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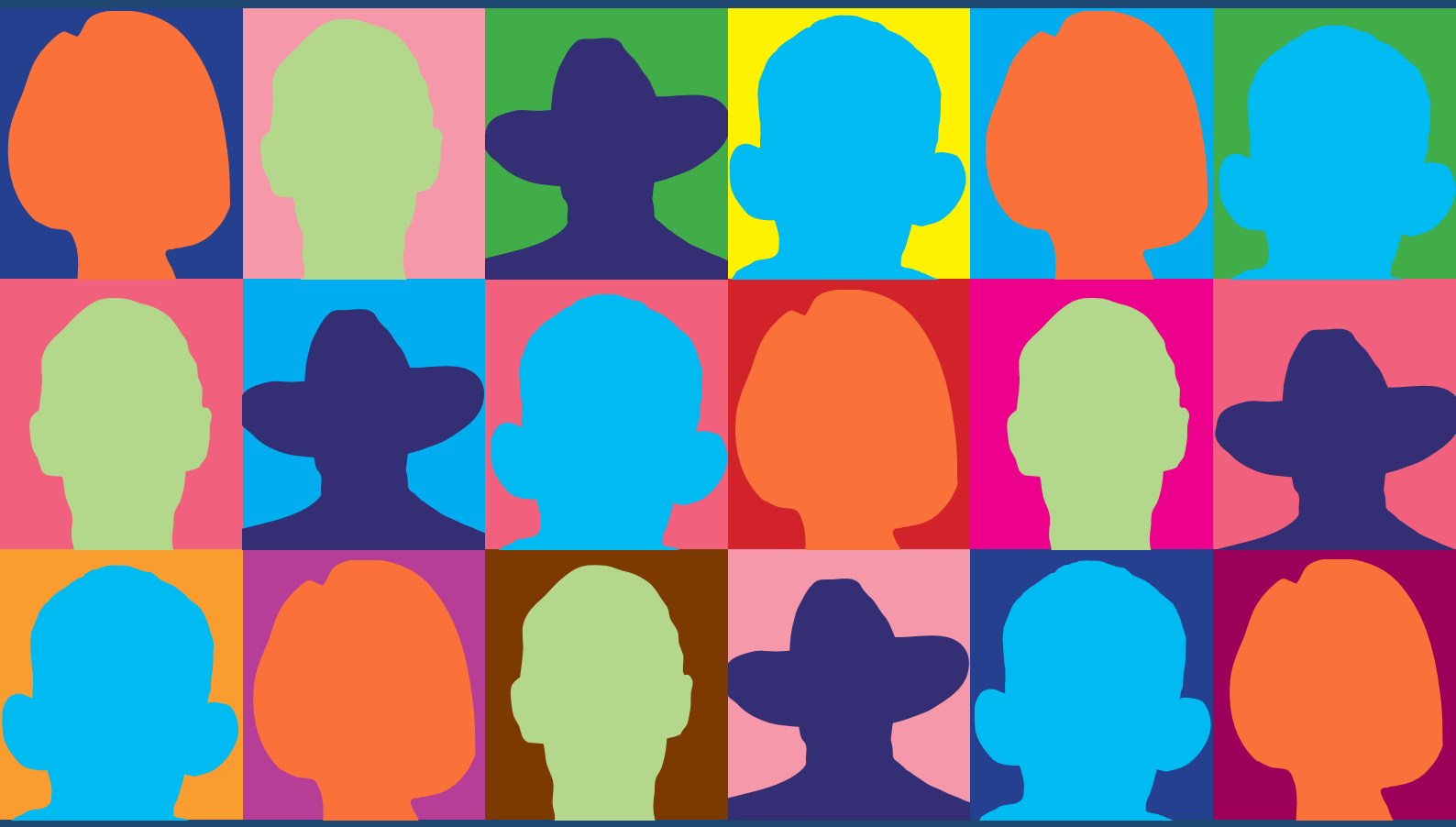

AGES Focus Meeting 2012
Joint Meeting with NASOG

The Perfect Mix of Medicine & Politics

Getting the Right Blend for Your Practice

Program & Abstracts

16 & 17 NOVEMBER 2012

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Hilton Sydney 16 & 17 August 2013

AGES Focus Meeting 1 & 2 November 2013
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PR&CRM AND CPD POINTS

Attendance	Points
Full attendance Friday 16 & Saturday 17 November	14 CPD
Friday 16 November only	8 CPD
Saturday 17 November only	6 CPD

Attendance by eligible RANZCOG Members will only be acknowledged following signature of the attendance roll each day of the Conference.

The RANZCOG Clinical Risk Management Activity Reflection Worksheet (provided in the Conference satchel) can be used by Fellows who wish to follow up on a meeting that they have attended to obtain PR&CRM points. This worksheet enables you to demonstrate that you have reflected on and reviewed your practice as a result of attending a particular meeting. It also provides you with the opportunity to outline any follow-up work undertaken and to comment on plans to re-evaluate any changes made. Fellows of this College who attend the Meeting and complete the Clinical Risk Management Activity Reflection Worksheet in accordance with the instructions thereon can claim for an additional 5 PR&CRM points for the Meeting. For further information, please contact the College.

