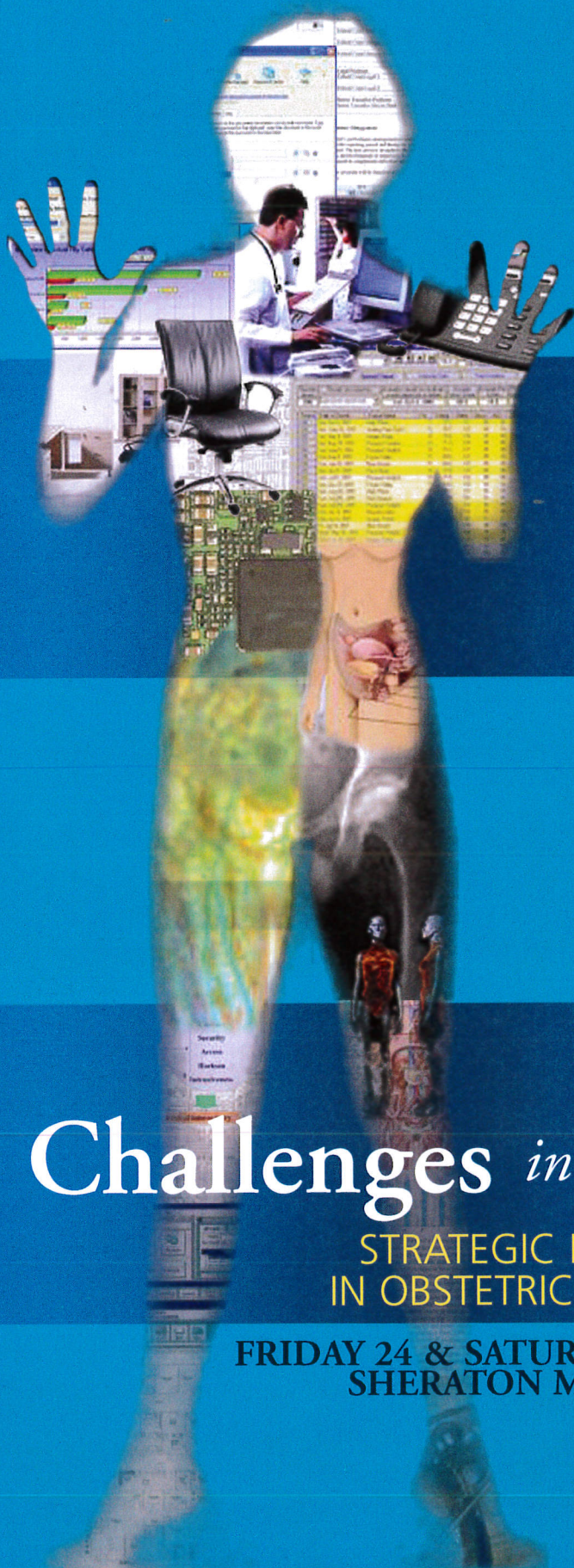




Australian
Gynaecological
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National
Association of
Specialist
Obstetricians &
Gynaecologists



Program & Abstracts

*an AGES
meeting in
association
with NASOG*

Challenges *in* Practice

STRATEGIC BUSINESS PLANNING
IN OBSTETRICS & GYNAECOLOGY

FRIDAY 24 & SATURDAY 25 AUGUST 2007
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Conference Committee

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Dr Hilary Joyce	Scientific Chairman, NASOG
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Dr Lucinda Pallis	NASOG
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Dr Jenny Cook	South Australia
Ms Dale DelPin	New South Wales
Ms Susie Duffin	Communications Manager, Medical Objects
Mr Gavin Dunn	Chartered Accountant, Dickfos Dunn
Dr Darryl Gregor	Ophthalmologist, Laservision Centre
Prof David Healy	Victoria
Mr Mark Hogan	Senior Financial Advisor, CBA Private Banking
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Mr Andre Karney	Director & National Sales Manager, Experien
Dr Krish Karthigasu	Western Australia
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Dr Chris Maher	Queensland
Dr Michael McEvoy	South Australia
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Dr David Molloy	Queensland
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Dr Andrew Pesce	New South Wales
Ms Robyn Peters	Business Management Professional, Direct Control
Mr Paul Ryan	Chartered Accountant, Perrier Ryan
Dr Russell Stitz	Past President RACS
Dr Gary Swift	Queensland
Dr Jim Tsaltas	Victoria
Dr Anusch Yazdani	Queensland

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CASTLECRAG NSW 2068 AUSTRALIA

Welcome

AGES President, NASOG President and Conference Chairs

Dear Colleagues,

AGES and NASOG together extend a warm welcome to registrants at this important meeting.

The theme is **Challenges in Practice – Strategic Business Planning in Obstetrics and Gynaecology.**

The challenge of establishing and running an O & G practice as a business is a complex one, for which we are often under prepared. There is an ongoing requirement to keep abreast of changes such as Workchoice, and new superannuation legislation, which may impact upon us, our staff and our patients.

Practice and financial structures, workplace agreements, new technology, and cutting edge marketing are among topics to be covered which are of vital importance to us and practice viability, but which are often buried beneath the demands of clinical practice.

