

A guide

A guide

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ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

Royal Australasian College of Surgeons

Guidelines to

Preparation for Practice

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A guide for Younger Fellows - 5th Edition

A guide for Younger Fellows - 5th Edition



Royal Australasian College of Surgeons
The College of Surgeons of Australia and New Zealand

Dear Younger Fellow,

Congratulations on becoming a Fellow of the Royal Australasian College of Surgeons and welcome to the Younger Fellows group.

The Younger Fellows group represents those who are in the first 10 years of their Fellowship. This booklet has been created to help you deal with some of the complex issues involved in setting up your practice, establishing yourself as a surgeon and easing the transition to consultant surgeon.

The practice of surgery in Australia differs from that in New Zealand so this booklet aims to summarise practice in both countries. It is important to venture into professional practice with a commitment to professionalism, advocacy and diligence whilst also balancing work and life demands. Make the most of your support networks in order to help you maintain this balance.

The Younger Fellows Committee has a representative in each state and territory of Australia and New Zealand who are available to help. I also encourage you to take advantage of the support mechanisms and professional development activities that Fellowship of this College has to offer throughout your career.

This is the 5th edition and I would like to thank all those involved in this publication over the years. The publication is based on a 2004 booklet by the Urological Society of Australia and New Zealand (USANZ) kindly provided to the College by Mr Don Moss FRACS with permission of the Society.

Any comments, corrections or suggestions should be directed to the Younger Fellows secretariat by emailing Younger.Fellows@surgeons.org

Best wishes on your future endeavours.

Kind regards,



Dr Christine Lai, FRACS
Chair, Younger Fellows Committee



YOUNGER FELLOWS

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For further information, please contact Lynne Edgerton, National Recruitment Manager (Medical), Ramsay Health Care on **0437 113 209** or go to **www.opps4docs.com.au**

Table of Contents

Table of Contents	3
Registration & Insurance	4
Provider Numbers	8
RACS Regional Offices	10
Referrals	13
Mediguide – Understanding Medicare	13
Medico-Legal Report Writing	16
Fees	18
Informed Financial Consent	21
Affiliated Providers	21
Australian Medical Benefits Schedule	22
AMA Benefits Schedule	22
Billing Practice	23
Medicare Forum	23
Medicare Australia	23
Accident Compensation Corporation (ACC)	24
Surgical Billing	27
Hospital Credentialing Processes	29
The Surgery/ Rooms	30
Patient Files and Privacy	34
Accountants	35
Practice Accounting Issues	36
Types of Private Practice	38
Structure of Your Practice	40
Estate Planning and Wills	44
Marketing Your Practice	44
Discrimination, Bullying & Sexual Harassment	46
Important Numbers	48
Your College	49
College References	52
Continuing Professional Development (CPD) Program	52
Annual Scientific Congress	53
Younger Fellows Committee	54
Notes	56

REGISTRATION & INSURANCE

Registration

Australia

The National Registration and Accreditation Scheme (NRAS) came into effect on 1 July 2010 and as of August 2010, all states and territories are participating. The annual registration date for all medical practitioners is 30 September.

Medical practitioners need to be registered with the Medical Board of Australia (MBA) under the umbrella of the Australian Health Practitioners Regulation Agency (AHPRA) in order to practise. Now that you have gained your Fellowship, you will need to register on the Specialist Register under your specialty. As registration requirements are uniform across Australia, you will only need to register once and doctors with unlimited registration will be able to practise anywhere in Australia.

The MBA oversees:

- The registration of medical practitioners with general, provisional, limited and non-practising registration
- The development of professional standards for medical practitioners
- Notifications and complaints about medical practitioners
- Assessment of International Medical Graduates (IMGs) who intend to practise in Australia

The National Board operates Medical Boards in each state and territory. The functions of the Board are supported by AHPRA.

To register, you will need to complete an application form and provide all supporting documents. For further information on registration, contact AHPRA on 1300 419 495 or visit:

<http://www.ahpra.gov.au/>

National Registration Check List

- Have you received your letter from AHPRA setting out the details of your registration? If not call 1300 419 495.
- Have you filled out the forms correctly? To be sure, have a look at the explanatory notes on the homepage of the Medical Board of Australia website www.medicalboard.gov.au
- If you need to correct your registration details, return your completed letter to AHPRA.
- Check that your professional indemnity insurance is current.
- If you employ practice nurses, check that your practice insurance indemnifies for practice nurses.

New Zealand

Medical registration in New Zealand is the responsibility of the Medical Council of New Zealand (MCNZ) and its requirements are governed by the relevant sections of the Health Practitioners Competence Assurance Act 2003. Medical practitioners must be registered by MCNZ and have a current Annual Practising Certificate in order to work in New Zealand.

Now that you have gained your Fellowship you are eligible to apply to the MCNZ for Vocational Registration in your specialty. This allows you to be an independent medical practitioner (ie. not required to work under supervision or in a formal collegial relationship).

To register you need to complete an application form. You can download that form and fee information and view the MCNZ's policy on Vocational Registration via its website, www.mcnz.org.nz.

Fellowship of the Royal Australasian College of Surgeons is the only surgical qualification immediately recognised by the MCNZ for Vocational Registration in the nine surgical specialties covered by this College. Once you hold Vocational Registration, the MCNZ requires you to be actively participating in an approved

recertification program. The College's Continuing Professional Development (CPD) program and the CPD programs approved by the College's Professional Development and Standards Board (PDSB) are the only MCNZ approved recertification programs for your surgical specialty.

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

Legislation New Zealand

www.legislation.govt.nz

Medical Indemnity and Other Insurance

Australia

Medical indemnity insurance (or some alternative form of indemnity cover that complies with this standard) is required for ALL medical practitioners registered with the MBA and AHPRA in Australia who undertake any form of practice. Initial registration and annual renewal of registration will require a declaration that the medical practitioner will be covered for all aspects of practice for the whole period of the registration. Private hospitals will require proof of the current status of medical indemnity insurance for accreditation purposes.

New Zealand

Medical indemnity insurance is not a mandatory condition for registration with the MCNZ in New Zealand. However, individual District Health Boards (DHB) or private hospitals may have it as a mandatory requirement for credentialing, so you will need to check this.

You can insure with a variety of commercial insurance companies. Medical defence organisations also offer specialised insurance designed for practitioners in various specialties. It is highly recommended that you discuss insurance options with colleagues as well as professional advisers and carefully consider your choice of insurer. The following websites may be helpful:

Australia

Avant Mutual Group
MDA National
MIGA

www.avant.org.au
www.mdanational.com.au
www.miga.com.au

Medical Indemnity Protection Society

www.mips.com.au

New Zealand

Medical Protection Society
Medicus

www.medicalprotection.org/newzealand
www.medicus.co.nz

Other (NZ Fellows Only)

Accident Compensation Corporation (ACC)
(Refer to the section in this Guide on the ACC for more information)

<http://www.acc.co.nz>

Medical Assurance Society

<http://www.mas.co.nz>

Other insurance 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

Complaints

It is almost inevitable that you will receive complaints about aspects of your care, such as an adverse event. An adverse event is defined as where unintentional harm from an episode of health care has occurred. The complaint may be minor and justified and a simple apology may be all that is required to rectify the situation. The College's position paper on open disclosure may offer some guidance on how to approach circumstances where an adverse event or outcome has occurred.