Getting the Right Blend for Your Practice

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The Perfect Mix of Medicine & Politics

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Dr Andrew Foote	Conference Co-Chair
A/Prof. Anusch Yazdani	Scientific Co-Chair
Dr David Molloy	Scientific Co-Chair
Dr Gary Swift	Committee
Dr Ben Kroon	

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MEMBERSHIP OF AGES

Membership application forms are available from the AGES website or from the AGES Secretariat.

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CONFERENCE FACULTY

Dr Laurie Brunello *Queensland* is a highly respected and semi-retired Past President of the RANZCOG.

Dr Jackie Chua *Queensland* is an obstetrician and gynaecologist, a RANZCOG fellow and a member of the team at Queensland Ultrasound for women.

Dr Greg Duncombe *Queensland* is an Australian fellow in the subspecialty of Maternal Fetal Medicine, Senior Lecturer in the University of Queensland Department of Obstetrics and Gynaecology, and a member of the team at Queensland Ultrasound for women.

Dr Andrew Foote *Australian Capital Territory* is current President of NASOG and has been President of the ACT AMA. He is a busy Canberra obstetrician and urogynaecologist.

Dr Glenn Gardener *Queensland* is Director of the Centre for Maternal Fetal Medicine at Mater Mothers' Hospitals. His special interests include fetal diagnosis and therapy.

Dr Tony Geraghty *New South Wales* is an obstetrician and gynaecologist working in Dubbo, NSW for the last 23 years. Current chair of the RANZCOG Provincial Fellows Committee.

Mr Brendan Geraghty *Queensland* is a consultant at Strategy and Action Business Advisors at Springwood (Brisbane). He is an expert in business marketing, advertising and website design.

Dr Scott Giltrap *New South Wales* is an ex NASOG President and representative on the Federal Governments USS and Imaging Committee. He has a busy practice which provides extensive USS services and has been part of the imaging political scene for more than 15 years.

Dr Steve Hambleton *Queensland* is the current Federal President of the AMA.

Dr Kym Jansen *Victoria* is an obstetrician and gynaecologist practising in Melbourne, and a Director of AGES.

Dr Frank Johnson *Queensland* had ongoing involvement in medicine as a tutor at Bond University following retirement. He was part of a working party that negotiated with the Medical Board of Queensland to waive re-registration fees for retired doctors.

Dr Ruth Kearon *New South Wales* is clinical advisor at Health Worforce Australia (HWA)

Dr Ben Kroon *Queensland* is a Brisbane based subspecialist in reproductive endocrinology and infertility.

Ms Rebecca Kroon *Queensland* is the Director of Legal Services for SIAG, a human resources and employment law consultancy service. She specialises in all aspects of workplace relations and has a large client base in the health sector.

Getting the Right Blend for Your Practice

Dear Colleagues,

What's the best sort of medical meeting? One where there are some general interest topics and medical politics to lighten it up! What's the best sort of medico-political meeting? One where there is some contemporary and practical academic teaching to update and strengthen your medical practice. NASOG, your medico-political organisation, has combined with AGES, one of O&G's premier academic societies, to create the perfect meeting. It is a mixture of top class medical lectures updating your knowledge on ultrasound, pharmacy, obstetrics, gynaecology and the critically ill patient, as well as fresh insightful advice about how to get the most out of your practice.

Medicine, today, is complex. You not only need access to the most up to date information about your specialty, you also need to understand how the government can affect your income and interfere with your practice. You need to understand how to market effectively, the impact of social media and heaven forbid, HR. Do you understand what will happen to your registration when you retire? Can you still write a script? What are the latest tax rulings which affect your practice? Are you sure your accountant is across them all? Is there an expanded role for midwives in your private practice?

Welcome to this innovative AGES/NASOG meeting where you will get all the answers. Absolutely first class medical updates combined with a fresh and exciting blend of commerce and politics – a first for O&G!

Yours sincerely

Dr Jim Tsaltas
President AGES
Conference Co-chair

Dr Andrew Foote
President NASOG
Conference Co-chair

Dr Peter Lavercombe *Queensland* is arguably Queensland's leading ICU specialist. He is an examiner for the RACP and a leader in ICU QA programs.

Ms Kathie Melocco *Queensland* is an award winning healthcare social media expert and regularly conducts workshops on using the digital world to extend health promotion messages. She works with many healthcare peak industry associations, medical practitioners and allied health professionals. She is the recipient of the United Nations Global Award for Communicating Priority Health issues.

Dr Will Milford *Queensland* is from the AMA Council of Doctors in Training, and holds various roles in RANZCOG including Deputy Chair, first Queensland representative of the RAZCOG Trainees Committee, and Trainee Representative of the RANZCOG Education and Assessment Committee.

