



Preparation for Practice

A guide for Younger Fellows

Second Edition 2007



Younger Fellows Committee
Royal Australasian College of Surgeons

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Dear Fellow,

This publication is produced by the Royal Australasian College of Surgeons Younger Fellows Committee. The Committee meets three times a year to discuss issues facing young surgeons and to implement projects addressing some of these issues.

This booklet was created in response to requests from Younger Fellows and aims to provide new Fellows with some useful information for setting up in practice.

The first edition of this resource was developed in 2003 based on a booklet by the Urological Society of Australasia. The Younger Fellows Committee would like to acknowledge and thank Dr Don Moss for providing us with this document.

The first major revision of the 2004 publication was undertaken in 2006. Major changes to this document include the replacement of contact details with website addresses, the inclusion of information regarding Medical Indemnity insurance and references to the HIC have been updated to Medicare Australia. Australian Fellows should note that Medicare Australia now performs all of the functions and provides all of the services previously supplied by the HIC. It is also worthwhile noting that almost all application forms for essentials like provider numbers and prescription pads can be accessed via the website www.medicareaustralia.gov.au

Feedback is always welcome, as the booklet will be updated regularly. Please direct your comments and suggestions to the Younger Fellows Secretariat at the College, Melbourne.

Kind regards



Sonja Latzel FRACS
Chair Younger Fellows Committee 2007

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This publication is intended only as a general overview and summary and is not intended to be comprehensive. Information provided and referred to in this publication should be carefully evaluated for its source, accuracy, currency, completeness and relevance for your individual purposes. A reference to a particular organisation in this publication is not a recommendation or endorsement of that organisation.

You should obtain appropriate professional advice relevant to your particular circumstances prior to acting or relying on this publication. The Royal Australasian College of Surgeons does not warrant nor guarantee that information in this publication is current. It takes no responsibility for any loss suffered by you or anyone else in connection with the use of this publication.



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REGISTRATION & INSURANCE

Registration

Australia

Registration with your local Medical Board is required before beginning practice. Specialist vocational registration is required in SA, NSW, QLD and NZ. In Australia, you will also need to apply for recognition as a specialist with Medicare Australia.

To apply for recognition as a specialist surgeon, all new Fellows are required to apply directly to Medicare Australia. When submitting your application include a 'Letter of Good Standing' from the College to verify your surgical specialty. Application for recognition as a specialist forms are available from the Medicare Australia website:

<http://www.medicareaustralia.gov.au/providers/forms/medicare/specialists.shtml>

To lodge your application or obtain further details, contact the national office for Medicare Australia in Canberra.

Should you wish to practise in other States within Australia, then by the system of 'mutual recognition' introduced in 1996, you are able to arrange your equivalent level of recognition upon proof of that recognition and the payment of a fee. This can be arranged by mail instead of interview.

The Medical Board can assist you with accepted standards of practice with regard to newspaper notices of intention to commence, phone book entries, letters of introduction, etc. The following websites will provide contact information for your local medical board.

Medicare Australia (formerly HIC) www.medicareaustralia.gov.au

Medical Board of ACT www.medicalboard.act.gov.au



Medical Board of New South Wales www.nswmb.org.au

Medical Board of Northern Territory

http://www.nt.gov.au/health/org_supp/prof_boards/medical/board.shtml

Medical Board of Queensland www.medicalboard.qld.gov.au

Medical Board of South Australia www.medicalboardsa.asn.au

Medical Board of Tasmania www.medicalcounciltas.com.au

Medical Board of Victoria www.medicalboardvic.org.au

Medical Board of Western Australia www.medicalboard.com.au

New Zealand

Medical registration in New Zealand is the responsibility of the Medical Council of New Zealand.

To obtain registration to practise medicine in New Zealand, a practitioner must meet the following requirements:

- Meet fitness for registration requirements (see section 16 of the Health Practitioners Competence Assurance Act 2003 (HPCAA)).
- Hold one or more prescribed qualifications as set by the Medical Council (see section 12 of the HPCAA).
- Satisfy the competence requirements to practise within the specified scope of practice.
- Demonstrate that you intend to practise medicine in New Zealand.

You will also need to submit a completed application form, correct documentation and payment of a gazetted fee.

Applicants must attend a registration interview with a Medical Council agent and show evidence of a confirmed job offer. The only exception to this requirement is a New Zealand graduate who is registered immediately after completing their medical degree course.

You cannot commence practising before you have been issued an annual practising certificate.

For a full review of the Medical Council of New Zealand's policy on medical registration, please refer to their website:

Medical Council of New Zealand www.mcnz.org.nz

You can also download registration forms, fee information and access a self assessment tool for registration at this website.

To access the Health Practitioners Competence Assurance Act 2003 (HPCAA), please refer to the following website:

Ministry of Health <http://www.moh.govt.nz/hpca>

Medical Indemnity Insurance

It is a requirement for all medical practitioners to have medical indemnity insurance for private practice. Most medical boards also require proof of appropriate insurance to register a practitioner. Private hospitals require proof of current status of your medical indemnity insurance for accreditation purposes. You can insure with a commercial insurance company if desired. Medical defence



organisations also offer specialised insurance designed for practitioners.

It is recommended that you discuss different insurance options with colleagues as well as professional advisers and consider carefully your choice of insurer. The following websites may be helpful:

Australia

Avant	www.avant.org.au
Invivo	www.invivo.com.au
MDA National	www.mdanational.com.au
Medical Defence Association South Australia	www.miga.com.au
Medical Indemnity Protection Society	www.mips.com.au

New Zealand

Medical Protection Society www.medicalprotection.org/newzealand

Other (NZ Fellows Only)

Accident Compensation Corporation (ACC) <http://www.acc.co.nz>

Refer to section on the ACC for more information

Medical Assurance Society <http://www.medicals.co.nz>

Other insurances to consider:

- Staff and patients
- Disability insurance
- Income protection
- Workers' Compensation / ACC
- Electronic equipment cover - portable and fixed
- Business expense insurance
- Surgery contents and/or building insurance
- Car insurance
- Public liability insurance
- Occupational health and safety issues



Complaints

It is almost inevitable that you will receive complaints about aspects of your care. The complaint may be minor and justified; sometimes a simple apology is all that is required. Medical defence organisations and insurers usually have suggested policies for managing complaints. You should implement those policies for managing complaints in your practice so that staff follow the proper procedure for dealing with these issues.

More serious or disputed complaints can be dealt with either at an individual or hospital level or at a state or national level by organisations such as the Medical Council in New Zealand.

It is important to inform your insurer or medical defence organisation as soon as possible after a complaint arises.