Medical defence organisations and insurers usually have suggested policies for managing complaints. You can implement these policies in your practice so that staff adheres to the proper procedure for complaint resolution.

More serious or disputed complaints can be dealt with at an individual or hospital level, or at a state or national level by organisations such as the MCNZ, the Office of the Health and Disability Commissioner in New Zealand and Health Quality & Complaints Commissions, or similar in Australia.

Surgical intervention always carries the risk of complications. Good communication is critical to assent the roles, benefits of any treatment plan, including other options to be considered will reduce the role of complaints when complications occur. It is also important to support a patient through complications by being present, ensuring on-going care and offering second opinions when appropriate. The principles are: be honest, communicative, and empathetic, offer apology and address issues promptly. Avoid using others as scapegoats – be accountable and responsible for your own actions. It may be useful to attend a risk management or communication course to explore strategies for minimising and handling complaints.

It is important to inform your insurer or medical defence organisation as soon as possible after a complaint arises or if a situation occurs which may give rise to a complaint.

New Zealand

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

Patients may also lodge complaints with the Privacy Commissioner, the MCNZ, the relevant DHB or, where applicable, the ACC.

PROVIDER NUMBERS

Australia

Provider numbers are required in Australia to undertake clinical practice. You can obtain a provider number for a specific practice location from Medicare Australia. The provider number for private practice will differ from your previous public hospital numbers and must be obtained before commencement of private practice.

With the introduction of the National Registration and Accreditation Scheme (NRAS) on 1 July 2010, Medicare Australia can use your professional registration held in a participating jurisdiction for the issue of a Medicare provider number to practise in another participating jurisdiction.

You can request a Medicare provider number for each practice location without the need to be separately registered in each state or territory, provided the practice location is in a participating jurisdiction. It usually takes approximately two weeks to obtain a provider number.

For more information call 132 150, email medicare.prov@humanservices.gov.au or mail Medicare Australia
Provider Eligibility Section
GPO Box 9822
IN YOUR CAPITAL CITY

New Zealand

New Zealand has no equivalent of provider numbers. Practice is performed under your MCNZ registration number.

PRESCRIBER NUMBERS

Australia

For a pharmacist to be able to provide prescription medications through the Pharmaceutical Benefits Scheme (PBS) i.e. at a subsidised price, the prescribing doctor must have a valid prescriber number and quote this on the prescription.

Prescriber numbers are issued by Medicare. All doctors registered in Australia are eligible for a prescriber number.

Prescriber numbers are issued at the same time as provider numbers. Prescriber numbers do not change with the medical practitioner's status or location; provider numbers do.

In order to confirm if you have a Medicare Provider Number and / or Prescriber Number call the Department of Human Services, Health Professional Online Services on 132 150.

Order forms for standard and authority PBS prescription forms are available from Medicare Australia stationery officers. Order forms for computer PBS prescription form stationery can be obtained from Medicare Australia at this address:

Prescription Pad Order Clerk
Pharmaceutical Benefits Branch
Department of Human Services
Medicare Services
GPO Box 9826
Sydney NSW 2001

Orders for PBS prescription stationery will only be accepted by application in writing through the channels mentioned above.

For general PBS/RPBS prescription stationery enquiries call 132 290 (call charges may apply). For existing prescription pad orders call 02 9895 3295.

For more information about prescriber numbers and the application process visit:

www.medicareaustralia.gov.au

New Zealand

New Zealand has no equivalent of prescriber numbers. Your MCNZ registration number is used for prescriptions.

RACS REGIONAL OFFICES

The RACS Regional Boards and their regional office interface offer Younger Fellows a great opportunity to get involved in the College at a local level. Regional offices often coordinate educational and networking events specifically tailored to the needs of Younger Fellows. They also provide opportunities to get involved in governance, advocacy and showcasing research findings or areas of interest at regional Annual Scientific Meetings.

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Fax: +61 8 8920 6320
Email: college.nt@surgeons.org

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Email: college.qld@surgeons.org

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Fax: +61 8 8267 3069
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Email: college.vic@surgeons.org

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Fax: +61 8 6389 8698
Email: college.wa@surgeons.org

Australia

Australian Doctors' Fund (ADF)
Australia Medical Association (AMA)
Australian Medical Council (AMC)

www.adf.com.au
www.ama.com.au
www.amc.org.au

Australian Salaried Medical Officers' Federation (ASMOF)	www.asmof.org.au
Doctors Health Advisory Service	www.dhas.org.au
Australian Health Practitioner Regulation Agency	www.ahpra.gov.au

New Zealand

New Zealand Medical Association (NZMA)	www.nzma.org.nz
Association of Salaried Medical Specialists (ASMS)	www.asms.org.nz

Note: Before joining, it is reasonable to request information from these professional bodies regarding their aims, objectives and fee structures, especially if membership is not compulsory.

REFERRALS

Australia

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 referring General Practitioner.

Specialist referrals 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 an initial consultation for a patient with a continuing medical condition. Please refer to the Mediguide booklet for further information or visit: www.medicareaustralia.gov.au

A new referral can attract a new consultation fee for the commencement of a new course of treatment by the same specialist. There are two instances when a new referral is appropriate.

- 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 are 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 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 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 need resubmitting when authorisation has been gained from the DVA. Some private Emergency Departments accept veteran admissions so 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 being admitted to a public hospital.

Useful Contacts

Department of Veterans' Affairs Contact Details (all regions): www.dva.gov.au

State Office contact details: 133 254

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

Claim for payment enquiries for Local Medical Officers (LMOs) and specialists (including dental): 1300 550 017 or email veterans.processing@humanservices.gov.au

Manual claiming

Follow your current processes and mail your treatment vouchers to the address below for processing.

Allied Health Services send claims for payments to:

Veterans' Affairs Processing
DHS-Medicare
GPO Box 964
ADELAIDE SA 5001

Hospitals, Day Procedure Centres, LMOs and GPs in SA - NT - WA - NSW - ACT send claims to:

Veterans' Affairs Processing
DHS-Medicare
PO Box 9917
PERTH WA 6848

Hospitals, Day Procedure Centres, LMOs and GPs in VIC - TAS - QLD send claims to:

Veterans' Affairs Processing
DHS-Medicare
PO Box 9917
MELBOURNE VIC 3001

Stationery supplies:

Referral forms, service vouchers, claim forms, prescription forms and other forms can be downloaded from: <http://www.dva.gov.au/providers/forms-service-providers>

Orders for DVA stationery

Online: www.dva.gov.au/dvaforms.htm

Phone: 1800 155 355

Fax: 1800 671 670

Post: DVA Distribution

PO Box 251

Woden ACT 2606

Imprinters:

Order from Medicare Australia: 132 150

New Zealand

In New Zealand referrals are sent to the DHB for publicly funded care or directly to the specialist practitioner for privately or insurance funded care.