Dr David Molloy *Queensland* has been President of both NASOG and AGES and has been representing O&G specialists to Government for 20 years.

Prof. David Paterson *Queensland* is one of Brisbane's leading infectious disease specialist physicians.

Dr Andrew Pesce *New South Wales* is one of O&G's most experienced medical representatives. He has been President of NASOG and Federal President of the AMA.

Mr Paul Ryan *Queensland* is a busy Brisbane accountant and has provided invaluable advice to NASOG about tax planning specifically for O&G practices. His firm is a leading mid-tier company providing business and wealth management services.

Mr Michael Small LLB Grad. Dip. Fam Law *Queensland* is an accredited family law specialist and partner in Gold Coast firm Small Myers Hughes. He has numerous clients in the medical field and extensive experience in family and business law.

Dr Warrick Smith *Queensland* is an obstetrician and gynaecologist with special clinical interests in early pregnancy assessment and infertility. He consults from Eve Health as a gynaecologist and from Watkins Medical Centre at Spring Hill as an obstetrician.

Dr Bridget Sutton *Queensland* is a sub-specialised radiologist in obstetric and gynaecological imaging and is co-director of so+gi (specialised obstetric and gynaecological imaging).

Dr Wai-Lum Yip *Queensland* is an obstetrician and gynaecologist. She has been a senior lecturer at the University of Queensland (UQ) since 2006

The Perfect Mix of Medicine & Politics

PROGRAM Friday 16 November

Ballroom Marriott Surfers Paradise

0745-0815 Conference Registration

0815-0830 Conference Opening and Welcome
J Tsaltas, A Foote

0830-1030 SESSION 1
Sponsored by Stryker
Ultrasound
Chairs: J Tsaltas, A Foote

0830-0900 What do all the knobs do? J Chua

0900-0930 Gynae scanning – endometrium and adnexa
B Sutton

0930-1000 USS accreditation: its future and how to navigate it S Giltrap

1000-1030 Tips for obstetric ultrasound: The evolution of the first trimester scan
G Duncombe

1030-1100 Morning Tea and Trade Exhibition

1100-1230 SESSION 2
Sponsored by Karl Storz Endoscopy
What Are Your Patients On? A Pharmacology Update
Chairs: H Merkur, S Giltrap

1100-1130 Statins, anticoagulants and antihypertensives

1130-1200 Infection and modern antibiotics D Paterson

1200-1230 Nurses prescribing and nurses clinics
S Hambleton

1230-1330 Lunch and Trade Exhibition

1330-1430 SESSION 3
Sponsored by Olympus
Chairs: M McEvoy, A Pesce

1330-1400 Fees, item numbers, the safety net and your future D Molloy, A Foote

1400-1430 Panel discussion
Moderator: D Molloy, S Salfinger
Panel: S Hambleton, A Pesce, A Foote

1430-1530 SESSION 4
Chair: S Salfinger

1430-1530 Care of the deteriorating post-operative patient
P Lavercombe

1530-1600 Afternoon Tea and Trade Exhibition

1600-1730 SESSION 5
Sponsored by Karl Storz Endoscopy
Practice Promotion / Practice Management
Chairs: J Abbott, M Aitken

1600-1630 IR for small medical practices R Kroon

1630-1700 The art of advertising your medical practice
B Geraghty

1700-1745 Social media – setting you a Twitter K Melocco

1900 for 1930 GALA DINNER
Poolside, Marriott Surfers Paradise

PROGRAM Saturday 17 November

Ballroom Marriott Surfers Paradise

0830-1030 SESSION 6

Sponsored by Olympus

Contemporary Obstetrics: A Review of The Hottest Controversies

Chairs: K Jansen, S Gilltrap

0830-0900	Interventional maternal fetal medicine	G Gardener
0900-0930	You and collaborative midwifery	A Pesce
0930-1000	Rural and remote practice: the next 10 years	A Geraghty
1000-1030	Discussion	
1030-1100	Morning Tea and Trade Exhibition	

1100-1230 SESSION 7

Practical Updates

Chairs: K Harrison, G Swift

1100-1145 The price of relationship breakdowns in your family
Is the family trust still a reliable prophylactic?
Recent limitations

- What are the implications of moving your son and his girlfriend into the granny flat downstairs if they break up?
- Is your holiday house at risk when your daughter moves in with her boyfriend?
- Is your partner keeping a diary of sleepovers at your place?
- Why worry about the family trust?
- Understanding the risks to your assets of cohabitation for you and your family

M Small

1145-1230 Tax implications from the current Budget
The latest rulings which may affect your practice — P Ryan

1230-1330 Lunch and Trade Exhibition

1330-1500 SESSION 8

Sponsored by Stryker

The Beginning and the End: Practice in 2012

Chairs: A Yazdani, R Kuhn

1330-1350	What will I be when I grow up? RANZCOG's Workforce Intentions Survey	W Milford
1350-1400	Australian Workforce	R Kearon
1400-1420	Retirement	F Johnson
1420-1500	Panel discussion Moderator: A Yazdani Panel: L Brunello, T Geraghty, K Jansen, F Johnson, R Kearon, B Kroon, R Kuhn, W Milford, W Smith, W-L Yip	
1500	**Close**	A Yazdani, D Molloy

PROGRAM ABSTRACTS

Friday 16 November

WHAT DO ALL THE KNOBS DO?