It is important to remember that many complaints arise due to problems with communication rather than actual treatment. Clear communication is an important strategy for preventing or minimising serious complaints. It may be useful to attend a risk management course to explore strategies for minimising and handling complaints

New Zealand

There is a code of patient rights and potential breaches of this code are investigated by the Health and Disability Commissioner. Fellows should familiarise themselves with the Code of Health and Disability Services Consumers' Rights which can be viewed at www.hdc.org.nz

PROVIDER NUMBERS (Australian Fellows Only)

Provider numbers are required in Australia to undertake clinical practice. You can obtain a provider number for a specific practice location from Medicare Australia:

Phone: 13 21 50

Email: medicare.prov@medicareaustralia.com.au

or

Post: Provider Liaison Section
Medicare
GPO Box 9822
IN YOUR CAPITAL CITY

The provider number for private practice will differ from your previous public hospital numbers and must be obtained before commencement of private practice.

You need a different provider number for EACH location from which you are planning to practise. This may require several provider numbers in the one state or city. It should also be included on any accounts, receipts, pathology or radiology requests and other documentation for ease of identification.

It usually takes approximately two weeks to obtain a provider number.

PROFESSIONAL BODIES

Royal Australasian College of Surgeons (RACS)

Head Office: Spring Street Melbourne VIC 3000

Phone: +61 3 9249 1200 Website: www.surgeons.org

ACT	Unit 4, 13 Napier Close DEAKIN ACT 2600 Phone: +61 2 6285 4023 college.act@surgeons.org	SA	51-54 Palmer Place NORTH ADELAIDE SA 5006 Postal Address: PO Box 44 NORTH ADELAIDE SA 5006 Phone: +61 8 8239 1000 college.sa@surgeons.org
NSW	177A Albion Street SURREY HILLS NSW 2010 Phone: +61 2 9331 3933 college.nsw@sugeons.org	TAS	147 Davey Street HOBART TAS 7000 Phone: +61 3 6223 8848 college.tas@surgeons.org
NZ	PO Box 7451 WELLINGTON SOUTH Phone: +64 4 335 8247 college.nz@surgeons.org	VIC	Spring Street MELBOURNE VIC 3000 Phone: +61 3 9249 1254 college.vic@surgeons.org



QLD 50 Water Street
SPRING HILL QLD 4004
Phone: +61 7 3835 8600
college.qld@surgeons.org

WA CTEC Building, University of Western
Australia, Hackett Drive
NEDLANDS WA 6907
Postal Address: M307
University of Western Australia
35 Stirling Highway
NEDLANDS WA 6907
Phone: +61 8 6488 8699
college.wa@surgeons.org

Australia

Australian Medical Association (AMA) www.ama.org.au

ACT www.ama-act.com.au

QLD www.amaq.com.au

NSW www.nswama.com.au

NT www.amant.com.au

SA www.amasa.org.au

TAS www.amatas.com.au

VIC www.amavic.com.au

WA www.amawa.com.au

The Australian Association of Surgeons (AAS) Secretariat
PO Box 1131 PENRITH NSW 2751
Phone: +61 2 4731 8255

Australian Doctors' Fund (ADF) www.adf.com.au

New Zealand

New Zealand Medical Association (NZMA)
www.nzma.org.nz

Association of Salaried Medical Specialists (ASMS)
www.asms.org.nz

Medical Council of New Zealand
www.mcnz.org.nz

Ministry of Health (NZ)
www.moh.govt.nz/moh.nsf

National Health Committee
www.nhc.govt.nz

Doctors Health Advisory service
www.doctorshealth.co.nz

Note: You should request information from these professional bodies regarding their aims, objectives and fee structures, especially if membership is not compulsory.

REFERRALS (Australian Fellows Only)

As per the Benefits Schedule, referrals must be current, cannot be back-dated by the referring practitioners and last for up to twelve months unless stated otherwise by the General Practitioner.

Specialist referrals now last for only three months. These should not be requested whilst a referral is still current. Medicare Australia is justifiably suspicious of an apparent attempt to charge a new initial



consultation for a patient with a continuing medical condition. Please refer to www.medicareaustralia.gov.au or Mediguide for further information.

There are two instances for which a new referral is appropriate and which can attract a new consultation fee for the commencement of a new course of treatment by the same specialist:

- ◆ Where there is a new condition requiring treatment by the specialist.
- or
- ◆ When the referring practitioner considers a review necessary and this occurs outside the current referral, and the specialist has not seen the patient within the previous nine months.

Department of Veterans' Affairs (DVA)

Authorisation to provide care for DVA patients must be obtained from your state's DVA office.

You will be required to state, in writing, your intention to commence private practice as a specialist and provide all relevant details for inclusion on their database. DVA will then contact you and provide you with their 'Notes for Specialist Medical Practitioners'. This must be done prior to the commencement of treatment.

Gold Card Holders: DVA patients with gold card entitlements can be treated in the public or private system. You will only be paid the Scheduled Fee for veterans treated in private and public hospitals.

White Card Holders: White card holders are entitled to specific treatment only and this should be checked before consultation/treatment.

Exceptions to this rule arise when:

- ◆ The patient is already admitted under the care of another doctor.

Note: Check that approved discharge and admission dates haven't expired, otherwise your claim will be rejected and will need resubmitting once authorisation has been gained from the DVA.

Some private Emergency Departments accept veteran admissions. Check approval as soon as possible.

DVA Accounts

Accounts should be submitted to the Medicare GPO Box in your state. This can be done either by:

- ◆ Using the DVA voucher system of billing (rather like bulk billing) or
- ◆ Submitting your practice accounts with a covering claim voucher

Familiarise yourself with DVA Private Patient Scheme requirements and entitlements.

Note: Veterans must have prior approval from DVA under the Private Patient Scheme, before admission to private hospitals for surgery or treatment. Prior approval is not required if the veteran is to be admitted to a public hospital.

Useful Contacts

Department of Veterans' Affairs contact details (all regions)
www.dva.gov.au

For state office contact details, please call 133 254



Payment of account enquiries: www.medicareaustralia.gov.au

Claim for payment enquiries:

LMOs and specialists (including dental) 1300 550 017

Submit your claims to:

Medicare Australia

GPO Box Number 9869

IN YOUR CAPITAL CITY

Stationery supplies: Referral forms, service vouchers, claim forms, prescription forms and other forms can be downloaded from:

www.medicareaustralia.gov.au

Orders for claims stationery should be mailed to:

Medicare Australia

Locked Bag 4444

Tuggeranong ACT 2901

Phone 1800 067 307

Fax +61 2 6230 0477

Orders for other DVA stationery should be placed through the DVA office in your state.

