptoms, Physiotherapy will focus on exercise, massage, splint assistance and ultrasound therapy.
- Yoga and Pilates can help with upper body flexibility and can improve grip and strength.
- Acupuncture, Acupressure, Osteopathy and Reflexology are useful alternative therapies to reduce symptoms and alleviate discomfort.
- Cortisone injections into the wrist may give relief by reducing inflammation caused by CTS (this is usually undertaken with medical advice when other therapies have not helped relieve symptoms).

PATIENT COMMUNICATION
HONG KONG
an ‘in your face’
family holiday
Hong Kong grabs you by the scruff of the neck, assaults each and every one of your senses and, like the insistent clanging of your Grandmothers alarm clock, screams at you to wake up and negotiate the wonderful chaos of life.

Not many places in the world are as aggressively different to our gentle, politely ordered, sleepy Australian existence as Hong Kong.

My wife, an interior designer, was recently engaged by a Sydney based client to help with her families relocation to Hong Kong and their magnificently luxurious split level high rise apartment in the mid-levels on Hong Kong Island.

With a fair degree of trepidation we decided to build a family holiday around this brief stint of work and to extend our stay to China, specifically Shanghai and Guilin – more on this leg of the journey in future editions.

The trepidation I mention was purely mine. Regular readers of our magazine will know that included in my criteria for a successful family holiday is rest, relaxation and an environment that allows for rejuvenation of body and mind, a re-charge of batteries if you like, to allow for a reinvigorated return to the pressures of a frenetic work and family life.

Hong Kong is not going to provide a salve to the soul but will take you on a breakneck rollercoaster ride, turning up the volume on your sight, hearing, smell, touch and taste (Spinal Tap - like) to 11.

With this in mind, and to try to bring some degree of tranquillity to our experience, I researched our accommodation carefully and offer for your consideration the wonderfully appointed, state of the art, design – centric Mira Hong Kong.

A member of the Design Hotels group (the tick of approval for the international holidaying style hunter) the Mira is on Nathan Road, in Tsim Sha Tsui, Kowloon –an edgy, aesthetically stimulating hotel very much in keeping with the hustle and bustle of down town Hong Kong, and yet providing a peaceful sanctuary to wake up in, dine at and return to throughout your day and evening.

I believe travel articles achieve their purpose far more effectively when the words sparsely fill in the gaps between rich visual representation – so, with this philosophy in mind, I’m going to let our photos do most of the talking.
FOOD GLORIOUS FOOD

I choose not to contain my enthusiasm for my passions and when it comes to food, I literally salivate at the thought of masterfully conceived and delivered exotic cuisine – for me, food plays a significant role in holiday destination and hotel choice.

Guests at the Mira are blessed with that rarest of offerings; a fine dining experience of already exceptional local cuisine, not watered down for tourists less adventurous palates, but enhanced by the skill and artistry of world class chefs.

From the silky smooth, truffle-laden scrambled eggs at the breakfast buffet at Yamm, to the stir fried lobster on pumpkin with sturgeon caviar (representative of the exquisitely produced contemporary dim sum menu) at the Michelin-recommended Cuisine Cuisine, this is a hotel that takes its food extremely seriously.
Our room, a suite, was spacious, supremely modern, luxuriously comfortable and came with its own, in-room sauna and steam shower – such a welcome treat in preparation for afternoon cocktails; try the spicy Concubine served at Room One and made of a precise combination of fresh mint, passionfruit vodka, pineapple juice and home-made chili syrup.
OUR FAVOURITE THINGS TO DO IN HONG KONG:

The Mira is perfectly located to allow easy access (via a very efficient public transport system) to the must see locations on both sides of the harbour.

Our favourite and recommended sites/locations are:

**The Peak** – a scenically spectacular tram ride culminating in a viewing platform of the vertical city, glittering harbour and the green hills of the distant New Territories.

**Hong Kong Disneyland** – magic, adventure and the world’s favourite cast of characters - a must for the kids and kids at heart.

**Ladies Market** – about a kilometre of street-market bustle and clothing, accessories and souvenir bargains.

**Temple Street Night Market** – souvenirs, snacks, opera singers and fortune tellers - ordered chaos in action.

**Tsim Sha Tsui Promenade** – the best night time vantage spot on some of the world’s most spectacular city skylines.

**Ocean Park Hong Kong** – thrill rides, giant pandas, and a world class aquarium keep Ocean Park on Hong Kong’s list of all time favourites.
EVENTS

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