Friday 16 November / Session 1 / 0830-0900

Chua J

A tour around the keyboard of your ultrasound machine. A bit of physics will be discussed and how it is applied to ultrasound in the obstetrics and gynaecology setting. The transducer and the ultrasound machine with respect to how some of the buttons such as TGC, Doppler and 3D work will be examined. This will be translated into some hints for image optimization.

AUTHOR AFFILIATION: Dr Jackie Chua; MBBS, FRANZCOG, DDU, COGU. Director QUFW (Queensland Ultrasound for Women), Brisbane and Gold Coast, Queensland. Staff Specialist in Maternal Fetal Medicine Department, Mater Mother Hospital, South Brisbane, Queensland, Australia.

GYNAECOLOGICAL IMAGING: ENDOMETRIUM TO ADNEXA

Friday 16 November / Session 1 / 0900-0930

Sutton B

Ovarian cysts are commonly reported, however varied levels of technical expertise and understanding on the part of the imaging team means that a diagnosis of ovarian cyst is still a fluid concept. In particular, we recognize that different reporting styles exist and that the extent of the description of normal and clinically inconsequential findings in imaging reports can be variable.

A summary of the sonographic appearance of the normal ovary and normal endometrium in the pre and postmenopausal patient, will provide the foundation for a thorough review of adnexal cystic structures, from the overtly benign, to structures that are indeterminate but probably benign, to those with characteristics that are concerning for malignancy.

While pelvic ultrasound remains the primary, and in most cases the preferred imaging modality to evaluate the uterus and ovaries , there are an increasing number of indications for pelvic MRI to further characterise adnexal and endometrial pathology.

This lecture will combine an analysis of current literature and common practice strategies to provide a systematic approach to diagnosis and management of ovarian and other adnexal cysts detected with imaging.

AUTHOR AFFILIATION: Dr Bridget Sutton MBBS, FRANZCR, Dip Fetal Medicine. Director, so+gi (specialized obstetric and gynaecological imaging), South Bank, Brisbane, Queensland, Australia.

ULTRASOUND ACCREDITATION. ITS FUTURE AND HOW TO NAVIGATE IT

Friday 16 November / Session 1 / 0930-1000

Giltrap S

This talk will focus on the following areas;-

- The value of Ultrasound to your practice and the remuneration.
- Stage 1 &11 accreditation
- How to do it and how much effort is required
- Cost
- Probe cleaning
- Disinfection versus Sterilisation
- The future requirements that are likely.

In my opinion ultrasound accreditation for Obstetricians and Gynaecologists utilising ultrasound in their routine practice is a nonsense. We do seem to be stuck with it at present and the aim of this talk is to try to show how accreditation can be obtained with the least amount of effort and cost. I will try and explain what the current situation is with respect to probe cleaning and what the future is likely to be.

AUTHOR AFFILIATION: Dr Scott Giltrap; Founder and Director of Reproductive Medicine Albury, New South Wales, Australia.

TIPS FOR OBSTETRIC ULTRASOUND: THE EVOLUTION OF THE FIRST TRIMESTER SCAN

Friday 16 November / Session 1 / 1000-1030

Duncombe G

Ultrasound plays a critical and expanding role through the different stages of pregnancy. It is the "success" of First trimester screening for chromosomal abnormality that has led to a more open-minded approach to earlier diagnosis of fetal anomalies. Current researchers, empowered by the improvements in technology for acquisition and resolution of images, speed of

computer processing and 3D/4D imaging modalities, regularly add to the list of anomalies that can be picked up in an early examination.

In this session, we will discuss and review what should be diagnosed in first trimester ultrasound examinations. We will also look at what potentially could be diagnosed in these examinations and what some of the limitations are to this process. We will try to expand our horizons beyond the question "is there one heartbeat,...or two?"

AUTHOR AFFILIATION: Dr Greg Duncombe MBBS FRANZCOG DDU CMFM; Director, Queensland Ultrasound for Women, Staff Specialist MFM RBWH, Senior Lecturer Department of O&G University of Queensland, Brisbane, Queensland, Australia.