Imprinters:

Order from Medicare Australia by phoning 132 150



REPORT WRITING

Legal requests for reports should always be accompanied by a signed authority from the patient to release information. Keep language relatively simple but as detailed as required.



Please be sure to note the following:

Australia

- ◆ Insurance companies will often attach a cheque to their request. You are not compelled to accept this. These tend to reflect the recommended GP, AMA fees. Read the AMA Schedule for an explanation and make your own decision. Ask for a written request by the company.
- ◆ Legal reports are requested following consultation and/or examination. Make it clear that these are not Medicare rebatable. You may wish to consider requesting payment before the completed report is forwarded to the requesting party.
- ◆ WorkCover/Compensation; check with your state body in Australia regarding accreditation procedures. Make patients aware that they must have the appropriate documentation if they wish to claim compensation cover for their accounts. Read the relevant section of the Medicare form if there is any dispute regarding cover.

Please refer to the Privacy section in this Guide.

New Zealand

- ◆ New Zealand Fellows should refer to the Health Information Privacy Code 1994 for information on health information



privacy rules. A downloadable copy is available on the Privacy Commissioner website: <http://www.privacy.org.nz>

FEES

When establishing a fee structure, it is wise to consider your costs, gap cover, patient's ability to pay and the need to provide these details to patients for informed financial consent.

It is also important to consider how you will collect payment from patients to maintain cash flow for running the practice; e.g. upfront payment (EFTPOS facility is very useful for this), pre-payments for procedural services or whether you will send out accounts for payment. The latter approach may increase the risk of 'bad debts', where patients fail to pay. A debt collector or lawyer can assist you to recover outstanding accounts.

It is important to talk to other established practitioners or practice managers so that your services are competitively priced. However, remember that the Australian Competition and Consumer Commission (ACCC) and the New Zealand Commerce Commission do not allow persons to collude or collectively fix prices.

New Zealand

There is no standardised national system upon which you should base your fees. Guidelines may be provided by insurance companies. Refer to the following websites for further information and advice:

AON www.aon.co.nz

Insurance advice online <http://www.inform.co.nz>

Southern Cross	www.southerncross.co.nz
Sovereign	www.sovereign.co.nz
Tower	www.tower.co.nz

For information on treating WorkCover patients in New Zealand, please refer to the ACC website: <http://www.acc.co.nz>

Australia

Private: The Australian Medicare Benefits Schedule and AMA Schedule can provide a guide upon which you can base your own fees.

WorkCover: When treating WorkCover patients in Australia, you may be paid the AMA Fee in some states of Australia but these bodies have their own fee structure in each state. You can bill WorkCover directly. It is important to establish your normal fee structure for these patients and be consistent.

Defence Personnel: The same standards apply as for WorkCover patients. Standardise and be consistent with your fees.

Veterans: The standard agreement is for the scheduled fee to be charged for inpatient or outpatient treatment of veterans. Medicare Australia at present handles payment of veteran accounts. Information is available from your State DVA office.

For more information, refer to the Department of Veterans Affairs section in this Guide.



AUSTRALIAN MEDICAL BENEFITS SCHEDULE

A Commonwealth publication is produced annually in November, which provides comprehensive and invaluable information regarding Medicare Benefits and general information regarding the obligations of medical practitioners.

The Schedule's Introduction and General Notes are worth reading thoroughly. They provide the contact details for each State and Territory office through which enquiries can be made. Your practice should run smoothly if you develop a good working relationship with your local Medicare office as well as Medicare Australia and your practice manager/staff should be encouraged to do this.

Schedule Distribution Enquiries:

The Medicare Benefits Schedule is now available online. Go to <http://www.health.gov.au/mbsonline> to search and browse through the Medicare Items or the Explanatory Notes contained within the Schedule. You may also contact the Department of Health & Ageing with your schedule distribution enquiries:

Freecall 1800 020 103

Fax: +61 2 6289 4996

AMA BENEFITS SCHEDULE

This Schedule contains much of the same information for Australian Fellows, with fee recommendations based on their own assessment. It is available to all AMA members.

BILLING PRACTICES

Your choice is to either use a manual or computerised system of billing in your practice. There are many companies offering software packages suitable for specialist surgical practice. You need to ensure that you keep accurate records to comply with your tax obligations.

In Australia, it is also your choice whether bulk billing becomes part of your practice. Read Mediguide and the Benefits Schedule to help decide whether it is appropriate for your practice.

For more information, refer to the Accounting section in this Guide.

MEDICARE FORUM (Australian Fellows Only)

In addition to Mediguide, Medicare Forum is a quarterly newsletter providing updates on legislation and Medicare Australia related matters as well as the opportunity for letters to the editor. It is sent directly to your business address.

MEDICARE AUSTRALIA

Medicare Australia has responsibility for the day to day administration and payment of benefits under the Medicare arrangements. Each state has separate Medicare arrangements.

Fellows should also refer to Medicare Australia for the following:

- Specialist registration (separate to registration with Medical Boards)
- Provider Numbers
- Imprinters for claims stationery



- DVA payment claims
- Pharmaceutical prescription pads

MEDIGUIDE - UNDERSTANDING MEDICARE

Mediguide is a very useful document for Fellows practising in Australia, produced by Medicare Australia. As a ready reference, it is invaluable to all practitioners and should be acquired before commencing practice and read thoroughly. It may be downloaded from the Medicare Australia website www.medicareaustralia.gov.au

THE ACCIDENT COMPENSATION CORPORATION (ACC) (New Zealand Fellows Only)

The Accident Compensation Corporation (ACC) administers New Zealand's accident compensation scheme, which provides personal injury cover for all New Zealand citizens, residents and temporary visitors to New Zealand. In return people do not have the right to sue for personal injury, other than for exemplary damages.

The ACC is responsible for:

- Preventing injury
- Collecting personal injury cover levies
- Determining whether claims for injury are covered by the scheme and providing entitlements to those who are eligible
- Paying compensation

- Buying health and disability support services to treat, care for and rehabilitate injured people
- Advising the government
- Providing accident cover, injury prevention services, case management, medical and other care and rehabilitation services

Treatment Injury

A treatment injury is an injury caused as a result of seeking or receiving treatment from a registered health professional. 'Treatment' can mean diagnosis, the actual treatment itself or a lack of treatment that should have been provided.

A patient may qualify for cover for a treatment injury if:

- They are injured as a result of treatment by a Registered Health Professional (RHP).
- The treatment, not the patient's health condition or some other factor, has caused injury.

The Treatment Injury and Patient Safety Branch (previously called the Medical Misadventure Unit) assesses cover for treatment injury claims. They can assist with enquiries about treatment injury from patients, health professionals and organisations who provide treatment.