This is a meeting for everybody. It is designed to appeal to specialists embarking newly in practice, those whose practices could benefit from an efficiency overhaul, and those beginning to look towards retirement. All working specialists will benefit from this, with various session formats to stimulate interest and encourage interaction. Members of your staff teams who have registered will also be able to contribute to the success of the meeting and your practices.

In an election year the profession relies on your continued support to maintain hard-won gains for our practices and our patients, such as item 16590 and obstetric gaps.

The Sheraton Mirage on the Gold Coast is a favorite meeting place for many of our members, and a great location to linger for the weekend with the family. The social program will be relaxed – with the usual great outdoor BBQ by the beach.

We are pleased to see you all at another fantastic and innovative meeting on the Gold Coast, and hopefully at further business based meetings in the future.

Alan Lam
President, AGES

Geoff Reid
Conference Co-Chair, AGES

David Molloy
President, NASOG
Conference Co-Chair, NASOG

Hilary Joyce
Conference Scientific Chair,
NASOG



Challenges *in* Practice 2007

CONFERENCE PROGRAM

FRIDAY 24 AUGUST 2007 Sheraton Mirage Gold Coast Grand Ballroom

0745-0815 Conference Registration

0820-0830 Conference Opening and Welcome

AGES President A Lam

NASOG President D Molloy

0830-1030 SESSION 1

Chairs: A Lam, A Pesce

Structuring your practice /

Structuring your investments

Sponsored by Stryker

0830-0900 Trusts, companies, partnerships
How to use them; how to understand them
P Ryan, Chartered Accountant, Perrier Ryan

0900-0930 Legal and accounting complexities
in group practice
G Swift,
G Dunn, Chartered Accountant, Dickfos & Dunn

0930-1000 Innovative financing for practices
and investing
A Karney, Director & National Sales
Manager, Experien

1000-1030 Panel discussion

1030-1100 Morning Tea and Trade Exhibition

1100-1300 SESSION 2

Chairs: D Molloy, G Reid

Wealth management and wealth creation

"I'm 10 years out, how do I look?"

Sponsored by Johnson & Johnson Medical

1100-1135 The tips, traps and the tragedies
A practical approach to creating a focus
and framework when investing
R Noye, Senior Financial Advisor, Wilson HTM

1135-1200 Analysing the boom market
Where to from here - the top 10 stock picks
K Cairns, Senior Advisor, Ord Minnett

1200-1235 Pathways to retirement
Understanding the new Super World
M Hogan, Senior Financial Planner,
CBA Private Banking

1235-1300 Panel discussion

1300-1400 Lunch and Trade Exhibition

1345-1400 NASOG AGM

1400-1600 SESSION 3

Chairs: H Joyce, J Tsaltas

Running your business:

IR-HR-PR in practice management

Sponsored by tyco Healthcare

1400-1425 Workchoice and AWAs
J Minchinton
Manager, Workplace Relations & Legal
Services, AMAQ

1425-1450 Recruiting, retaining and terminating staff
D Love, State Manager, Russo Recruitment

1450-1515 Midwives & nurses in private
O & G practice
A Pesce

1515-1535 What's important in the workplace-
Views from a doctor employer and a
loyal staffer
G Cario,
D DelPin, Practice Manager

1535-1600 "Doctor, there's a reporter on the phone
about a patient"
Handling a PR nightmare - a panel
discussion

1600-1630 Afternoon Tea and Trade Exhibition

1630-1730 SESSION 4

Chair: K Wilson, A Yazdani

Marketing your practice

Sponsored by Stryker

1630-1700 Growing your business
R Peters, Business Management Professional,
Direct Control

1700-1730 Why do it, and how to get the message
across - without Extreme
D Gregor, Ophthalmologist, Laservision Centre

1830-2130 Welcome Cocktail Reception and
Barbeque
East Lawn Sheraton Mirage Resort

CONFERENCE PROGRAM

SATURDAY 25 AUGUST 2007 Sheraton Mirage Gold Coast Grand Ballroom

0830-1030 SESSION 5

Chairs: J Cook, A Kaye
Opportunity in the private and public sectors
Sponsored by Johnson & Johnson Medical

0830-0900 FORUM - The future of Item 16590

The safety net in O&G Practice

Moderator D Molloy

Panel A Pesce, A Foote,
L Pallis, H Joyce

0900-0925 The rural sector- making the most of contracts

P Bland

0925-0950 Registrar training in the private sector

R Stitz, Past President RACS

0950-1015 Private sector tendering for public sector surgery

R Cartmill, President AMA Queensland

1015-1030 Panel discussion

1030-1100 Morning Tea and Trade Exhibition

1100-1230 SESSION 6

Chairs: M Aitken, K Karthigasu
The new tech practice
Sponsored by Stryker

1100-1125 The paperless practice
L Clark, Practice Manager

1125-1150 Understanding encryption email
S Duffin, Communications Manager,
Medical Objects

1150-1215 Blackberries, Palmports, laptops – a doctor on the move
C Maher

1215-1230 Panel discussion

1230-1330 Lunch and Trade Exhibition

Afternoon at leisure

SOCIAL PROGRAM

WELCOME COCKTAILS AND BARBEQUE DINNER

Friday 24 August 1830 – 2130, East Lawn, Sheraton Mirage Resort

A relaxed and informal seafood barbeque by the beach in the tropical gardens of the Sheraton Mirage

CPD Points

This Annual Scientific Meeting has been approved as RANZCOG Approved O&G Meetings and eligible Fellows of the College will earn points as follows:

Full attendance:

12 CPD points in the Meetings category

(Attendance Friday 24 August 8 CPD points,
Attendance Saturday 25 August 4 CPD points)

Delegates must sign the Attendance Register each day to be eligible for CPD Points.