MEDICO-LEGAL REPORT WRITING

At some point most medical practitioners are asked to prepare a medico-legal report. Requests for medico-legal reports must always be accompanied by a signed authority from the patient to release information. Keep your language relatively simple but as detailed as required and as would be expected in a court of law. When writing a medico-legal report you must be prepared for a possible court appearance, and as the author of a report, you will be considered an expert witness.

What you write in your medicolegal report, and how you write it, can have serious implications for the outcome. We strongly suggest you consider participating in the RACS Writing Medico-Legal Reports course. Details at:

<http://www.surgeons.org/for-health-professionals/register-courses-events/professional-development/writing-medico-legal-reports/>

Please be sure to note the following:

Australia

- Statutory bodies such as WorkCover, the Motor Accidents Authority and ComCare have set fees for medico-legal reports which are reviewed annually and the fee is dependent on the complexity of the report required.

- Insurance companies will often attach a payment 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 negotiate what you feel to be an appropriate amount for the use of your time.
- Legal reports are not able to be claimed under Medicare. You may consider requesting payment before the completed report is forwarded to the requesting party to avoid bad debts.
- Check with your own state body in Australia regarding accreditation procedures for WorkCover and compensation. Make sure patients are 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>

In addition the Health and Disability Commissioner enforces the Code of Health and Disability Services Consumers' Rights which gives all consumers of health and disability services ten rights and places obligations on all providers to meet those rights. Fellows may be asked to assist the Commissioner by reviewing clinical information. For more information visit:

<http://www.hdc.org.nz>

The style you use in writing reports about historical clinical situations and about the actions of your colleagues can have a profound impact on the findings of an inquiry. It is important to be respectful, factual and objective, to provide reputable references to support your opinion, and to avoid emotive language. It is also important to judge the actions in the context of what was accepted as being appropriate management or conduct at the time the event took place.

Both the Accident Compensation Corporation and Health and Disability Commissioner may also ask for medico-legal reports, and have set fee schedules for these.

Note: The College offers a range of professional development opportunities to support medico-legal practice. Further information is available on the College website. There is also a Medico-legal Section that Younger Fellows are welcome to become members of. In order to register for membership or request more information, email MedicoLegalSection@surgeons.org.

FEES

In relation to Fees the College:

- strongly supports full disclosure and transparency of fees as early as possible in the patient-doctor relationship;
- advocates that patients understand all available treatment options;
- encourages concerned patients to seek second opinions on recommended treatments and the fees to be charged;
- maintains that a high fee does not necessarily guarantee quality of treatment, care or outcome.

The College's Code of Conduct states that a surgeon will:

- ensure that the fee is reasonable and does not exploit a patient's need
- provide information about fees when obtaining consent to treatment
- disclose to patients any relevant interest in or third party

It is a breach of the Code of Conduct to take financial advantage of a patient or to participate in fee splitting to provide recompense, whether direct or indirect, in return for preferential patient referrals.

Informed financial consent is expected and assumed, no matter whether the costs will be born by the patient personally or by a third party payer. Any additional costs or fees associated with a procedure, including hospital charges, anaesthesia, pathology etc, should be discussed, and as much detail provided as possible. Patients should be directed to the other relevant providers to assist them in obtaining further details.

It is your patient's right to:

- Know the cost involved before agreeing to a procedure;
- Discuss all relevant fees with you, the surgeon;
- Seek a second opinion if they have any concerns about the course of treatment recommended or the fees to be charged.
- Ask their referring doctor to refer them to another surgeon if they are still not satisfied with your proposed course of treatment or fees to be charged.

In New Zealand, if a patient is treated in a public hospital (clinic or inpatient) it is covered by the government. If a patient sees a private specialist in his/her rooms (not in a public hospital) or is treated in a private hospital then the patient pays the full cost him/herself (i.e. is 'self-insured'). If a patient has health insurance, the insurance company pays all or some of the cost depending on the policy.

Prepayments for any out of pocket expenses may be considered. Prepayments not only minimise bad debts but they also act as a form of financial consent as all bills are settled upfront. Most hospitals insist on prepayment for uninsured patients for the above reasons. Some companies provide financial solutions (loans) to patients, particularly if they are uninsured and/or having expensive procedures. There are some ethical risks around patients obtaining loans for surgical procedures and surgeons are advised not to become involved in such schemes.

Banks will usually assist in setting up EFTPOS and credit card facilities for ease of billing. These often come with a small rental charge depending on usage amounts plus a percentage of credit card billing.

The Australian Competition and Consumer Commission (ACCC) and the Commerce Commission in New Zealand do not allow persons to collude or collectively fix prices. This does not mean that fees cannot be discussed, simply that no fixed prices or billing schedule can be agreed upon between surgeons.

In Australia, new surgeons often begin with a no gap arrangement then transition to a more appropriate cost base as their practice matures and expands. It is essential that billings cover practice costs at all times to avoid disillusionment and potential financial ruin. New surgeons may need to sign contracts with Health Funds for no gap fees which are usually half way between the Medicare level and the AMA fee.

Private insurance companies collect fees charged by proceduralists from those they insure. Surgeons should be aware this information is being collected and the process has identified a small percentage of surgeons who charge much more than the majority.

Australia

Private: The Australian Medicare Benefits Schedule and AMA Schedule have 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 but these bodies have their own fee structure in each state. You can bill WorkCover directly and 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. Medibank Health Solutions has taken responsibility for the billing of Defence Force Personnel and has a register of 'preferred providers'. Billing is at the standard Medibank rate for the preferred surgeons. Other 'non-registered' surgeons may still treat Defence personnel at the authorisation of Defence Base doctors and are free to set their own fee structure which must be approved by the referring Base doctor prior to the service being provided.

Veterans: The standard agreement is for the scheduled fee to be charged for inpatient or outpatient treatment of veterans. Medicare Australia currently 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.

New Zealand

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

AON
Insurance advice online
Southern Cross

www.aon.co.nz
<http://www.lifedirect.co.nz>
www.southerncross.co.nz

Sovereign
NIB

www.sovereign.co.nz
www.nib.co.nz

ACC covers the cost of treatment of patients suffering personal injury (including treatment injury) in New Zealand. For information please refer to the ACC website: <http://www.acc.co.nz>

INFORMED FINANCIAL CONSENT

This is considered a priority by the College, the AMA, New Zealand Medical Association and regional medical boards, and is becoming an expectation of the government and community.

The College considers that it is a professional responsibility of surgeons to obtain informed financial consent from their own private patients and to facilitate the obtaining of informed financial consent in relation to other practitioners involved in an episode of surgical care.