The Claims Process

The registered health professional (ideally the one that provided the treatment) completes the claim forms and sends them to the ACC. The ACC decides the claim based on the information provided or in more complex cases, may need to request additional information from the claimant or the treating health professional. In complex



cases, the ACC may also seek advice to assist in deciding cover. The ACC writes to the claimant and notifies them of the cover decision.

If the ACC declines the claim, an explanation will be provided. If the claimant disagrees with the decision they have the right to ask for a review.

If the claim is accepted, another ACC office will contact the claimant to discuss their rehabilitation requirements.

Treatment injury claims can be complex and in some cases it can take several months to determine cover. Whilst the ACC is assessing a claim, they are unable to fund any treatment, rehabilitation or compensation.

Where the ACC determines that there is a risk of public harm (defined using the Ministry of Health's sentinel/serious events threshold), the event will be reported to the relevant authority responsible for patient safety. The ACC does not investigate the risk; this is up to the authority.

Treatment Provision

The ACC funds treatment for claimants in a number of different ways:

- By reimbursing treatment providers a standard contribution for treatment sessions.
- By purchasing treatment services under contract (for example, elective surgery).

This enables surgeons in Private Practice to be reimbursed by the ACC for consultations and surgery on patients covered by the ACC.

It is important to register as a provider to claim for this fee. Any treatment provider who wishes to receive payment for services must register with the ACC. To register with the ACC you can either download the relevant form from the ACC website at <http://www.acc.co.nz> or order a form by phoning 0800 802 444 (press '0' to speak with an operator).

The fee structure is complex and is generally less than what a practitioner would normally charge. Some practitioners add a surcharge but it is necessary to advise the patient of this.

For elective surgery the ACC has contracts with a number of private hospitals and you can apply to be added to an institution's contract.

Busy providers may have their own subset allocation within the contract (particularly Orthopaedics) and a new Fellow may need to compete within a pool.

To apply to perform a procedure an Assessment, Rehabilitation and Treatment Plan (ARTP) must be submitted to the contract holder (Private Hospital). After the procedure the private hospital is invoiced.

Once again the fee structure is complex but details are available from the ACC website.

Fellows practising in Orthopaedics and Plastic Surgery may wish to discuss with senior colleagues how to work effectively with the ACC.

For more information please refer to the ACC website:
<http://www.acc.co.nz>



SURGICAL BILLING (Australian Fellows Only)

Health funds require you to have specialist recognition in order to initially register as a provider. They will then reimburse the appropriately insured patient the difference between the Medicare rebate and the MBS schedule fee for the medical procedures.

Ezyclaim (SA) or Gapcover (NSW) was introduced in recent years by a number of health funds following Federal legislation. It is a means of reducing the unpredictability of 'gaps' for patients with private health insurance. It should be noted, however, that surgeons charge fees, not gaps. Any gap represents the difference between the surgeon's fee and what is reimbursed to the patient by Medicare with or without private health fund cover. Increasing gaps represent an increase in the difference between practice costs and what is met by existing support for patients. With the Australian Government's current emphasis on informed financial consent this will again be the focus of debate.

Surgeons may additionally register with individual health funds for 'no gap' or 'known gap' schemes. With these schemes (including Ezyclaim and Gapcover) the funds will pay a set amount according to their own schedules, which is generally higher than the MBS schedule fee. In return, the surgeon agrees not to charge a gap or a known gap to the patient. In other words, the participating surgeon's fee is set by the fund in these circumstances.

All funds differ. Some don't allow any gap to be charged and if charged, the remuneration from the fund reverts to the MBS schedule fee. Others allow only the 'primary specialist' involved to charge a gap. Surgeons may choose to participate in these schemes on an individual patient basis but must be registered to take part.

INFORMED FINANCIAL CONSENT

This is considered a priority by the College, the AMA and regional medical boards and is becoming an expectation of the community. Careful thought needs to be given to providing appropriate informed financial consent, such as gaps charged for consultations, procedures and operations, including emergency or out of hours circumstances.

This issue is likely to be further debated. The current position of the College is that surgeons should provide informed financial consent for their services. You should also facilitate the provision of information by other health care providers for a patient's surgical care episode, such as information regarding gaps from surgical assistants, anaesthetists, pathologists and radiologists. This is sometimes difficult and the College does not support the assertions by some parties that surgeons are responsible for directly providing informed financial consent for these providers.

Note: Please refer to the College's policies on Informed Consent and Informed Financial Consent under the policy section of the website www.surgeons.org or follow the direct links below:

http://www.surgeons.org/informed_consent.pdf

http://www.surgeons.org/informed_financial_consent.pdf

HOSPITAL CREDENTIALLING PROCESSES

Australia

Visit the hospitals you wish to be credentialled with and organise theatre sessions. The administration staff will be able to provide you



with the necessary applications and requirements of credentialling. Try and arrange a regular anaesthetist/s for your sessions; this is overall far more efficient and effective.

You will only be able to admit patients and work in hospitals that give you privileges in their institution. Each has a Credentialling Committee that will be slightly different. However you need to apply separately at each hospital where you hope to work. This process often takes some time.

With regard to public hospitals in Australia, seek information from the Head of the Department and hospital administration concerning appointment as a Visiting Medical Officer (VMO). Familiarise yourself with the College publication 'Credentials Committees, Surgical Appointments and Complaints Procedures' from the Department of Professional Standards and the 'National Standard for Credentialling and Defining the Scope of Clinical Practice' by the Australian Commission on Safety and Quality in Healthcare.

New Zealand

Surgeons in public hospital practice are employed by the district health boards, which all have their own accreditation policies and procedures. Fellows who have vocational registration will essentially be automatically accredited within their area of practice at the commencement of employment.

Subsequent reaccreditation will occur on a regular basis, usually every five years, in conjunction with accreditation of the whole department.

Private hospitals have their own procedures with very similar requirements. Some hospitals state that Fellows must have a minimum number of years of post fellowship experience before they can be accredited.

THE SURGERY / ROOMS

If starting out, you may wish to consider renting premises from private hospitals, medical centres or private premises. There are a considerable range of options, so do some groundwork. Significant effort needs to be spent on the physical layout of your rooms. Apart from the basic desk, chair or phone, give thought to:

- ◆ A safe environment for patients and staff
- ◆ Ample toilet facilities for the able and disabled
- ◆ Ergonomically designed chairs in waiting rooms
- ◆ Pleasant decor
- ◆ Privacy and security for office staff and conversations (as per the Australia National Privacy Principles)
- ◆ Privacy for patients exiting the surgery. Open plan is all very well but if visibly disturbed, a patient should be given the option of a discreet departure.
- ◆ Security
- ◆ Sound proofing
- ◆ Up-to-date reading material
- ◆ Wheelchair/disabled access for inner and outer doorways

Staff

In the long term, this will remain a primary issue for running a practice. Staff arrangements will depend on whether you start fresh or inherit personnel. However you will need a competent, trustworthy secretary/receptionist and/or practice manager.