INFECTION AND MODERN ANTIBIOTICS

Friday 16 November / Session 2 / 1130-1200

Paterson DL

Antibiotic prescribing relies on the use of just a small number of classes, as pharmaceutical companies have withdrawn from antibiotic development for economic reasons. Beta-lactam antibiotics remain widely used but are threatened by "super bugs" producing enzymes which inactivate this antibiotic class. Aminoglycosides remain potent but their prolonged use is under scrutiny because of large legal settlements following toxicity. Other classes (quinolones, sulfurs, tetracyclines) face substantial problems by virtue of the advent of multidrug resistance. Antibiotic stewardship and the basic principles of infection control remain our chief means of preserving the "antibiotic miracle."

AUTHOR AFFILIATION: Prof David L Paterson; Infectious Disease Consultant, Royal Brisbane and Women's Hospital, Herston, Queensland, Australia. Professor of Medicine, University of Queensland Centre for Clinical Research, Brisbane, Queensland, Australia.

CARE OF THE DETERIORATING POST-OPERATIVE PATIENT

Friday 16 November / Session 4 / 1430-1530

Lavercombe P

The care of the deteriorating patient is occupying the minds of clinicians and health bureaucrats in a much more focussed way. Recent national initiatives in the development of standardised observation forms designed to facilitate the early identification of the deteriorating patient is one indication of the importance placed on these patients. Clinicians, and particularly surgeons, have regarded the care of these patients as paramount since time immemorial. This has led to such clinician driven initiatives as the development of the Medical Emergency Team (MET) system in many hospitals and training courses such as the Care of the Critically Ill Surgical Patient (CCrISP) run by the College of Surgeons.

One consequence of the MET system is that many clinicians are feeling less confident in dealing with the deteriorating patient, particularly if the cause of the deterioration is not in the field of the clinician's expertise. The early recognition of the deteriorating patient facilitated by the new observation forms means that these patients will be identified before they breach MET criteria and the clinician called initially to deal with them may well be you.

We all tend to deal with unexpected events badly and being faced with a deteriorating patient can be unnerving and in the event of airway compromise truly frightening. To cope with the unexpected we need a system to ensure that our treatment is timely, appropriate and does not contribute to major omissions. In many instances we need to assess and manage simultaneously and we need the confidence to facilitate this. I hope to give you such a system to care for the deteriorating patient and also discuss the treatment of common causes of deterioration so that you have the confidence to deal with these patients either definitively or until further help arrives

AUTHOR AFFILIATION: Dr Peter Lavercombe; Intensive care specialist, St Andrews War Memorial Hospital, Brisbane, Queensland, Australia. Chair of the Medical Advisory Committee Queensland Ambulance Service. RAAF Specialist Reserve.

IR FOR SMALL MEDICAL PRACTICES

Friday 16 November / Session 5 / 1600-1630

Kroon R

Medical practices employing between 1-15 employees are bound by a variety of employment obligations. These stem from federal, state and territory laws, industrial awards and agreements, tribunal and court decisions and contracts of employment. Non-compliance with these obligations can cost up to $33,000 in penalties, compensation payments and legal costs. The Fair Work Act 2009 ("FWA") sets out a number of requirements that businesses need to comply with. This talk will focus on some of the key matters you need to know to ensure you are compliant including:

- Paying the correct wages;
- Meeting the provisions of the National Employment Standard;
- Unfair dismissal laws that apply to small businesses;

PROGRAM ABSTRACTS continued

Friday 16 November

- Transfer of business rules (obligations when you buy, sell or transfer a practice); and
- Avoiding an adverse action claim.

AUTHOR AFFILIATION: Ms Rebecca Kroon; Director of Legal Services, SIAG, Queensland, Australia.

THE ART OF ADVERTISING YOUR PRACTICE

Friday 16 November / Session 5 / 1630-1700

Geraghty B

This presentation will discuss the challenges of marketing and advertising your practice in an increasingly competitive market. It will also look at the rapidly expanding media and customer communication options that are now available.

The presentation will address the fundamental requirements of effectively advertising and promoting your practice, and will identify a range of effective customer acquisition and retention strategies.

AUTHOR AFFILIATION: Mr Brendan Geraghty; Consultant at Strategy and Action Business Advisors, Springwood, Queensland, Australia.

SOCIAL MEDIA – SENDING YOU A TWITTER

Friday 16 November / Session 5 / 1700-1745

Melocco K

Social media is changing the nature of healthcare interaction, and health care professionals that ignore this virtual environment may be missing opportunities to engage with patients and peers alike.

One-third of consumers now use social media sites such as Facebook, Twitter, YouTube and online forums for health-related matters, including seeking medical information, tracking and sharing symptoms, and broadcasting how they feel about doctors, drugs, treatments, medical devices and health plans. – Source Pwc

For doctors the question becomes, not "should we", but "how"? And what story do I tell? How do I "engage and educate" my community with timely information when I am time poor as it is and which doctors are doing it well?

How do we best use social media and manage it effectively? Where do we begin? What social media tools do we use?

How do we promote the social media concept to our community health network and become an online voice for engagement?