As much as possible, you should also facilitate the provision of information by other health care providers for a patient's surgical care episode e.g. fees from surgical assistants, anaesthetists, pathologists and radiologists. This can help a patient determine the total cost. However, 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:

<http://www.surgeons.org/policies-publications/publications/position-papers>

AFFILIATED PROVIDERS

New Zealand

In New Zealand, some health insurers, including Southern Cross Healthcare, require surgeons to provide their services for particular procedures under an 'Affiliated Provider Contract'. This contract with the insurer may be held by the surgeon, a group of surgeons in a named practice, or by a hospital. In every case, the surgeon must be listed by name as a party to that contract. The contract

specifies the fee that will be paid. You should enter these contracts with caution and legal advice.

MEDICAL BENEFITS SCHEDULE

Australia

This is a Commonwealth publication produced annually in November, providing comprehensive and invaluable information regarding Medicare Benefits and general information regarding the obligations of medical practitioners. It is no longer published in hard copy. An electronic version is available and there are also mobile device applications.

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

Schedule Distribution Enquiries

The Medicare Benefits Schedule (MBS) is available online. You can search and browse through the Medicare Items or the Explanatory Notes contained within the Schedule by visiting:

<http://www.health.gov.au/mbsonline>

You may also contact the Department of Health & Ageing with your schedule distribution enquiries:

Freecall 1800 020 103

Fax +61 2 6289 4996

AMA Schedule

This is a schedule of fees recommended by the AMA. It uses AMA specific numbers and shows related MBS item numbers. It is available free to all AMA members. The schedule represents the Medicare fee adjusted in line with inflation.

BILLING PRACTICES

There are several electronic billing systems you can choose from for your practice. You need to ensure that you keep accurate records to comply with your tax obligations. For more information refer to the Accounting section in this Guide.

It may be a good idea when you start out to manually bill so you can develop an in depth understanding of what is required and how to trouble shoot billing problems.

Some health funds reject claims on a regular basis, some request more detailed information such as pathology, radiology, operation notes etc. before settling a claim. Usually payment is made within six weeks but it can take longer. The use of the Medicare ECLIPSE system may improve the claim times. Most funds will make an e-payment and send through a paper copy.

MEDICARE FORUM AUSTRALIA

In addition to the Mediguide, the Medicare Forum is a quarterly newsletter providing updates on legislation and Medicare Australia related matters, as well as the opportunity to submit letters to the editor. It is sent directly to your business address and is also available electronically online or via email.

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.

An anonymous phone service is available to clarify any queries in regards to billing, please call 132 011. Your name may be requested but you are not obliged to provide any personal details.

Fellows should also refer to Medicare Australia for the following:

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

For further details please refer to the Medicare Provider website:
<http://www.medicareaustralia.gov.au/provider/>

MEDICAL SCHEDULE NEW ZEALAND

Sector services

Sector Services is a business unit within the NZ Ministry of Health. It is responsible for processing core health payments. Reference data containing Provider and Annual Practising Certificate (APC) status is submitted to Sector Service regularly to confirm active registration of Providers before approving and paying their claims.

What is a provider?

A provider can be an individual (with a valid APC) or an organisation employing individuals (with valid APCs). Provider details are supplied by the funder (e.g. District Health Board) wishing to establish an agreement with the provider. The provider details are captured in the health payment systems.

Annual Practising Certificate (APC)

In order to provide and be compensated for specific medical services, a provider is required to have a valid APC. APCs are provided by professional registration bodies such as the MCNZ or the Nursing Council of New Zealand (NCNZ). These details must be submitted to Sector Services.

More information can be found at:

<http://www.health.govt.nz>

ACCIDENT COMPENSATION CORPORATION

New Zealand

The Accident Compensation Corporation (ACC) provides comprehensive, no-fault personal injury cover for all New Zealand residents and visitors. This cover includes treatment injuries; for medical practitioners this means litigation related to adverse outcomes is uncommon. Its role is to support injured people by helping them get back to everyday life as soon as possible. It also aims to stop injuries from happening in the first place.

A surgeon's interactions with the ACC include:

Personal Injury

- Making an injury claim on behalf of a him/herself
- Completing claim forms for patients
- Writing reports on patients
- Paying levies on his/her income (and staff incomes)
- Providing treatment and surgical services for patients with a claim accepted by the ACC

Treatment Injury

Patients may qualify for cover for a treatment injury if:

- They are injured as a result of treatment by a registered health professional
- The treatment, not their health condition or some other factor, has caused their injury

The ACC may not accept cover for patient claims for a treatment injury if it is:

- Wholly or substantially caused by a health condition before received treatment
- A necessary part or an ordinary consequence of a particular treatment
- Caused solely by an organisational decision relating to the allocation of health resources
- Caused because of unreasonably delayed or refused consent for a treatment
- A result of treatment that was not as good as patient hoped it would be

The Claims Process

The claims process is primarily for non-acute cases. Acute care is provided immediately within the public health system as a District Health Board receives funds from ACC.

Step 1: The registered health professional (ideally the one that provided the treatment) completes the claim forms and sends them to ACC.

Step 2: ACC decides on the claim based on the information provided. In more complex cases additional information may be requested from the claimant or the treating health professional. ACC may also seek advice to assist in deciding on the cover.

Step 3: ACC writes to the claimant, notifying them of the cover decision. If 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.

Step 4: 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 ACC is assessing a claim, they are unable to fund any treatment, rehabilitation or compensation.

Where 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. ACC does not investigate the risk; this is up to the authority.

Treatment Provision

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

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

This enables surgeons in private practice to be reimbursed by ACC for consultations and surgery on patients covered by ACC.

It is important to register as a provider to claim this fee. Any treatment provider who wishes to receive payment for services must register with ACC by downloading the relevant form from ACC website or ordering a form by calling 0800 222 070 (press '0' to speak with the operator).

The fee structure is complex and is generally less than what a practitioner would normally charge. Some practitioners add a surcharge; it is necessary to advise the patient of this charge. This does not apply to services provided under specified contracts.

For elective surgery, 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 ACC website.

Fellows practising in Orthopaedics and Plastic Surgery may wish to discuss working effectively with ACC with their senior colleagues. Other specialties also treat non-acute accidents e.g. General Surgery for hernias caused by workplace injuries.

For more information please refer to ACC website:

www.acc.co.nz

SURGICAL BILLING

Australia

There are a range of health funds and health fund alliances in Australia, and their rules and processes frequently change. Health funds require you to have specialist recognition in order to register as a provider. You can spend a great deal of time registering with all the funds to enable appropriate billing when setting up your practice.

Surgeons can bill the health funds directly by signing up to an agreed billing schedule; the conditions vary between funds. Alternatively, patients can be billed directly and afterwards claim the MBS rebate. Most surgeons bill the health funds directly for patient convenience.

Surgeons may choose to participate in these schemes on a patient-by-patient basis but must be registered with the scheme to take part.

'No-gap' or 'known-gap' schemes have been introduced by most health funds. These schemes pay an amount according to their own schedules which is generally 30-50% higher than the MBS schedule fee. They are a means of reducing the unpredictability of 'gaps' for patients with private health insurance. However, it should be noted 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 whatever reimbursement or insurance a patient may receive.