Employment can be on a contractual, casual or salaried basis, often with a probationary period. You may need to obtain professional assistance regarding staff entitlements, superannuation, staff dismissals and other regulatory requirements.

Australia

The Australian Association of Practice Managers' National Secretariat can advise on developing a job description; refer to their website www.aapm.org.au or you can contact established practices and ask if you can attend for business/office work experience. Your colleagues should be only too happy to help. You can also refer to the Practice Management Resources page under the Professional Development section of the College website.

New Zealand

New Zealand Fellows may need to check processes and legal requirements for employing staff. Worksite is a useful reference for information regarding contractual staff, annual leave, sick leave, job descriptions, dismissal procedures, etc. Please refer to their website: www.worksite.govt.nz

Note: It is a good idea to obtain the current award rates to ensure you are complying with legal requirements. New Zealand Fellows may need to consult the National Survey of Salaries.



IT Requirements

This is a growing area for practices to understand and consider. Purchasing of hardware and software will depend on your preferences and practice structure.

Functions of your IT equipment will possibly include bookings, billings and accounts, auditing, patient files, clinical image storage, pathology and results tracking and theatre lists.

Items to consider:

- ◆ Back up systems - this is extremely important
- ◆ Cable and network points
- ◆ Desktops/laptops, scanners, digital camera
- ◆ Firewalls and security of data
- ◆ Server with modem

When purchasing software it is important to consider software with industrial strength database potential. Your colleagues with established practices may be able to provide advice.

Appointments

Whether using a computerised or manual appointment system, you should allow sufficient time for initial consultations and reviews. As a general guide, 30 minute and 15 minute consultations should allow plenty of time for assessment; experience will be your true guide. Remember no patient likes to be kept waiting needlessly. Don't be hesitant to apologise personally to a patient kept waiting; it is good public relations and can defuse potentially confrontational situations.

Documents

It is sensible to have master copies of frequently used documents available in your rooms. This will ensure you have supplies to distribute if needed. Many standardised forms can be organised



through the relevant laboratories, x-ray facilities or hospitals, both public and private. Others can be obtained from colleagues or devised by yourself where appropriate:

- ◆ Admission forms, public/private hospitals
- ◆ Anaesthetists' information sheets including anaesthetic fees
- ◆ Doctors' patient history forms
- ◆ Financial informed consent
- ◆ Hospital admission check lists
- ◆ Information sheets
- ◆ Pathology forms
- ◆ Patient diagrams
- ◆ Pre-consultation patient information sheets
- ◆ Privacy policy for your practice
- ◆ Procedural consent forms
- ◆ X-ray request forms

Prescriptions (Australian Fellows Only)

Personalised supplies of prescriptions may be obtained by phoning the Medicare Australia Pharmaceutical Benefits Scheme (PBS) services line on 13 22 90. Authority scripts can be obtained by phoning 1800 888 333 or for DVA patients call 1800 552 580. This is usually a fast and efficient service. Alternatively you or the patient can mail the script to: Reply Paid 9857, PBS Authority Section, Medicare Australia, GPO Box 9857 (in your capital city).

Stationary

Organise this before you start practising. You may need some or all of the following:

- ◆ A4 Letterhead
- ◆ A5 Letterhead
- ◆ Appointment cards
- ◆ Business cards
- ◆ Envelopes
- ◆ Sick Certificates
- ◆ With Compliments slips

The print matter on your letterheads must include your full name (or if applicable, the company name/registered trading name) and ABN (Australia only). If you are an incorporated medical company, ABN and the rest is purely a matter of personal preference.

Note: Please refer to the College's policies on FRACS Suffix and Descriptors under the policy section of the website www.surgeons.org or follow the direct link below:

http://www.surgeons.org/FRACS_suffix.pdf

PATIENT FILES AND PRIVACY

Your patient filing system will of course be a personal choice; again consult other practices and bear in mind that there must be room for extensive and complete documentation of the patient's history. A very simple and cost-effective method involves the use of a manila folder, a patient information sheet stuck inside the left cover, a lined A4 page, blue A4 for pathology results, pink A4 for X-ray results, yellow



A4 for referral letters and a patient history sheet, held together by fasteners.

Please note, you must comply with the Privacy Principles contained in the Australian Privacy Act 1988 or the New Zealand Privacy Act 1993 and other acts which regulate patient records. This legislation establishes requirements for how personal health information must be handled and stored. The AMA has produced a Privacy Kit for members, which includes information pamphlets and sample privacy statements. It can be obtained by contacting your local office or by filling out an application form online at www.ama.com.au

For information on privacy in New Zealand, please contact the New Zealand Privacy Commissioner's office or refer to their website at www.privacy.org.nz Also available on this website is *On the Record*; a practical guide to health information privacy published by the Privacy Commissioner in 1999. This guide can be downloaded via <http://www.privacy.org.nz/library/on-the-record-health-guide>

There are now several computer software packages that have patient history files enabling the storage of all data including pathology (that can be directly downloaded via the Internet on a daily basis into the files), X-rays, clinical photographs, etc. There are many advantages and disadvantages to complete computerisation of the filing system and it is well worthwhile looking at as many programs as possible and communicate with practice managers.



ACCOUNTANTS

Avail yourself of a good accountant with whom you can discuss the options of incorporating, service companies, partnerships and the like. If you do not have an established relationship with a reputable accountant, seek advice from colleagues. Australian Fellows can also contact the Institute of Chartered Accountants or CPA Australia. New Zealand Fellows can contact the Chartered Accountants Association. Remember to ask about fees and charges.



PRACTICE ACCOUNTING ISSUES

When starting out in practice it is very important to organise the financial management and record keeping of the practice for your own requirements and taxation purposes (such as GST). It is advisable to work with your accountant, financial adviser and/or lawyer when you first set up. Remember, all this takes time and planning ahead is important to ensure the timely commencement of your practice.

Your first decision should be the type of business structure required to suit your needs. There are a number of different structures available including practising as a sole trader, partnerships, companies or the use of a service company or trust. The type of structure and formation thereof should also be discussed with your accountant, financial adviser and lawyer.



Having decided on the best structure for your practice, you need to consider an appropriate record retention and transaction reporting system that will cover your needs and meet your tax obligations.

Central to the financial management of a practice is an effective office system. To set up such a system you must firstly identify what information flows through the practice and how best to record it.