Membership of AGES

Membership application forms are available from the AGES website or from:

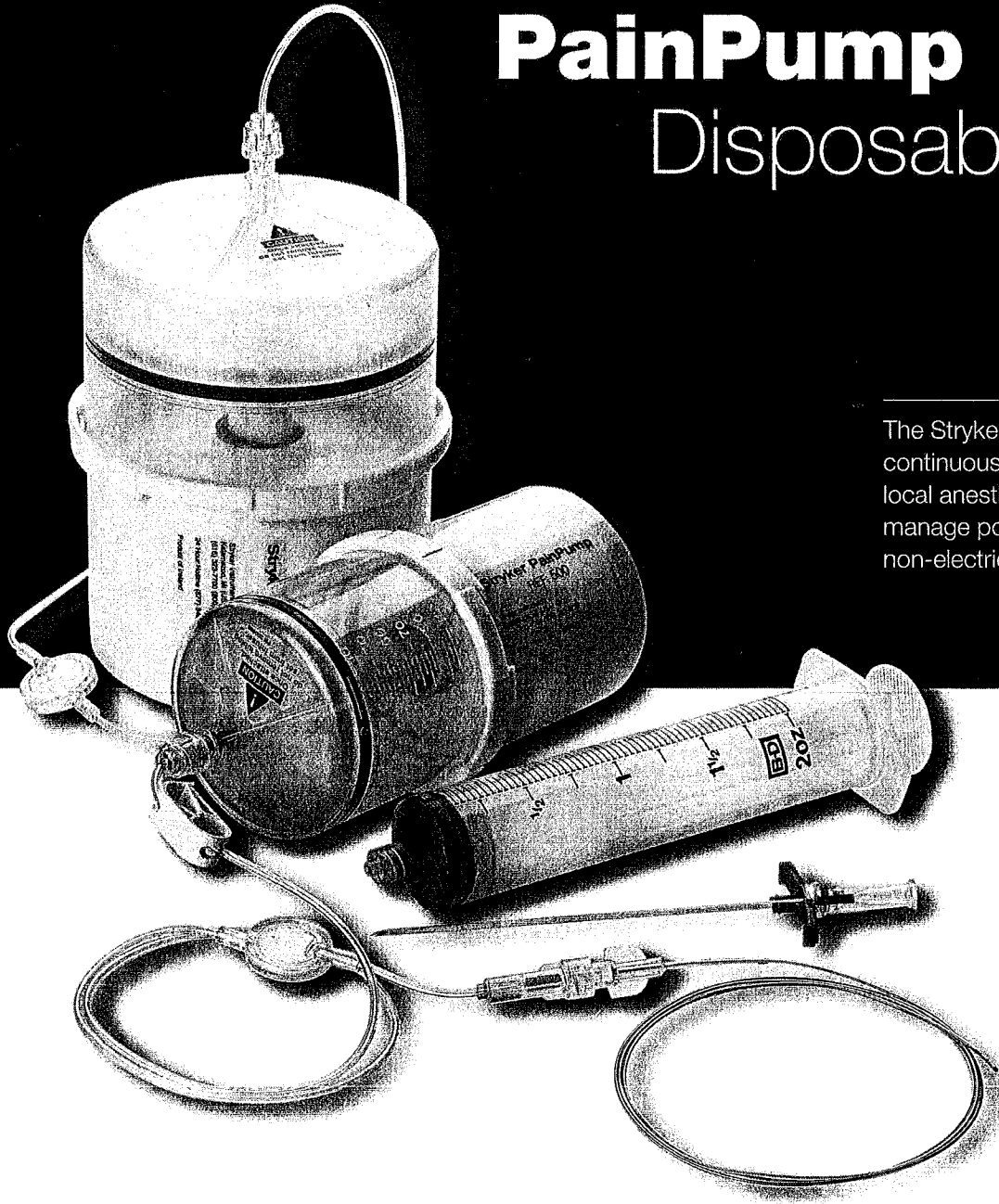
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- It's easy to use, robust and latex free

For more information on the Stryker PainPump please contact Stryker on **1800 803 601** or email us at painpump@stryker.com.au

Trust, companies, partnerships - how to use them, how to understand them.

Friday 24 August / Session 1 / 0830-0900

Ryan P

Focus and scope:

The use of a legal structure in managing one's business, investment, estate planning, asset protection and taxation affairs can be complicated. The use of a structure in your affairs will no doubt have been tailored to your specific requirements and personal financial position but how well do you understand the basic principals of the vehicles you use?