All funds differ. Some don't allow a gap to be charged and if charged, the

remuneration from the fund reverts to the MBS schedule fee. Others only allow the 'primary specialist' involved to charge a gap.

Time spent studying the various billing arrangements of each fund will pay significant dividends in time saved by not having to re-submit accounts and in monetary remuneration from not missing item numbers.

It is important to understand which item numbers are appropriate for each operation and discussing these with more experienced surgeons can be enlightening. The MBS pays 100% for the first item, 50% for the second and 25% of the schedule for each subsequent item number. The order of billing must be from highest to lowest value as it appears in the MBS schedule; not the way it appears in the health fund schedule.

Bills must include essential information such as patient details, Medicare numbers, health fund numbers, date, time, location, site and side of operation, etc. In addition to the fees for each item, the referring doctor's and treating surgeon's details, provider numbers, etc. must be provided.

Normally aftercare is included in the item fee unless specifically excluded. A post-operative consult which involves a more complex session such as organising chemotherapy or radiotherapy can be itemised and billed separately as 'not normal aftercare'.

Some useful contacts:

Medicare Australia enquiry	132 150
Medicclaims enquires	1300 788 008
Medicare/DVA form orders	Fax +61 2 6230 0447
Medicare/DVA form enquires	1800 067 307

New Zealand

Tax invoices and receipts should include you registered GST number.

Note: Refer to the College's Excessive Fees position paper and Patient Information Sheet:

http://www.surgeons.org/media/20023066/2014-10-30_pos_fes-pst-036_excessive_fees.pdf

HOSPITAL CREDENTIALLING PROCESSES

Australia

It is advisable to visit the hospitals that you want to be accredited with and organise theatre sessions as early as possible. The administration staff can provide you with the necessary applications and requirements for accreditation. It is also a good idea to try to arrange a regular anaesthetist/s for your sessions.

You can only admit patients and work in hospitals that give you privileges in their institution. Each has a slightly different Credentialing Committee or Medical Advisory Committee format. You will need to apply separately at each hospital where you want to work. This process can take time because although the committees meet at regular intervals, they often will not make decisions between meetings. However they may assign you temporary privileges if your application meets basic registration and safety criteria.

With regard to public hospitals, seek information from the Head of the Department and hospital administration concerning appointment as a Visiting Medical Officer (VMO). Familiarise yourself with the College position paper 'Credentialing and Scope of Practice for Surgeons'. Remember that advice from more senior colleagues is often helpful.

New Zealand

Surgeons in public hospital practice are employed by the DHB which all have their own accreditation or credentialing policies and procedures. Fellows who have vocational registration will be automatically accredited within their area of practice at the commencement of employment. Subsequent reaccreditation / credentialing will occur on a regular basis, usually every five years in conjunction with accreditation / credentialing of the whole department.

Private hospitals have their own procedures with very similar requirements. Some hospitals require Fellows to have a minimum number of years of post-Fellowship experience before they can be accredited.

THE SURGERY / ROOMS

When 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 and pleasant environment for patients and staff
- Ample toilet facilities for the abled and disabled
- Ergonomically designed chairs in waiting rooms
- Privacy and security for office staff and conversations (as per the Australian National Privacy Principles and the NZ Privacy Act)
- Privacy for patients exiting the surgery. An open plan space can work well but if visibly disturbed, a patient needs to be given the option of a discreet departure.
- Sound proofing
- Up-to-date reading material
- Wheelchair/disabled access for inner and outer door ways

Staff

This is a very individual aspect of practice. Some private hospitals will fit out or manage your rooms at their cost but with conditions attached. Enter into these arrangements with your eyes open; legal advice may be necessary.

In the long term, staff will remain a number one issue for running a practice. Staff arrangements often depend on whether you start afresh 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' (AAPM) National Secretariat can advise on developing a job description, for more information visit:

www.aapm.org.au

You can also contact established practices and ask if you can attend for business/ office work experience. Your colleagues may be only too happy to help.

The AMA can provide advisory and advertising services and sometimes will screen applicants for AMA members. Details of award rates and how to set wage levels are also available.

New Zealand

New Zealand Fellows may need to check processes and legal requirements for employing staff. The Ministry for Business, Innovation & Employment's Labour Information section is a useful reference for information regarding contractual staff, annual leave, sick leave, job descriptions, dismissal procedures, etc. Please refer to their website:

www.employment.govt.nz/er/

Note: It is a good idea to obtain the current award rates to ensure you are complying with legal requirements. Fellows may need to consult the National Employers Wage and Salary Survey.

The New Zealand Medical Association also provides a lot of resources to help surgeons set up and manage a private practice, including draft employment contracts. More information is available on their website:

www.nzma.org.nz/membership/advice-and-support

Further information is also available on the Medical Assurance Association website – Healthy Practice for Better Business at:

www.healthypractice.co.nz/general+practice

Information Technology (IT) Requirements

Setting up the office IT equipment is not a DIY activity, even for the IT savvy surgeons. The reliability and security of the system is critical and the need for professional and experienced support is essential. 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 can include bookings, billings and accounts, auditing, patient files, clinical image storage, pathology and results tracking and theatre list management.

Items to consider include:

- Backup systems - this is extremely important
- Cable and network points
- Desktops/ laptops, scanners, printers, digital camera
- Firewalls, data and network security (e.g. antivirus, anti-intrusion)
- Remote access capability
- Internet, telephone, fax, e-Health and secure messaging
- Teleconferencing or telehealth facilities

Before purchasing software it is important to investigate its reliability, robustness and your required feature base, along with the degree of post-purchase support. Most vendors provide service and support as part of a licensing agreement. Your colleagues with established practices may be able to provide advice.

Appointments

Whether using a computerised or manual appointment system, you should provide sufficient time for initial consultations and reviews. You should also allow for longer appointments for complex consults (e.g. new patients suffering from cancer). As a general guide 15 and 30 minute consultations allow plenty of time for assessment; however, experience will ultimately be your guide. Remember no patient likes to be kept waiting needlessly, so don't be reluctant to apologise for delays.

Documents

It is sensible to have master copies of the frequently used documents available in your rooms. This will ensure that you have supplies to distribute if needed. Many standardised forms can be organised through the relevant laboratories, x-ray facilities or hospitals (public and private). Others can be obtained from colleagues or if appropriate, you can design them yourself e.g:

- Admission forms for public/private hospitals
- Anaesthetic information sheets including fees
- Doctors' patient history forms

- Financial informed consent
- Hospital admission check lists
- Information sheets
- Pathology forms
- Patient diagrams and models
- Pre-consultation patient information sheets
- Privacy policy for your practice
- Procedural and x-ray consent forms

Prescriptions

Australia

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 your patient can mail the prescription to:

Reply Paid 9857
 PBS Authority Section
 Medicare Australia
 GPO Box 9857 (in your capital city)

Some useful contacts:

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 and stationery enquires	132 290

Stationery

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

- A4 letterhead
- A5 letterhead
- Appointment cards

- Business cards
- Envelopes
- Medical certificates
- 'With compliments' slips

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

The College provides a branded RACS logo which is available for use by Fellows on stationery and promotional material within College guidelines. Further information is available on www.surgeons.org or via your regional office.