Recording of the information will be influenced by the structure you choose but some of the common procedures that are required include:

- The practice must have a bank account into which all daily receipts of the practice are deposited intact.
- Do not adopt the practise of using any cash received from patients to pay bills.
- All payments should be made by cheque from the practice account, except for small items for which a petty cash system can be used.
- All payments should be supported by an invoice, a copy of which is kept and filed in cheque number order. It is a good practice to write the cheque number and date paid on the invoice.
- Ensure all cheque butts are completed and legible.
- Do not pay personal expenses from the practice account.
- Use pre-numbered invoices for billing patients. This ensures all invoices are accounted for and allows invoices to be followed up by checking them off in numerical order.

- If employees are given the task of writing the cheques, ensure the cheques require two signatures or that you are the cheque signatory, not your employee.
- For payroll records you should purchase one of the many payroll books available or a computer software package and ensure this is updated every time the wages are paid.

The generation and storage of all the above information can be done manually or on computer. The decision on whether or not to use computers requires your detailed evaluation. In most cases the advantages of computers outweigh the disadvantages and so you should seriously consider their use.

The above is only an outline of some of the requirements and options available when setting up and running your own practice. You should consult your accountant, financial adviser and lawyer and have them assist you in the implementation and ongoing management of all the above.

ABN Application (Australian Fellows Only)

Applications for an Australian Business Number (ABN) must be made through:

◆ The Australian Tax Office: <http://www.ato.gov.au>

or

◆ The Australian Business Register: <http://www.abr.gov.au>



GST Number (New Zealand Fellows Only)

New Zealand Fellows who wish to establish a private practice will require a GST number if they anticipate earning more than \$40,000 per annum. You can also voluntarily register for GST even if your turnover is less than \$40,000 per annum.



Obtain a GST number from:

◆ The Inland Revenue Department: <http://www.ird.govt.nz> or by telephoning 0800 377 776

Note: A GST number is required on all invoices for New Zealand Fellows registered for GST.

TYPES OF PRIVATE PRACTICE

Solo

Setting up as a sole practitioner is less common in larger metropolitan centres. It offers independence and autonomy but it can be expensive. It works well if good working relationships are established with other solo practitioners for on-call and leave cover. If you choose to practise as an individual without any structuring of your practice, then you are responsible in your own right for all of your actions in connection with the practice and you pay tax on all income derived by you in connection with the practice.

From a legal perspective, a sole practitioner's professional activities are generally no different and are not treated separately from that person's non-professional activities. This means that personal

assets are at risk, even if a dispute relates to business activities. The accounting convention is to treat a business enterprise as an accounting entity, distinct from its proprietor, though the tax treatment of a sole practitioner is the same as an individual.

Group

Group practitioners are more common in larger metropolitan centres. They allow for in-house cover and on-call rosters, sharing of expenses, staff, etc. Group practices may be of the following distinct types; contracted work, partnerships and associateships.

Contracted work

This usually involves a Fellow who is a junior colleague. Contract work can offer access into a practice under a contractual agreement. It is often used as a prelude to a practice offering associateships or partnerships. In Australia, the AMA have template contractual agreements for clinicians for either associateships or partnerships. The contract defines the rate of payment for the work undertaken for a specified period. It is important for Fellows to recognise their worth in the practice when considering contracted work (i.e. don't sell yourself short).

Partnerships

A partnership is the relationship that 'subsists between persons carrying on a business in common with a view to profit'. A partnership may exist without any written agreement between the partners. It may be inferred from each party's behaviour. However, if you wish to practise in partnership, it is recommended that a partnership agreement be entered into. This will assist in clarifying each party's



intentions and allow modification of the usual rules governing partnership to some extent. Refer to page 43 for more information.

Associateships

An associateship is a contractual relationship to share only the costs of running a practice. Unlike a partnership, each associate does not share any income, profits or losses they individually generate and is not liable for the actions of another associate.

Typically, associates engage a services company to operate the premises and equipment. The services company also provides staff and office support for bank accounts, fee collection, reception, medical records, policies and procedures. An associate structure allows these common costs to be shared. Each associate retains financial independence related to their individual workload and skills. This structure also avoids the need for a practitioner to commit to the purchase of plant and equipment.

STRUCTURE OF PRIVATE PRACTICE



While the primary purpose of running a practice is to operate as a medical practitioner, you must also be aware that you are managing a business. Therefore the structuring of your practice is important and requires developing a business plan or proposal and setting 'time lines' for implementing the plan. Do not rush this; there are setup costs and it becomes more difficult to change the structure once you are up and running.

The legal structures, to consider in connection with your practice, are a partnership (if more than one person is involved in the practice), a company or a trust. Alternatively you can operate the practice as an individual.

In making your decision you should consider the extent to which you wish to limit your liability, the desired taxation treatment of your income and the ease of changing or dissolving the structure. Of course, any restrictions or requirements of your governing professional body should also be taken into consideration. You should obtain advice from your lawyer and accountant in relation to the most suitable structure for your practice.

Partnerships

In general, a partnership exists until one partner gives notice that the partnership is to end or it is terminated by mutual consent; a fixed term partnership may also be provided for. Unless otherwise agreed, a partnership will also be dissolved upon the death of one of the partners.

A partnership is not a legal entity separate from its partners. A major consequence is that each partner can be individually liable for all the actions of the partnership. This obligation cannot be altered by agreement between the parties. In order to reduce this risk, you should obtain financial and legal advice as to how best to protect your personal assets.

As a partnership is not a legal entity, it is unable to directly own property. It is the partners who each hold a share of partnership assets, in the proportions agreed between the partners. Accordingly as persons are either appointed or retire from the partnership, a change in ownership of the partnership asset needs to be effected.

- **Taxation**

A partnership is not taxable as such but must lodge an income tax return each year. Each of the partners is required to include in their tax return their share of the net profit of the partnership (whether distributed to them or not) or they may claim a deduction for their share of the net loss of the partnership, whichever is applicable.



- Advantages of a partnership

There are less statutory or regulatory requirements of compliance to be met (unlike a company). As a result, the cost of operating a partnership will usually be lower than the cost of running a company.

A partnership is not treated as a separate entity for tax purposes and therefore income and deductions flow through to the individual partners. Accordingly, losses by the partnership can be applied by each partner against income from other sources.

Dissolution is usually a simple process and can be achieved in a relatively short period of time.

- Disadvantages of a partnership

Each partner is jointly and severally liable for all debts and obligations of the partnership incurred whilst they are a partner. You should obtain financial and legal advice as to how best to protect your personal assets.

A partner is not a separate legal entity. This can be inconvenient for the purposes of owning property, entering into contracts, suing and being sued.