AUTHOR AFFILIATION: Ms Kathie Melocco; Convenor – Healthivate. Ms Kathie Melocco – Digital Storytelling, New South Wales

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PROGRAM ABSTRACTS

Saturday 17 November

INTERVENTIONAL MATERNAL FETAL MEDICINE

Saturday 17 November / Session 6 / 0830-0900

Gardener G

50 years ago almost to the day, the world's first survivor of a new experimental fetal therapy was born. The mother had severe Rhesus disease and the severely anaemic fetus received an in-utero blood transfusion into its peritoneal cavity. The baby was born in New Zealand in December 1962.

The ground-breaking work of Sir William Liley (first published in 1963) heralded a brave new world where the unthinkable suddenly became possible – the ability to deliver care directly to the unborn baby.

Since then, fetal therapy has progressed rapidly with the emergence of new subspecialities such as Maternal Fetal Medicine and annual conferences devoted to the science eg 'The Fetus as a Patient'. Technological advances in ultrasound imaging, molecular genetics, prenatal diagnosis and minimally invasive instrumentation have played a large part in the development of new fetal therapies.

The traditional approach to managing fetal conditions with post-natal intervention or surgery continues to be challenged through the development of intrauterine surgical interventions. But, despite the good intentions of fetal therapists, evidence of long term benefit with some invasive fetal therapies remains elusive eg vesico-amniotic shunting for lower urinary outflow obstruction.

The last two decades has witnessed an approach to fetal therapy that recognises the importance of understanding the natural history of the disease, the value of standardising severity and prognostic indicators and determining longer term outcomes beyond survival at birth. Ethical questions have been raised around the potential conflict of interest between the pregnant woman and her fetus particularly with maternal open surgery.

Surgical therapy has moved to a less invasive approach via endoscopic or percutaneous ultrasound guided techniques and some conditions are now treated predominantly by medical therapies administered indirectly to the fetus via the mother eg immunoglobulin therapy for fetal alloimmune thrombocytopenia.

An overview of current fetal therapies with applicability to the Australian healthcare setting will be presented including fetal laser surgery outcomes from the Mater's Centre for Maternal Fetal Medicine in Brisbane. Results from recent international trials reporting outcomes of fetal surgery for congenital diaphragmatic hernia and spina bifida will also be presented.

AUTHOR AFFILIATION: Dr Glenn J Gardener MBBS (Qld), FRANZCOG, CMFM; Director of Maternal Fetal Medicine, Mater Mothers' Hospital, South Brisbane, Queensland, Australia.

YOU AND COLLABORATIVE MIDWIFERY

Saturday 17 November / Session 6 / 0900-0930

Pesce A

Collaborative care: where are we and where are we going.

MBS and PBS benefits for care provided by midwives were introduced in 2009, commencing in October 2010.

A small number of women seek care from midwives, and the new arrangements provide funding to subsidise such care. However given the relatively small number of women in a typical midwife's caseload significant out of pocket costs for the patient remain. In addition, midwives must conclude a collaborative care agreement with a doctor in order to provide care funded through Medicare. Though much discussion has taken place regarding midwives' difficulty in concluding CCAs, the majority of midwives have them or are in the process of concluding them. States are yet to formalise credentialing and appointment processes for Private Practice Midwives in public hospital maternity units and this remains the main barrier to private practice midwives providing intrapartum care to women.

There still exists a tension between some established PPMs and Obstetricians. My personal experience with collaborating midwives is that they are highly skilled professionals who appropriately assess and manage pregnant women. Women highly value their services and will continue to seek them. Concluding CCAs has taken some discussion but has not been problematic.

Home birth does not currently attract MBS funding, and is not covered by available professional indemnity insurance. Recent high profile home birth disasters have led ministers to recognise the risk of home birth especially in high risk pregnancies, and are driving proposals to expand home birth services for low risk women within mainstream maternity services.

Many obstetricians employ midwives, and these arrangements allow for MBS funding to contribute to the practice costs of an employed midwife providing antenatal and other services. It is possible to develop models of care allowing for known midwives to provide intrapartum care for women attending obstetricians; however there remain significant barriers to such a model of care including low numbers of eligible midwives and work-life balance for midwives providing intrapartum services.

PROGRAM ABSTRACTS continued

Saturday 17 November

There is no doubt that maternity services are evolving so that more care in both the private and public systems will be provided by midwives. This is unlikely to change the practice of our senior specialists, but present opportunities for obstetricians entering the specialty to develop practice models utilising the new funding arrangements.

AUTHOR AFFILIATION: Dr Andrew Pesce; Clinical Director Women and Children's Health , Western Sydney LHD. VMO Obstetrician and Gynaecologist Westmead Hospital and Westmead Private Hospital, Westmead, New South Wales, Australia.

THE PRICE OF RELATIONSHIP BREAKDOWNS IN YOUR FAMILY

Saturday 17 November / Session 7 / 1100-1145

Small M

As the rate of divorce for first marriages nears 50% (and the rate is even greater for second or third marriages) it is likely that divorce is going to touch and have an impact on each and every family in Australia.