Note: Please refer to the FRACS Identity information on the website: <http://www.surgeons.org/member-services/college-resources/fracs-identity/>

PATIENT FILES AND PRIVACY

Your patient filing system will of course be a personal choice; again consult with your colleagues 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 is put inside the left cover while a lined A4 page, pathology results (A4 blue), X-ray results (A4 pink), referral letters (A4 yellow) and a patient history sheet are attached using fasteners.

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

It is important to be aware of the implications for file transfer over the internet and the security of any 'cloud' storage and backup. Cloud files are stored on a mainframe with a mirror image back up stored at another mainframe site. You should ascertain the whereabouts and security levels of the cloud server you intend to use. There are levels of encryption for files transferred over the internet, so check with your medical association or colleagues for the most appropriate

format.

There is also the ability to transfer patient records to the Personally Controlled eHealth Record (PCEHR) so as they are empowered to administer their own health record and information is shared easily with all medical colleagues.

Australia

Please note that you must comply with the Privacy Principles contained in the Australian Privacy Act 1988 and other acts which regulate patient records. This legislation establishes the 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

New Zealand

Please note that you must comply with the requirements of the Privacy Act (1993) and the Health Information Privacy Code (1994). For information on privacy, contact the New Zealand Privacy Commissioner's office or refer to their website. 'On the Record; a practical guide to health information privacy' is published by the Privacy Commissioner (updated in 2011) and can be downloaded at:

<http://www.privacy.org.nz/assets/Files/Health-toolkit/On-The-Record.pdf>

The MCNZ's Statements on 'The use of the internet and electronic communication' and 'The maintenance and retention of patient records' should also be considered.

www.mcnz.org.nz

ACCOUNTANTS

Avail yourself of a good accountant with whom you can discuss options such as incorporating, service companies, partnerships and family trusts. 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.

A good accountant should be able to advise and organise the appropriate financial governance structure for your specific needs rather than offering more generic advice.

Your needs may change over time and you should be aware of the cost implications of changing tax structures.

PRACTICE ACCOUNTING ISSUES

When starting out in practice it is very important to organise your practice's financial management and record keeping 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 about the type of business structure required to suit your needs. There are a number of 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/or lawyer.

Having decided on the best structure for your practice, you will then 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 a system, you must firstly identify what information flows through the practice and how best to record it. Your information recording will be influenced by the structure you choose. Below is a list of some of the common procedures that are required:

- 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 cash received from patients to pay bills.
- All payments should be made electronically or by cheque from the practice account, except for small items for which a petty cash system can be used.

Many businesses use a dedicated credit card for this purpose.

- All payments should be supported by an invoice, a copy of which is kept and filed. If paid by cheque, it is a good practice to write the date paid and cheque number on the invoice. In addition, ensure all cheque butts are completed and legible.
- Do not be tempted to pay personal expenses from the practice account. The tax office takes a very dim view of this practice.
- 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 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.

Please note: 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.

Australian Business Number, Australian Company Number, Goods and Services Tax Applications

Australia

Applications for an ABN and an ACN must be made through:

- The Australian Tax Office: www.ato.gov.au
Your accountant can provide advice on the need for an ABN and what documents must display the number.
- The Australian Business Register www.abr.gov.au

You also need to be registered for GST so you can claim back any GST on purchases with your BAS (Business Activity Statement) and for some practices to claim GST for providing a surgical service, particularly as a locum surgeon.

GST Number

New Zealand

Fellows who want to establish a private practice will require a GST number if they anticipate earning more than \$60,000 per annum (accurate at date of publication). You can also voluntarily register for GST even if your turnover is less than \$40,000 per annum.

You can obtain a GST number from the Inland Revenue Department by calling 0800 377 776 or visiting:

www.ird.govt.nz

Please note: A GST number is required on all invoices for 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 practices 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 include the following examples though variations abound; contracted work, partnerships and associate-ships. In New Zealand care must be taken when setting fee structures such that there is no conflict with Commerce Commission regulations. Refer to:

<https://www.comcom.govt.nz/business-competition>

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 associate-ships or partnerships. In Australia, the AMA has template contractual agreements for clinicians for either associate-ships 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 the parties' intentions and to the extent possible, allow modification of the usual rules governing partnership.

Associate-ships

An associate-ship 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 decision as 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 or financial adviser 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.

A company is assessed for tax at a flat rate (30% in Australia; 28% in New Zealand; accurate at date of publication). 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 offset 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.

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.

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 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 may be 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 and is important for the unexpected.

MARKETING YOUR PRACTICE

There are a number of ethical and legal considerations for the medical profession in relation to marketing. In particular, you need to ensure you do not mislead or deceive your patients (e.g. you should not guarantee a patient outcome) and you must not use testimonials as per the national law. 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 NZMA.

New Zealand Fellows should also consider the MCNZ's 'Statement on advertising'.

Strategies available include:

- **General Practitioner (GP) talks**
These are good as they establish you as an expert in the field and also provide GP's with professional development and a networking opportunity. Private hospitals often use these to market themselves. Approach your hospital's General Manager to see if they can help you and in turn their hospital, in marketing your practice.
- **Mail outs to GPs and Specialists**
This lets a large group of potential referrers know of your existence and is reasonably cost effective. Beware however as many practices will 'bin' these as junk mail.
- **Contact details in White and Yellow Pages (there is a deadline for submitting your details)**
- **Publication in local medical magazines**
- **Publication in local AMA / NZMA periodicals (find out the deadline for these)**
- **Visit local GPs or attend GP meetings**
This is labour intensive and often fruitless as GP's don't get CPD for your visit and are relatively time poor to meet every new specialist.
- **Online presence including websites, registries and directories**
These are important for both patients and potential referrers to put a face to the name and to instil confidence, particularly if the website is very professional. Clearly state your qualifications in areas of interest but avoid suggesting you are exceptional or the only expert in that field.

In order to help patients find a surgeon the College has established the 'Find a Surgeon' directory. A listing in this database can help you build your practice by putting you in touch with more referrals and access directly to patients.

A companion service to this is the 'Practice Card'. This provides patients and referring clinicians with information regarding your area of practice, offices, contact details, specialty, associations and more.

Please note: Check the College's policy on 'Advertising Guidelines for Fellows' under the policy section of the website:

<http://www.surgeons.org/policies-publications/policies/>

DISCRIMINATION, BULLYING AND SEXUAL HARASSMENT

The College has a zero tolerance policy concerning discrimination, bullying and sexual harassment in the College and in workplaces. Discrimination, bullying and sexual harassment are against the law in Australia and New Zealand.

These behaviours are insidious, inappropriate, unprofessional and can have a terrible adverse impact on people subjected to them. Discrimination, bullying and sexual harassment demean individuals and prevent them from reaching their true potential. These behaviours are responsible for the loss of valuable talent from the profession. We are all responsible for addressing and preventing such unlawful behaviours.