The purpose of this paper is to present a summary of the basic principals of various legal structures that are commonly employed by medical practitioners. The paper looks to explain basic concepts essential to understanding how the structures work and when they are most appropriately used.

Background:

The proliferation in the use of legal structures in the operation of medical practices can be attributed in the main to past restrictions on the ability of professionals to incorporate and the need for professionals to legitimately protect assets (through the use of service entities). The use of service trusts was recognised in the matter of the Federal Commissioner of Taxation v Phillips (78 ATC 4261) (commonly referred to as "Phillips" case) as a legitimate business arrangement.

The use of structures in the operation of professional practices has been considered by the Courts, the Australian Taxation Office, the various medical colleges and other professional associations, all looking to assess the appropriateness of such structures in the carrying out of medical practices generally. This has been a theme repeated across other professions such as legal, accounting, engineering etc.

The structure used to conduct a Medical practice was generally decided around the consideration of asset protection, the ability to superannuate the medical practitioner and other commercial considerations including taxation.

With recent changes in both the ATO attitude towards the underlying operation of service trusts, the removal of superannuation restrictions on self employed people making contributions to super, and recent changes to and court interpretations of the bankruptcy act means particular attention needs to be paid not only to the

appropriateness of new structures being established but, also ones that are currently in place.

Impact:

Given the historical background of how and why structures have been used in the operation of medical practices one can only conclude that many are undoubtedly and unnecessarily complex. By understanding the fundamental concepts associated with each of the various structures you are in a far better position to assess the benefits and associated issues in using such structures.

The complexity of our taxation system, the current medico legal issues and the continually changing environment surrounding both will ensure structures remain an important consideration of your business. It is hoped that the information provided will at least provide a reference point for greater appreciation of how the structures you use operate.

Author address: Mr Paul Ryan, Chartered Accountant, Perrier Ryan

Legal and accounting complexities in Group Practice

Friday 24 August / session 1 / 0900-0930

Swift G, Dunn G

The establishment and running of a group Obstetrics and Gynaecology Practice presents an array of complex issues from both a legal and accounting perspective. Gold Coast Obstetrics and Gynaecology Specialist Services Pty Ltd was initially formed as a company to provide ancillary services to initially three then four separately practicing but roster sharing Obstetrician Gynaecologists. With an expanding workload and emergence of the medicolegal crisis of the early noughties the benefits of a closer alliance became obvious. A lengthy planning and consultation period ensued to establish the Group Practice Model. This required substantial input from legal and accounting aspects.

The main issues which surfaced related to corporate structuring to maximize taxation efficiencies and minimise risk exposures while avoiding issues which may run foul of the ACCC or Trade Practices Legislation, all the while being mindful not to compromise the delivery of high quality clinical services.

Gavin Dunn was instrumental in this process from the Accounting perspective. The services of a respected local solicitor and Trade Practices QC were also obtained prior to final structuring.

Program Abstracts

As the Practice has grown and the service entity diversified further into IVF and ART (in association with Queensland Fertility Group), Women's Health Physiotherapy, Perinatal Psychiatry and Perioperative Counselling for Medicolegal Risk Management the structures have required regular review and adjustment. New issues have regularly surfaced such as partner insurance, new member equity arrangements, associate agreements and exit strategies to mention a few.

As these have surfaced consultation and opinion has been sought with Gavin and our solicitors. In this presentation we will endeavour to relate the issues relevant to establishing and running a group practice focusing on areas such as:

1. Efficient Business structuring
2. Taxation structuring
3. Service Entities
4. Liabilities joint & several
5. Asset Protection
6. Entry & Exit strategies
7. Administration responsibility- records, taxation, ASIC
8. Commerciality of non arms length transactions- rent, spouses
9. Valuation issues
10. ACCC issues of rostering and pricing.

Author address: Gary Swift (Gold Coast O&G Specialist Services Benowa Qld) and Gavin Dunn (Dickfos Dunn Chartered Accountants Southport Qld)

Innovative financing for practices and Investing

Friday 24 August / Session 1 / 0930-1000

Karney A

Financing your practice and its assets is not simply a matter of choosing the lowest rates. There are a range of loan structures you may choose from and their suitability to you will depend on your individual circumstances. The final cost of the structure that you choose, will be governed by many factors including tax, how quickly you pay off the loan, interest rates, GST and other fees. It is important to realise that the final cost and interest rates may not correlate.

Investing in your practice premises may prove to be a wise long term investment decision. Long term rental will pay off your landlords loan so why not pay off your own? Together with structure, it is important to address issues like equity contribution, yields and value. Historic gains over a sustained period have made owning your premises

an attractive alternative to renting.

When considering any finance decisions, it is important to choose a specialist financier who will work through all the issues and options available to you, to ensure you have sufficient cash flow for your needs at present and for future plans. It is also important to speak with your Accountant before making any decisions regarding your finance needs.