Companies

A company is a legal entity separate from its shareholders and officers. It is regulated by the Corporations Law. A proprietary company is a private company appropriate for an enterprise involving a relatively small group of people. A proprietary company may be established with only one shareholder, a sole director and a secretary.

In New Zealand companies are governed by the Companies Act 1993. The legislation does not draw any distinction between small

or large companies. New Zealand companies can have one or more shareholders and one or more directors.

Being a separate legal entity allows members to enter and exit the company without the need to transfer assets and its status is unaffected by the death or bankruptcy of a shareholder. A company is able to sue and be sued, to hold property and its members may be creditors of the company.

Some of the consequences of a company being a separate entity are as follows:

- ◆ The liability of shareholders is limited to the amount (if any) which is unpaid on the shares held by them.
- ◆ The property of the company is owned by the company rather than owned by the shareholders or directors so that on a change of the shareholders or directors of a company, no transfer of its assets is needed.
- ◆ Creditors of the company are not creditors of the shareholders or directors and, in general, cannot make the shareholders or directors liable to contribute towards payment of the company's debts.
- Taxation

A company is assessed for tax at a flat rate (30% in Australia; 33% in New Zealand, soon to be 30%). Losses made by a company may be offset against the income or capital gains of the company. In certain circumstances losses of the company may be available to the shareholders to off-set against their other income.



- Advantages of a company structure

Shareholders of a company are not generally liable for the debts and obligations of the company. They are only liable for the amount (if any) which is unpaid on the shares held by them.

- Disadvantages of a company structure

There are numerous regulatory requirements including record keeping, financial management and other reporting requirements. Tax losses are 'locked in' a company structure and not available for distribution to shareholders. In New Zealand, losses are generally locked into the company however there are certain circumstances where the losses may transfer to the shareholders. In this situation, the company would need to be registered with the Inland Revenue Department as a Loss Attributing Qualifying Company.

Dissolution of a company can be complex and relatively costly requiring compliance with the Corporations Law and the constitution of the company.

Trusts

A trust requires a trustee (which is the legal owner of the trust company), trust property and a beneficiary (who is the beneficial owner of the trust property). A trust in itself is not a separate legal entity. There are various forms of trust, the principle ones being discretionary trust and unit trust. In Australia, a unit trust is probably the most common form of business trading trust. In New Zealand, the principal form of trust is generally the discretionary trust; the use of a unit trust is extremely unusual.

In some respects a unit trust resembles a company in that the equitable ownership or beneficial interests in the property to which the trustee holds title is divided into units (somewhat like the shares in a company) and each beneficiary holds a number of units. The assets of the trust are held by a trustee and either the trustee or a manager is appointed to manage the trust on behalf of the unit holders.

The rights of unit holders are determined primarily by the trust deed establishing the trust and by certain doctrines of trust law. The unit trust deed will include provisions dealing with the creation of units, transfer of units and investments of the trust funds.

- Taxation

A trust is not a separate taxable entity but the trustee must usually file a tax return. Generally, the beneficiaries will be taxed at their personal tax rate on their share of the net trust income. In some circumstances the trustee will be taxed on part of the trust income. For example, the trustee is taxable on that part of the trust income (if any) which no unit holder is presently entitled to receive. This could occur if the income is 'accumulated' or capitalised.

In New Zealand, under a discretionary trust, the trustee may retain the income or distribute the income to one or more of the beneficiaries in accordance with the trust deed. Retained income is taxed at 33% whilst income distributed to beneficiaries is included in the beneficiary's income tax return and taxed at personal income tax rates.

In the case of losses, the position is similar to companies. The loss stays in the trust and may be carried forward for offsetting against income of future years. Tax losses cannot be offset against the income of the individual unit holders (beneficiary). However, many of the restrictions that exist in the case of a company carrying forward tax losses do not apply to trusts in a tax loss position.



- Advantages of a unit trust structure

- The liability of unit holders may be limited by specific provisions in the trust deed. However, the extent to which the liability of unit holders can be limited remains the subject of some legal debate in Australia.

- It is usually possible to avoid the capital gains tax problems, which may arise when using a company structure.

- Parties may enter and exit the practice by transferring units thus avoiding the need to transfer ownership of the trust assets.

- Disadvantages of a unit trust structure

Losses of the trust cannot be distributed nor is grouping of losses available. A common use for companies and trusts in professional organisations is as a service entity, i.e. it provides services at a cost to the practice.

Note: This is only a brief and general description of structures that could be used in connection with your professional practice. There are definite advantages in using such structures depending on your specific circumstances. Therefore you should consult your financial/legal adviser.



ESTATE PLANNING AND WILLS

To avoid adding complexity to your financial legal issues in the future, it is important that you consider estate planning when setting up your private practice. Consideration should also be given to financial matters. Making a will can assist in addressing these issues.

MARKETING YOUR PRACTICE

There are a number of ethical and legal considerations for the medical profession when embarking on a marketing venture. In particular, you need to ensure you do not mislead or deceive your patients (eg you should not guarantee a patient outcome). There are also laws which restrict how and when you may contact potential or existing clients by phone or electronically. Marketing and advertising guidelines can be obtained from the AMA or the NZAMA.



Strategies available include:

- Mail out to GPs and Specialists in your practice region
- Contact details in White Pages and Yellow Pages (find out the deadline for submitting your details)
- Publication in local medical magazines
- Publication in local AMA / NZMA periodicals
- Visit local GPs or attend GP meetings

Note: Please refer to the College's policy on *Advertising Guidelines for Fellows* under the policy section of the website www.surgeons.org or follow the direct link below:

http://www.surgeons.org/fellows_advertising.pdf



IMPORTANT NUMBERS (Australian Fellows Only)

Medicare Australia enquires	132 150
Mediclaims enquires	1300 788 008
General PBS Stationary enquires	132 290
Medicare/DVA form orders	Fax +61 2 6230 0447
Medicare/DVA form enquires	1800 067 307
Authority Prescription Approvals	1800 888 333
DVA Authority Prescription Approvals	1800 552 580
PBS Information Line	132 290