Definitions

Discrimination

Discrimination is treating or proposing to treat a person unfavourably because of a personal characteristic protected by the law. Protected personal characteristics include age, race, sex, sexual orientation, physical features, disability, parental or carer status, religion, pregnancy, marital status, social origin, criminal record and political opinion. The anti-discrimination laws operating in the Commonwealth of Australia, in each State and Territory of Australia, and in New Zealand both overlap and *differ* on the *types* of discrimination that are unlawful.

Discrimination can be direct or indirect. Direct discrimination occurs when a person or group is treated less favourably than another person or group in a similar situation because of a protected personal characteristic. Indirect discrimination occurs where a rule, condition or practice ostensibly applies equally to everyone but is actually unfair on certain people with a particular personal characteristic protected by law. For example, a requirement to work in a building with no lift may discriminate against persons with a disability.

Bullying

Bullying is an occupational health and safety issue.

Bullying occurs when a person repeatedly behaves unreasonably towards another person and creates a risk to his/her health and safety including mental health. It can involve a range of actions over time. Unreasonable behaviour includes

humiliating, intimidating, victimising or threatening a person. Bullying can occur in many different ways – it can be direct or indirect, verbal, physical, written, and online including other social medial channels.

Employers have a duty to identify discrimination, bullying and sexual harassment and take steps to address, eliminate and prevent these behaviours. The College as an educational body seeks to eliminate and prevent these behaviours (refer to www.surgeons.org). Employees also have legislated responsibility for others who may be affected by their acts in the workplace.

Sexual harassment

Generally, sexual harassment is defined as any unwelcome sexual advance, request for sexual favours or conduct of a sexual nature where a reasonable person would anticipate the possibility that the recipient would feel offended, humiliated or intimidated. It covers a spectrum of behaviours from low-level lewd comments and sexual innuendo, unwelcome sexual advances or sexual propositions to criminal conduct such as sexual assault. Sexual harassment can take many different forms – it can be obvious or indirect, physical or verbal, a *one-off event* or *repeated* and perpetrated by males and females against people of the same or opposite sex.

However, in New Zealand, sexual harassment is defined as unwelcome or offensive sexual behaviour that is *repeated* or *significant enough* to have a harmful effect on the person.

What can you do?

Your workplace

Employers have processes to manage complaints about discrimination, bullying and sexual harassment. If you have concerns, contact your employer's human resources department for advice on its complaints resolution process and its support and counselling services.

External regulatory bodies

You can seek the assistance of existing external regulatory agencies that receive complaints about discrimination, bullying or sexual harassment in your local or federal jurisdiction, at any time. Be aware that these agencies have their own legislated timeframes, so it is important to check with them directly. These agencies are:

- Australian Human Rights Commission
- New Zealand Human Rights Commission
- Individual Australian State and Territory equal opportunity and human rights commission
- Australian Fair Work Commission
- Individual Australian State and Territory work health and safety authorities
- WorkSafe New Zealand

The College

You can call the College's Complaints Hotline and speak with the Enquiries Officer about making a complaint to the College or to enquire about the College's complaints processes:

Australia:	1800 892 491
New Zealand:	0800 787 470
Email:	complaints@surgeons.org

Counselling Services

Surgeons Support Program

The College has partnered with Converge International to provide confidential support to surgeons for any personal or work related matter. Converge counsellors are experienced in working with individuals in the medical profession.

- 24/7 emergency telephone counselling
- Support is confidential and private
- 4 sessions per calendar year are offered (funded by the College)
- Assistance can be provided face to face, via telephone or online
- Services are available throughout Australia and New Zealand

How to contact Converge International?

- Telephone: 1300 687 327 (AU) or 0800 666 367 (NZ)
- Email: eap@convergeintl.com.au
- Identify yourself as a Fellow of the College
- Appointments are available from 8:30am to 6:00pm Mon-Fri (excluding public holidays)

Other Support services

Lifeline

Lifeline offers a 24 hour confidential phone service providing emotional support in times of crisis or when people may be feeling down. The service is staffed by trained counsellors.

Telephone: 13 11 14 (AU) or 0800 543 354 (NZ)

Suicide call back service: 1300 659 467 (AU)

Suicide prevention helpline: 0508 828 865 (NZ)

Websites:

- Australia: <https://www.lifeline.org.au> for Crisis Support Live Chat from 7pm-4am, 7 days a week.
- New Zealand: <http://www.lifeline.org.nz>

Beyondblue

beyondblue provides people with access to information for depression and anxiety related matters. They can also make referrals to other relevant services.

Phone: 1300 224 636

Email: <https://online.beyondblue.org.au/WebModules/Email/InitialInformation.aspx>

Visit: <https://www.beyondblue.org.au> for Web Chat 3pm – 12pm, 7 days a week.

For Emergencies

If you believe you, or someone you know, may be in immediate danger, please call “000” (AU) or “111” (NZ).

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

College Purpose

The Royal Australasian College of Surgeons (RACS), formed in 1927, is a non-profit organisation training surgeons and maintaining surgical standards in

Australia and New Zealand. The College's purpose is to be the unifying force for surgery in Australia and New Zealand, with FRACS standing for excellence in surgical care.

College Values

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand.

- Service
- Integrity
- Respect
- Compassion
- Collaboration

Our Vision

To champion professionalism and standards in surgical practice and the delivery of high quality surgical education and training

- RACS is the trusted and acknowledged authority on surgical standards in Australia and New Zealand
- Support ongoing development and the maintenance of expertise during the lifelong learning that accompanies surgical practice
- Ensure that high quality surgical education programs, which lead to FRACS are delivered by RACS, affiliated Societies or RACS accredited providers
- Promote, teach and assess standards across all nine recognised competencies
- Ensure that FRACS continues to stand for competence and quality in surgical care, with public recognition of the 'Brand'
- Energise the RACS image through communication and marketing activities which reflect and promote an effective and valuable service
- Progressively build relationships with others to ensure this commitment is achieved, recognised and effectively communicated

To support and enhance the contribution of surgeons to the broader community, surgical education, research and practice

- Ensure RACS is seen as the first port of call by its membership for

assistance, help and support

- Support Fellows through all stages of their professional careers
- Promote and support surgical leadership in clinical governance, surgical audit and peer review
- Support, train and recognise Fellows involved in educational activities
- Be actively involved in surgical service development to communities in need in Australia, New Zealand and the Asia-Pacific Region and support, where possible, Fellows' pro-bono activities
- Champion healthcare development in Indigenous communities across Australia and New Zealand
- Promote and support surgical research and academic surgery
- Lead the evaluation of new techniques and technology and their responsible uptake into practice

To develop and maintain strong external relationships which facilitate and leverage our representation and engagement

- Work with other 'proceduralist' groups to protect and strengthen the culture that enables surgeons to act in the best interest of their patients and the community
- Involve all specialties, and the Specialty Societies, in the processes that provide direction and identify advocacy issues for RACS
- Be recognised as the leading advocate for the surgical health and well-being of patients, including participation in global health advocacy
- Be the primary source of prompt and informed advice on all matters of surgical significance for government and the media
- Work proactively with government to ensure an adequate and accessible surgical workforce for the communities we serve
- Ensure that collegiality remains at the core of our relationships, particularly with support for Trainees and International Medical Graduates as they establish their careers.