Author address: Mr Andre Karney. Director, Experien Medical Finance

The tips, traps and the tragedies. A practical approach to creating a focus and framework when investing

Friday 24 August / Session 2 / 1100-1135

Noye R

Wilson HTM stockbroker and senior adviser, Ross Noye will be interviewed by Dr. David Molloy on the Tips, the Traps & the Tragedies of investing. This session will provide delegates with a practical no-nonsense information session about the do's and don'ts of share market investing including picking an adviser to suit your investment style, agreeing setting the communication platform and a strategic approach to your investment planning as well as some handy ideas on stock selection. Getting the basics right before you start is critical to a successful investing without surprises.

Author address: Mr Ross Noye. Senior Financial Advisor, Wilson HTM

Analysing the Boom Market. Where to from here - the top 10 stock picks

Friday 24 August / Session 2 / 1135-1200

Cairns K

Two different approaches will be used to analyse the market and identify 10

A 'Top Down' view of the sharemarket

- Discussion on the state of the global and domestic economies
- Outline main highlights of the economy as it relates to the sharemarket
- Nominate best stock picks

A 'Bottom Up' view of the sharemarket

- Nominate best stock picks

How to put share investing into practice

Author address: Mr Kevin Cairns, Senior client advisor,
Ord Minnett

Pathways to retirement. Understanding the new Super World

Friday 24 August / Session 2 / 1200-1235

Hogan M

The government has made revolutionary changes to the super rules, making it an even more attractive way to save for retirement.

Compared with earlier generations, we're living longer and retiring sooner. Assuming retirement at age 60, the average Australian male can now expect to be retired for more than 20 years, while for a female it's more than 24 years. You need to accumulate wealth while your working to help you meet the cost of living when you retire.

Superannuation is a great way to accumulate wealth and, the government is providing material incentives for people to save through super. Some of the benefits include:

- choice of superannuation funds, including Self Managed Super Funds providing total investment strategy, risk management and estate planning flexibility.
- significant tax concessions on your investment earnings (including tax free when you are over 60 years and retired).
- possible eligibility for a tax deduction on your contributions.
- being able to take it with you if you change jobs or careers.
- when you die, any balance remaining is available to your beneficiaries.

Author address: Mr Mark Hogan, Senior Financial Advisor, CBA Private Banking

WorkChoices and AWAs

Friday 24 August / Session 3 / 1400-1425

Minchinton J

The federal workplace relations system - WorkChoices - came into effect on 27 March 2006 and it is estimated that around 85% of employees in Australia are covered by it. Many medical practices that were previously covered

by state and territory industrial laws now find that they are covered by the federal workplace relations system, and have been subject to this system for over one year.

Under the federal workplace relations system, employers have a number of legal obligations as business operators, as well as responsibilities toward employees.

During this session we explore the practical application of the federal workplace relations system, in particular, employing entities that are constitutional corporations, and the impact movement from one industrial relations system to another has on medical practice.

Australian Workplace Agreements (AWAs) as formal agreements allowing flexibility with employment terms and conditions, will also be explored as an option for practices seeking to legally move outside the conditions set in Awards.

Author address: Joanna Minchinton, Manager – Workplace Relations and Legal, AMA Queensland

Recruiting, retaining and terminating staff

Friday 24 August / Session 3 / 1425-1450

Love D

In this session you will be given practical tips and ideas on

Recruiting your staff

- Where to find them in our current tight labour market
- How to recruit using behavioural interviews to determine motivation
- Reference checking embracing the Privacy Act

False resumes – ID fraud in our current market place – it is a reality

Retaining your staff

- Where Now you've got them – how do you keep them?
- Where Training and Development
- Where Award & Recognition
- Where Strategies for Retention

Terminating Staff

- Where Beware the pitfall of not embracing State & Federal legislation

Recognition is given to the RCSA – Recruiting Consultants Services of Australia

Author address: Denise Love, State Manager, Russo Recruitment

Program Abstracts

Midwives in private practice: threat or opportunity?

Friday 24 August / Session 3 / 1450-1515

Pesce A

Recent recommendations of the Productivity Commission have highlighted calls for expansion of midwifery practice in various ways. One of these is to suggest that Medicare funding be made available for midwives in future to enable them to care for pregnant women outside the public maternity system where they are almost exclusively employed at present.

Many see the introduction of public funding for private midwifery care as a possible threat to the current high quality system of private maternity care. Indeed, if not managed properly, ad hoc funding could lead to creation and reinforcement of segregated models of care, with unclear lines of responsibility and potential for inter-professional rivalry and conflict, and compromised safety.

There are already obstetricians, however, who have incorporated midwifery care into their private obstetric practices. This allows them to focus on care which requires their specialized expertise, organizes work flow in their practice more efficiently, and value adds to their patients' outpatient care. It is easy to see how a sympathetic team of obstetrician and midwife can deliver both continuity of care and care focused on the individual patient's needs. It can and should vary depending on the practice workload, but currently tends to be focused for various reasons on provision of antenatal care.

This team approach could be extended to both intrapartum and postnatal care; however the lack of Medicare funding for midwifery care is definitely an obstacle to this. The introduction of the 16400 midwife/practice nurse antenatal care item number in rural areas is a start, but so far has had little impact outside the Northern Territory, where about one in eight antenatal visits are funded through this item number.