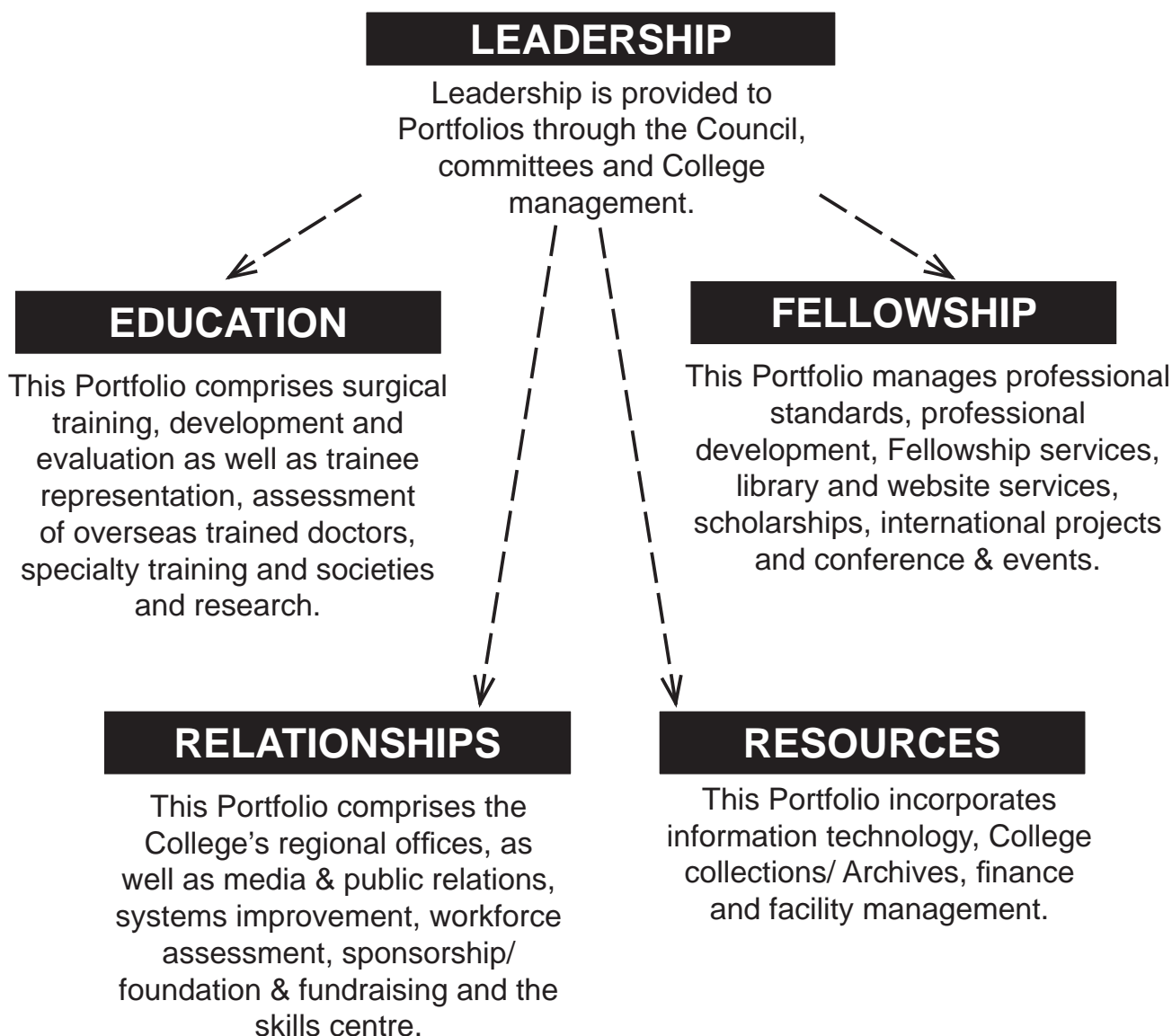
COLLEGE REFERENCES

- A Guide to College Services and Programs (under review)
- CPD Program Information Manual 2007-2009
- Surgical Audit and Peer Review
- Credentials Committees, Surgical Appointments and Complaints Procedures
- Professional Development Workshops program
- Day Surgery in Australia
- Younger Fellows website available at www.surgeons.org
- RACS Code of Conduct

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

As a Fellowship based organisation, the College commits to ensuring the highest standards of safe and comprehensive surgical care through excellence in surgical education, training and professional development and support. The College supports Younger Fellows, particularly in addressing issues around work/life balance.

The College's Key Portfolios



CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM

Participation in the College's Continuing Professional Development (CPD) Program is an important means by which we demonstrate commitment to maintaining competence as surgeons.

The CPD Program aims to advance the individual surgeon's knowledge and skills for the benefit of patients and to provide tangible evidence of participation in and compliance with the program by award of a Certificate of Continuing Professional Development.

- The CPD Program is conducted over a triennium (currently 2007 – 2009).
- All active Fellows in medicine, surgery or medico legal services have a requirement to participate.
- The CPD Program offers flexible requirements according to type of surgical practice.
- A range of professional development activities can be undertaken in order to meet the CPD Program requirements.

New Fellows are automatically enrolled in the CPD Program from the time they are admitted to Fellowship. Fellows who are in active practice for six months or less within their first year of Fellowship are eligible to apply for an exemption. In addition, exemption from participation in the CPD Program can be granted to Fellows who practise outside Australia or New Zealand, undertake further study or participate in further sub-specialty fellowship training posts. Exemption requests need to be made in writing to the Department of Professional Standards.

New Zealand Fellows Only

Vocational registration requires New Zealand Fellows to participate in MCNZ approved CPD programs (the College CPD program is approved).

MCNZ audits 10% of New Zealand doctors each year to check that CPD requirements are being met.

If New Zealand Fellows want to ensure current registration is continued, they must participate in CPD otherwise vocational registration will lapse (even if Fellows are residing/studying overseas).

For more information about the CPD Program, please contact the Department of Professional Standards

Phone: +61 3 9249 1274 or Email: cpd.college@surgeons.org



YOUNGER FELLOWS COMMITTEE

The Younger Fellows Committee exists to address issues relating specifically to Fellows within the first ten years of Fellowship of the College. The Committee reports to Council through the Professional Development and Standards Board and acts as a voice for the 1500 Younger Fellows of the College. Each Committee member also resides on their Regional Committee and provides a Younger Fellows perspective on regional issues. Younger Fellows are encouraged to raise issues of concern with the Committee, who will then present them to the appropriate College body.

Younger Fellows Forum

The Younger Fellows Forum is an annual event funded by the College Council. Each year twenty self-nominated Younger Fellows spend three days in a retreat location. Participants work together to develop a series of recommendations about what the College should be doing to assist Younger Fellows. Those recommendations are then put to Council and approved projects are taken on by the Younger Fellows Committee.

All Younger Fellows are eligible to attend and selection criteria are defined in 'A Guide to College Services and Programmes' booklet. The Forum is traditionally held on the weekend leading up to the Annual Scientific Congress. If you are interested in attending, contact the Younger Fellows Secretariat at the College's offices in Melbourne.

Phone: +61 3 9249 1212

Email: youngerfellows@surgeons.org



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Younger Fellows Committee
Royal Australasian College of Surgeons