To ensure the most effective use of resources through astute and dynamic governance and decision making

- Ensure RACS systems are quality based, add value and are 'customer service' focused
- Develop and retain the best people to enhance the delivery of services to Fellows and Trainees
- Recognise the contribution of Trainees, Fellows and staff

- Use new technologies effectively
- Review our current business models to ensure they are sustainable and identify new business models to underpin the ongoing development and provision of RACS resources

COLLEGE REFERENCES

The College has developed a range of position papers and resources that may be of interest:

- Advertising Guidelines for Fellows
- A Guide to College Services and Programs
- CPD Program Information Manual
- Surgical Audit and Peer Review
- Credentials Committees, Surgical Appointments and Complaints Procedures
- Professional Development Workshops program
- Younger Fellows webpage
- RACS Code of Conduct
- Surgeons and Trainees Interactions with the Medical Industry
- Surgical Competence and Performance Guide
- Safe Working Hours and Conditions for Fellows, Surgical Trainees and International Medical Graduates
- Bullying and Harassment – Recognition, Avoidance and Management

CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM

Participation in the College's Continuing Professional Development (CPD) Program is an important means by which Fellows demonstrate commitment to maintaining competence as surgeons. A current statement of compliance in CPD is mandatory for registration as a surgeon with the Australian Health Practitioner Regulation Agency (AHPRA) and with the Medical Council of New Zealand (MCNZ), and failure to comply with CPD requirements is a breach of the RACS Code of Conduct and could lead to a loss of Fellowship.

The CPD Program offers flexible requirements across a range of professional development activities according to the type of surgical practice. Fellows must submit an annual record of their activities through CPD Online by the 28 February every year. CPD Online that allows Fellows to enter their activities, upload evidence of participation, download their CPD statement and contact the CPD

Team. Maintaining a personalised CPD Online Diary enables Fellows to record CPD activities in a real time and automatically receive the annual statement of participation at the conclusion of each year. Access to CPD Online is via the College website www.surgeons.org.

If a Younger Fellow is admitted to Fellowship prior to the 30 June, they have a CPD requirement according to their scope of practice. If a Younger Fellow is admitted to Fellowship from the 1 July to the 31 December in any given year, they are exempt from having to participate in the CPD program for that year.

The program has been designed so that it is workable for Fellows but also sufficiently rigorous to meet the requirements of AHPRA and MCNZ. The College verifies the CPD participation of 7% of Fellows each year, while AHPRA and the MCNZ also conduct audits of CPD compliance. Assistance is available to Fellows finding difficulty in completing their CPD requirements.

A range of professional development activities can be undertaken to meet the program requirements and it is recommended that Fellows participate in activities relevant to their scope of practice. Assistance is available to support Fellows experiencing difficulties with their CPD, you can contact the team on +61 3 9249 1282 or cpd.college@surgeons.org

ANNUAL SCIENTIFIC CONGRESS

Convocation

After Younger Fellows have been admitted to Fellowship they are invited to present at the College's Convocation held in conjunction with the Annual Scientific Congress (ASC) each year in May. If admitted to Fellowship after 31 January, they will be invited to convocate in the following year. Younger Fellows may present at Convocation once only, in any year for up to five years after admission to Fellowship. If they do not convocate in the first eligible year, they will be invited to convocate at the following ASC, for up to five years. The registration for Younger Fellows to attend the ASC is complimentary in the year of convocation.

Every year a Younger Fellow is appointed by the Younger Fellows Committee to convene the Younger Fellows educational stream at the ASC This is a highly customised program designed to address the needs of the Younger Fellows at the College.

YOUNGER FELLOWS COMMITTEE

The Younger Fellows Committee addresses issues relating specifically to Fellows within their first ten years of Fellowship. The Committee reports to Council through the Fellowship Services Committee and acts as a voice for approximately 1500 Younger Fellows.

Each Committee member is also a member of their regional committee and provides Younger Fellows' perspectives on local issues. You can raise issues with the Younger Fellows Committee which will present them to the appropriate College body. Issues can be presented to the Younger Fellows Secretariat via email on Younger.Fellows@surgeons.org

TRAVELLING FELLOWSHIP GRANTS

The Younger Fellows Committee in partnership with sponsors such as Covidien, offers two annual travelling grants to assist Younger Fellows who are going overseas to further their post Fellowship studies and diversify their surgical experience. Applications open annually from 1 August and close on 30 September.

The Royal College of Surgeons of Thailand Annual Scientific Meeting

Each year four Younger Fellows are invited to participate in this meeting. Accommodation, meals, airport transfers and activities during the meeting are complimentary. Younger Fellows delegates only need to arrange and pay for their airfare.

Younger Fellows Forum

The Younger Fellows Forum is an annual leadership development initiative funded by the College. Each year twenty nominated Younger Fellows and a number of international delegates spend three days in a retreat location. Participants work together to develop a series of recommendations about issues pertaining to Younger Fellows and the College and strategies for their progression. The recommendations are put to Council and approved projects are taken on by the Younger Fellows Committee. Prior recommendations include the formation of the Trainees advocacy group RACSTA and the development of a Mentoring Working Party.

All Younger Fellows are eligible to attend and the selection criteria and application process are detailed on the College website. The Forum is traditionally held on the weekend leading up to the Annual Scientific Congress and all transfers, accommodation and food is included free of charge.

Note: Younger Fellows could approach their employers to see if they will financially support flights to attend this event.

Younger Fellows Leadership Exchange

The College has established a leadership exchange program between the Royal Australasian College of Surgeons and the Association for Academic Surgery (AAS) in America which gives a Younger Fellow the opportunity to attend the Academic Surgical Congress as the Association for Academic Surgery's guest.

The natural synergy between Younger Fellows from this College and the AAS makes this a great opportunity for a Younger Fellow who is keen to develop their leadership career and promote an exchange of ideas and possible solutions in relation to common issues affecting both organisations.

The Exchange covers all costs of attending the Academic Surgical Congress (ASC) including airfares, accommodation transfers and meeting registration.

For more information about any of these initiatives please call +61 3 9249 1259 or email younger.fellows@surgeons.org You can also log into the College website and visit:

<http://www.surgeons.org/member-services/interest-groups-sections/younger-fellows/younger-fellows-leadership-exchange/>

Notes

Notes

For more information contact

Royal Australasian College of Surgeons

College of Surgeons' Gardens

250 – 290 Spring Street

East Melbourne, VIC 3002

www.surgeons.org

Phone: +61 3 9249 1259

Fax: +61 3 9276 7412

Email: Younger.Fellows@surgeons.org

Royal Australasian College of Surgeons
The College of Surgeons of Australia and New Zealand



ROYAL AUSTRALASIAN
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