One option to expand the ability of obstetricians to incorporate midwifery care in their practice is a "for and on behalf of" item number for antenatal care, as well as labour and delivery and aftercare. Structured this way, the various problems of funding a team based approach to care are minimised, and at all times the obstetrician is clearly responsible for all care.

Without doubt there will continue to be moves for funding of independent midwifery practice, but these will need to overcome significant indemnity, clinical governance and complex issues of funding care which is transferred unexpectedly from independent midwife to medical care.

Depending on the vagaries of health sector politics, there are many possible scenarios, including undesirable ones. It would be a great advantage if obstetricians could rely on a well thought out template which allowed them to expand the models of care within their practices, and did not put them at a disadvantage regardless of arrangements put in place.

1. Independently set fees, supported by (but not determined by) rebates from Medicare and private insurers.
2. Private practice midwives must be fully indemnified, with the same compulsory levels of cover as imposed on the medical profession. If employed, this indemnity would be provided by employer, if independent, arranged by the independent midwife.
3. Obstetricians determine standards for their own practice; independent midwives may determine standards for theirs.
4. Obstetricians and midwives willingly work together, by agreement and without conscription of either party. If an independent midwife's patient requires medical care and there is no existing agreement with a private obstetrician, the patient is transferred to the local public maternity carer.
5. Midwives may be accredited for private practice privileges in private hospitals, providing they have clear agreed backup from named VMOs at that hospital at all times for all care they are accredited to provide.
6. Whatever arrangements for private midwifery funding via rebates are in place, there should be no disadvantage for any provider of the relevant service. In other words, same rebate for midwifery care whether midwife is independent, or employed by an obstetrician.

By following these principles, obstetricians can be confident they can incorporate midwifery care into their practice for the benefit of their patients and to the extent which suits their local conditions.

There is a strong argument that change is coming, and unless we grasp the opportunity to manage the change, we will by omission have contributed to the introduction of less satisfactory models of private midwifery practice.

Author address: Dr Andrew Pesce, Westmead, NSW

What's important in the workplace-views from a doctor employer and a loyal staffer

Friday 24 August / Session 3 / 1515-1535

Cario G, DelPin D

Hiring and firing staff is one of the most difficult aspects of running a small business like a specialist medical practise. Finding and keeping good staff is fundamental to the success of your business. While a staff member looks at working conditions, salary and benefits and job satisfaction, the doctor employer looks at his staff in terms of their clinical competence, risk management, being able to delegate clinical care, marketing of the practise and commercial factors. Blending all these factors so that everyone is happy with the outcome is a challenge.

We will evaluate 5 key areas in the workplace from the doctor employer's point of view and from the staff member, a practise nurse's, point of view.

We will discuss the practical commercial, medical and personal factors involved in this process because this relationship should be mutually beneficial.

Author address: Greg Cario and Dale Delpin RN, Hurstville NSW

Growing your business

Friday 24 August / Session 4 / 1630-1700

Peters R

This session will give you access to tools and resources to assist you in using the principles of marketing to achieve your goals, to track and report on your marketing effort and assist in future decision making.

You will be given the opportunity to assess and add value to your services, review your image and fees, be informed of marketing mediums and opportunities, and budget accordingly.

Tools and Resources include excel spreadsheets for analysis, hints on capturing marketing detail using your Billing Programme and the presentation in both hard copy and a powerpoint file along with links to other resources.

Author Address: Robyn Peters. Connect Direct Pty Ltd
0427 493 192, 07 5445 0111, fax 07 5445 0900

Why we do it and how to get the message across – without Extreme

Friday 24 August / Session 4 / 1700-1730

Gregor D

Dr Darryl Gregor is an ophthalmic surgeon who specialises in cataract and refractive surgery. Dr Gregor's refractive business was one of the first medical businesses who commenced advertising their services, to not only increase patient volume but to create awareness to the public and medical fraternity about refractive surgery. Refractive surgery does not generate a medicare rebate and therefore no referral is required which makes for fierce competition in the market place. You will hear how he learned what worked best for their business.

Author address: Dr Darryl Gregor. Laservision Centre

Program Abstracts

The rural sector – making the most of contracts

Saturday 25 August / Session 5 / 0900-0925

Bland P

Anecdotal review of my experiences in contract negotiation. Consider what one should seek in a contract and learn from those who have gone before. Provide some framework for developing legal contracts in the provincial setting.

Registrar training in the private sector

Saturday 25 August / Session 5 / 0925-0950

Stitz RW

The Royal Australasian College of Surgeons (RACS) has been keen to develop opportunities for training registrars in the private sector. There is a need to train more surgeons in most surgical specialities and this is influenced by an increasing, aging population, under utilisation of current surgeons in the public system and mal-distribution. The imminent increase in medical graduates (the number will double by 2011) will add further pressure.

Educational drivers include the requirement for adequate case numbers, an appropriate case mix, exposure to trainers, the provision of eclectic elective as well as emergency surgery and a limitation of outpatient services in the public system. The new RACS surgical educational and training (SET) programme will commence in January '08 and can be delivered in both the public and private environment.