This presentation will talk about many of the myths surrounding family law and more importantly, highlight the short comings of some of the commonly held views of what is a "divorce busting" strategy.

The Family Court of Australia now also governs the breakdown of de facto relationships which has thrown many people who had wished to avoid the Family Court by not getting married into that jurisdiction. We will look at how this will affect your family.

Michael will discuss when a relationship changes to become a de facto relationship and also how wide is the reach of the Family Court. He will remove the mystery and clarify the law for you.

AUTHOR AFFILIATION: Mr Michael Small; Accredited Family Law Specialist. Chartered Tax Adviser and Member of The Tax Institute.

TAX IMPLICATIONS FROM THE CURRENT BUDGET – THE LATEST RULINGS WHICH MAY AFFECT YOUR PRACTICE

Saturday 17 November / Session 7 / 1145-1230

Ryan P

Tax implications coming from Budget and Mid Year Economic and Fiscal Outlook announcements are not new and in fact expected. What is new and creating uncertainty is the continual announcements which precede and follow these events announcing new and alternative policies, deferring policies and at times completely scaping polices prior to them ever being implemented. The article is intended as a navigational aid through ever-changing and more complex compliance and operational environments for businesses and individuals alike. The article looks at the changes announced, deferred and implemented from the 2012-13 budget the Mid Year Economic and Fiscal Outlook and specific changes to the Australian Superannuation environment and the impacts these changes have on your day to day operation.

AUTHOR AFFILIATION: Mr Paul Ryan CA; Perrier Ryan – Chartered Accountants Brisbane, Queensland, Australia.

WHAT WILL I BE WHEN I GROW UP? RANZCOG'S WORKFORCE INTENTIONS SURVEY

Saturday 17 November / Session 8 / 1330-1350

Milford W

Presentation prepared from data collected and analysed by the RANZCOG workforce committee

INTRODUCTION: RANZCOG, in its role as the training provider for the specialty of Obstetrics and Gynaecology is facing numerous workforce challenges. One strategic initiative that the College has undertaken is the development and distribution of the Workforce Intentions Survey in a bid to gather information regarding the opinions and plans of O&G trainees, subspecialist trainees, and recently elevated Fellows. The data collected through this survey will be a valuable tool for the College as it develops new initiatives, reviews existing practices, and adapts to a changing population, in order to meet the challenge of the pursuit of excellence in delivery of health care to women and their families throughout their lives.

METHODOLOGY: The workforce intentions survey was composed by members of the RANZCOG Workforce Committee, incorporating aspects of questionnaires designed by Subspecialty Committees. The survey was administered via a link to a web based survey to trainees and Fellows who had been elevated to Fellowship within the previous two years, during March 2012.

RESULTS: The overall response was 467 responses from a population of 868 trainees and new Fellows or 54%. Comparison of basic demographics (gender, age, country of training) of the respondents to those of the target group show correlation, suggesting that the results of the survey can be considered to adequately represent the views of the whole group. This

Getting the Right Blend for Your Practice

presentation will contain a selection of the results of the survey and draw some conclusions from it.

AUTHOR AFFILIATION: Dr Will Milford; Chair, RANZCOG Trainees Committee. Chair, Australian Medical Association's Council of Doctors in training. Trainee representative, NASOG. Trainee representative, Australian Medical Council's Specialist Education Accreditation Committee.

AUSTRALIAN WORKFORCE

Saturday 17 November / Session 8 / 1350-1400

Kearon R

Health Workforce Australia (HWA) has undertaken national level workforce planning for doctors, nurses and midwives with a planning horizon to 2025 (Health Workforce 2025).

The first reports on this work were released in April 2012 by Health Ministers. This outlines the current aggregate medical workforce in Australia and provides planning to 2025 based on a number of scenarios. This work demonstrates that in the short term, with a continuation of current trends in supply and demand, the medical workforce is largely in balance.

However, a number of issues emerge including an ongoing geographic maldistribution of the workforce, continued high reliance on international medical graduates and an impending disparity between the number of doctors who will be seeking vocational training and the number of available training places.

During 2012, HWA has been undertaking further planning work at the individual specialty level.

This presentation will provide an overview of this work.

Volumes 1 and 2 of the HW2025 report can be accessed at http://www.hwa.gov.au/health-workforce-2025.

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NOTES

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CONFERENCE INFORMATION AND CONDITIONS

Deposits and final payments:

All Conference costs are payable in advance, If, for any reason, your entire payment has not been received by the due date, we reserve the right to treat your booking as cancelled and will apply the appropriate cancellation fees.

Faxed or posted registration forms will only be processed/ confirmed if valid credit card details or cheque payment accompany the forms. You may not pay your fees by Electronic Funds Transfer.