The Commonwealth government has had working parties examining the issue and there are financial considerations for the Commonwealth, the States and the private sector. In addition, there are industrial and workforce issues and private sector training requires institutional and professional support. Pilot programmes have already been successful and the models will be discussed. The most practical model appears to be a dual appointment with rotated sessions in both sectors and the states retaining control over employment and industrial matters.

Author address: Dr Russell Stitz, past president Royal Australia College of Surgeons

Private sector tendering for public sector surgery

Saturday 25 August / Session 5 / 0950-1015

Cartmill R

Recent blowouts in the number of patients on long-wait category one and two, public-sector, surgical waiting lists, and unremitting staff, bed, and theatre shortages have prompted governments to look for alternative solutions to current management systems. One of these alternatives is private sector tendering for public sector surgery. AMA Queensland is committed to ensuring Queenslanders have access to a viable public and private hospital system.

Despite discussions where AMA Queensland elucidated specific caveats, in April 2007 the Queensland Government announced a public tender seeking an external broker to assist Queensland Health manage the referral and treatment of patients by private health care providers. The \$8.5 million deal, seeks to have elective surgery in disciplines including orthopaedic, cardio-thoracic, vascular, urology, ophthalmology, gynaecology and general surgery, outsourced to the private sector.

Does what has been described by Government as a 'one-off' initiative, set a precedent for the management of waiting lists in Queensland? In a state where the management of one of our major hospital emergency departments is in its second year of being outsourced to the private sector, is this the future of health care in Queensland?

Author address: Dr Ross Cartmill MBBS, FRCS, FRACS. President, AMA Queensland

The paperless practice

Saturday 25 August / Session 6 / 1100-1125

Clark L

The Benefits and Disadvantages of the Paperless Practice will be discussed including the main key factors of instigating and running an electronic-based practice. Main points of discussion are:

- The overall efficiency of the Practice is improved with increased speed in performing the following tasks:
 - ease of taking telephone calls with information readily available,
 - appointment making,
 - creating and managing files,
 - filing,

- results checking, and
- record keeping
- The cost effectiveness of being Paperless focuses on:
 - Reduced staff time for achieving daily tasks,
 - Reduced time for doctor to check and 'file' results directly into an electronic patient record
 - Reduction in time for all staff and doctor to access files and records
- The ease of Communications within and outside of the Practice is enhanced for
 - referring doctors and patient's that contact the practice,
 - the practice staff and their utilisation of time to accomplish everyday tasks with all database information available instantly,
 - the doctor to practice and communicate with referring doctors, patients and practice staff
- Storage Benefits for the Practice compares:
 - time taken to access files,
 - buying and stocking paper files,
 - time taken for staff to make paper files,
 - physical space to store records within the office,
 - real estate costs to store and archive paper-based records
- Accessibility of Information is considered and compared with ALL information being ready at the fingertips of staff in an instant and subsequently documented and backed up immediately to the main server.
- Possible Disadvantages of an electronic-based system are considered with components of backup schedules, technical support and downtime in the event of a blackout or electrical failure.
- Electronic billing and claiming for out-patient consultations directly with Medicare Australia, and the impact on reducing staff time taken to submit claims and more importantly for the patient to claim or submit accounts for reimbursement with the swipe of their Medicare card.

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AUCHENFLOWER Q 4066

Understanding encrypted email

Saturday 25 August / Session 6 / 1125-1150

Duffin S

A new era in medical communication is here and with it brings many unanswered questions.

To legally send patient data via email it must be encrypted. Software that automates this process is actively being used everyday by Specialists, GPs, Hospitals and Allied Health.

The messaging software integrates with your clinical software and seamlessly sends letters and reports in real time over the internet to your colleagues.

Electronic medical messaging reduces faxes, filing and scanning and opens up more hours in the day, together with the financial benefits. Having test results at your fingertips helps practitioners make more informed decisions.

To choose which software is suitable for your practice first work out what it is you want to do- just receive data or be able to send as well. Who do you want to communicate with? Which system covers your area? What clinical software are you currently using?

Find out who is using encrypted email and which system will suit your needs.

Author address: Susie Duffin, Communications Manager,
Medical-Objects

Blackberries, Palmports, laptops – a doctor on the move

Saturday 25 August / Session 6 / 1150-1215

Maher C

This presentation will outline the process and advantages and disadvantages of instant connectivity. We can have instant mobile access to internet while out of the office via mobile or wireless internet access from our computer. All recent mobiles and notebooks allow this function connecting thru new G-3 networks or wireless stations. This function is available thru all carriers for 40-60 per month with excesses for large downloads. Emails downloaded from your server to your mobile or blackberry can also be replicated on your PC allowing you to answer non urgent emails at your leisure on the PC with the easier keypads. Many clinicians may not feel the need for instant access to e-mails or internet in running their practices. For those involved in committees and external

Program Abstracts

activities the advantages of instant communication may be beneficial.

Staying connected to the office from external sites is extremely advantageous for the efficient running of your practice. From home or from peripheral practice locations you are able to connect directly to your computers and complete data entry, review correspondence and check results. You are able access your practice computers by a direct line link and dialing in or via LogMeIn a designated programme. Via LogmeIN the access is secure with 2 passwords. The only problem with LogmeIN remains that the computer being logged into is not able to be controlled by staff at the primary practice site. Utilizing

computer programmes on the server of a paperless practice allow the peripheral user to data entry at the same time as staff at the primary site increasing efficiency.

Depending on the availability of computer internet access from the Sheraton podium a live demonstration of these technologies will be undertaken.

Author address: Assoc Professor Christopher Maher, Wesley Urogynaecology Unit, Sandford Jackson Building, Level 4 / 30 Chasely Street, Auchenflower, Queensland, 4066

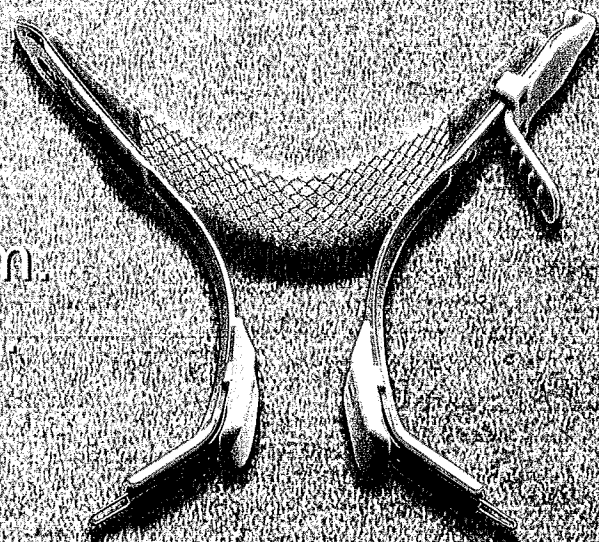
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Recent advances in pelvic floor surgery, both laparoscopic and vaginal, have renewed interest in this pivotal area. Evaluation and documentation of defects is critical in making appropriate management decisions. The development of a plethora of operative procedures in recent times has produced significant confusion. Gynaecologists are unsure as to their respective therapeutic

benefits. Scientific evaluation is underway and will bear fruit in due course. Our focus will be on "Procedures of Choice" for prolapse and urinary incontinence. Our international and national faculty will analyse the latest literature and make recommendations with regard to state-of-the-art treatment for these conditions.

Risk management is of extreme importance in this field. Its application in clinical management and the use of surgical prosthesis will be covered in detail. The management of pelvic organ prolapse, remains one of the most critical areas of gynaecological practice and we look forward to another exciting meeting in Adelaide.

NOTES

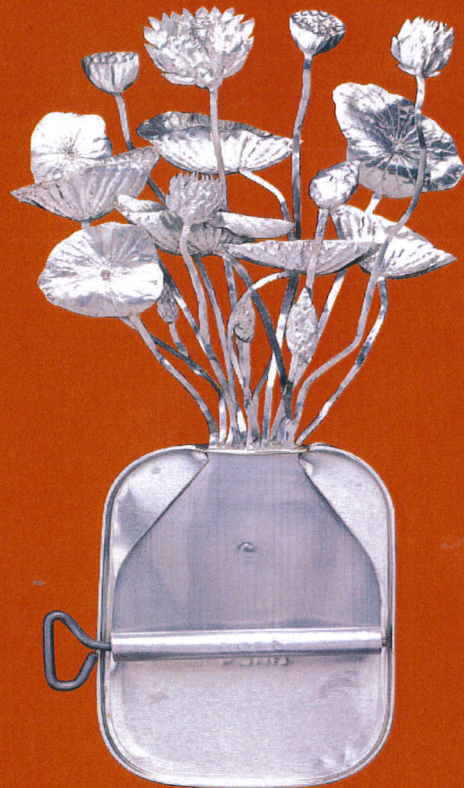
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Invitation from the Congress Chairman

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The Program Chairmen, and all committees and endometriosis patient associations, have worked for 'WCE 2008' with skill, excitement and fun to craft a scientific and clinical program of 21C world leaders on endometriosis. We trust this concentration of experts from Brazil, Belgium, France, Germany, Italy, UK, USA and Australia will help improve prevention, diagnosis, treatment and care, for all patients with endometriosis and their families.

We are most grateful to all patients, to WES and AGES, to our wider scientific and clinical colleagues, and to the outstanding support from our industry partners, for providing us this opportunity to showcase Australia.

Registration is now available online and the abstract submission deadline is 1 September 2007.

We welcome the chance to show you the Art and Science of Endometriosis in Melbourne in 2008.

Professor David Healy

Chairman

WCE 2008

Artwork: Fiona Hall born Australia 1953 | Paradisus Terrestris Entitled: Miwulngini (Ngan'gikurungurr) / Nelumbo nucifera / lotus (1996) | aluminium and tin 24.6 x 12.1 x 3.6 cm | Purchased through The Art Foundation of Victoria with the assistance of the Rudy Komon Fund, Governor, 1997 | National Gallery of Victoria, Melbourne. | Fiona Hall is a leading Australian contemporary artist with a formidable career spanning three decades.



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