Cancellation and Refund Policy:

Should you or a member of your party be forced to cancel, you should advise the Conference Organisers in writing addressed to 'AGES c/- Conference Connection, 282 Edinburgh Road Castlecrag NSW Australia 2068.'

Single Meeting Registrations: the Conference cancellation policy allows a cancellation fee of AU$250.00 of registration fees for cancellations received up to 8 weeks prior to the first day of the Conference, and of 50% of registration fees for cancellations up to 4 weeks prior to the first day of the Conference. No refund will be made after this time.

Multiple meeting registrants: no refunds apply.

Hotels and other suppliers of services, depending on date of cancellation, may also impose cancellation charges. Accommodation payments will be forfeited if the room is not occupied on the requested check-in date. Please note that a claim for reimbursement of cancellation charges may fall within the terms of travel insurance you effect.

The Conference Organisers reserve the right to cancel any workshop or course if there are insufficient registrations. Also, at any time, without notice and without giving reasons, the Conference Organisers may cancel or postpone the Conference, change the venue or any published timetables, activities, presenters or particulars without being liable for any loss, damage or expense incurred or suffered by any person.

Refunds of the whole or any part of the fees and payments received by the Conference Organisers will only be made if the Conference Organisers in the exercise of their absolute discretion, determine that persons have been unfairly prejudiced by any cancellation, postponement or change.

Insurance:

Registration fees do not include insurance of any kind. It is strongly recommended that at the time you register for the Conference and book your travel you take out an insurance policy of your choice. The policy should include loss of fees/deposit through cancellation of your participation in the Conference, or through cancellation of the Conference, loss of international/domestic air fares through cancellation for any reason, loss of tour monies through cancellation for any reason including airline or related services strikes within and/or outside Australia, failure to utilise tours or pre-booked arrangements due to airline delay, force majeure or any other reason, medical expenses (including sickness and accident cover), loss or damage to personal property, additional expenses and repatriation should travel arrangements have to be altered. The Conference Organisers cannot take any responsibility for any participant failing to arrange his/her own insurance. This insurance is to be purchased in your country of origin.

Pricing policy:

It is impossible to predict increases to cost elements such as government taxes and other service provider tariffs. In the event of such fluctuations or increases affecting the price of the Conference, we reserve the right to adjust our prices as may be necessary at any time up to and including the first date of the Conference, even though the balance payment may have been made.

If we are forced to change your booking or any part of it for any reason beyond our control – for instance, if an airline changes its schedule – we reserve the right to vary your itinerary and will give you, or cause to be given to you, prompt notice thereof.

Conference Costs do not include: Insurance, telephone calls, laundry, food and beverage except as itemised in the brochure, and items of a personal nature.

Travel and Accommodation:

The Conference Organisers are not themselves carriers or hoteliers nor do we own aircraft, hotels, or coaches. The flights, coach journeys, other travel and hotel accommodation herein are provided by reputable carriers and hoteliers on their own conditions. It is important to note, therefore, that all bookings with the Conference Organisers are subject to terms and conditions and limitations of liability imposed by hoteliers and other service providers whose services we utilise, some of which limit or exclude liability in respect of death, personal injury, delay and loss or damage to baggage.

Our responsibility:

The Conference Organisers cannot accept any liability of whatever nature for the acts, omissions or default, whether negligent or otherwise of those airlines, coach operators, shipping companies, hoteliers, or other persons providing services in connection with the Conference pursuant to a contract between themselves and yourself (which may be evidenced in writing by the issue of a ticket, voucher, coupon or the like) and over whom we have no direct and exclusive control.

The Conference Organisers do not accept any liability in contract or in tort (actionable wrong) for any injury, damage, loss, delay, additional expense or inconvenience caused directly or indirectly by force majeure or other events which are beyond our control, or which are not preventable by reasonable diligence on our part including but not limited to war, civil disturbance, fire, floods, unusually severe weather, acts of God, act of government or any authorities, accidents to or failure of machinery or equipment or industrial action (whether or not involving our employees and even though such action may be settled by acceding to the demands of a labour group). Please note that add prices quoted are subject to change without notice.

Privacy:

Collection, maintenance and disclosure of certain personal information are governed by Australian legislation. Please note that your details may be disclosed to the parties mentioned in this brochure and your details may be included in the list of delegates.

Entry to Australia:

All participants from countries outside Australia are responsible for complying with Australian visa and entry requirements and re-entry permits to their own countries. Letters to support visa applications will be sent upon request, but only after receipt of registration forms and fees.

Conference Badges:

Official name badges must be worn or produced on demand at all times during the Conference to obtain entry to all Conference sessions and to social functions. Proof of identity will be required for the issue of replacement badges.

The Conference Organisers:

References to 'the Conference Organisers' in the above Conference Information and Conditions mean Australasian Gynaecological Endoscopy and Surgery Society Limited ACN 075 573 367, NASOG, and Michele Bender Pty Limited ACN 003 402 328 trading as Conference Connection, and if the context requires, each of them severally.