

rural college is to  
e which is.  
s. so different  
'actice.  
important role of  
lp solve the rural  
g access to  
ural areas, to the  
fferent urban  
:tor decides they

practice. The unfortunate and unnecessary duplication of primary medical resources in education and standards in the rural setting is a damning blight on those from both sides in the mid-1990s, an unfortunate legacy for those of us who followed, and a windfall for the control-hungry government.

Dr Timothy Ross  
Olinda, Vic



F/O Joe

over  
ban

## problems

international  
ate who has  
he RACGP  
with great  
eport 'Politi-  
MG ban' (16  
r Barker has  
ified one of  
MGs face —  
ie to prepare

to acknowl-  
tralian exp-  
gain working  
d. This exp-  
elped many  
bers obtain  
ceive higher  
having to sit  
n IMGs are  
truggling to  
perience is  
or them but  
good enough  
G any recog-

rker did not  
that while  
country for  
also obtain  
ificates and  
1 Australian  
nd training

stand why it  
to mention  
e IMGs failed  
004. Does not  
am — or not  
am — make  
incompetent?  
otent to work

for years in areas of need,  
some even without supervi-  
sion.

About six months ago I wrote to Queensland Premier Mr Peter Beattie, with copies to Immigration Minister Senator Amanda Vanstone and Health Minister Mr Tony Abbott, expressing my concerns about the problems we IMGs face in this country. All of them were polite to reply and to acknowledge that there are problems but the responses stopped there.

I would thus like to congratulate Victorian MP Mr Noel Maughan, who is the first person to stand up for our interests. I think such political action over the way we have been treated is long overdue.

Dr Ilian Kamenoff  
Bundaberg, Qld

## AMA seeks mandatory discharge summaries

AMA president does not go far enough when he calls for hospitals to be compelled to send discharge summaries to every patient's GP as a requirement of the hospital's accreditation process ('AMA seeks mandatory discharge summaries', 28 July). All discharge summaries must also be legible.

## Summary need

EDITOR AMA president Dr Mukesh Haikerwal does not go far enough when he calls for hospitals to be compelled to send discharge summaries to every patient's GP as a requirement of the hospital's accreditation process ('AMA seeks mandatory discharge summaries', 28 July). All discharge summaries must also be legible.

In my practice I do see a trickle of discharge summaries from the major hospitals — all are handwritten, from the third or fourth copy of a multiple-use paper stack, and all are indecipherable. Given that all hospital residents and registrars are computer literate, why are the discharge summaries not typed and sent electronically?

PS. Could we receive these before the patients come to see us in the post-op period?

Dr Craig Lilienthal  
Bowral, NSW



## \*Corporate life

EDITOR 'Most GPs say corporates damaging the profession' trumpets the 14 July issue of *Australian Doctor*. Interesting then, that on the same page, is the headline 'Life-work balance drives GPs'.

As a group of GPs who have done it all — worked as employees, owned our own practices and now work for the corporate Independent Practitioners Network — it was our desire for work-life balance that led us to our decisions to work for a corporate.

None of us would go back to any other model of practice.

We are happy we can do

the work we love with a strong say in the way our practice is run. We have complete clinical autonomy and choice about to whom we refer. Our practice is large enough to employ excellent nursing staff to help us do our work efficiently. We are paid better than we have ever been paid before in a way that reflects our efforts.

But best of all, at the end of the day, we go home and live the rest of our lives without the concerns of accreditation, hiring and firing, paying staff, keeping the place clean and all the other aspects of administering a practice that keep practice owners awake at night. Work-life balance at its best.

Of course we can't vouch that all doctors working for corporates have the positive experience we have had. But we believe IPN is enhancing our professional life, not damaging it.

Drs Debby Bachmayer,  
Felicity Bidencope, Nichola  
Dunn, Ged Foley, Phil  
Greenfield, Linda Harris, Vicki  
Howell, Warren Lee, Rodney  
Lopez, Ratna Neville, Brenda  
Steedman, Jane Thomson,  
Phil Warburton, Martine  
Walker and Michelle Zwi  
Mosman, NSW

## Easier dinner

EDITOR Meeting one's colleagues and having a presentation by a specialist in the field is an excellent form of continuing education, but the difficulties of sponsored

events at

On th  
are not g  
busy day  
ing that  
not get  
no real  
foods) tl  
home fo  
be no ti  
afterwa  
hand, so  
sponsore  
the top,  
\$200-a-  
being su

Spon-  
organise  
sion are  
function  
are buff  
lent fo  
fancy cc  
eat and  
say the  
than at  
One get  
of vege  
some m  
and it's  
ciently v  
at 7pm,  
7.30pm  
9.30pm  
If all  
went thi  
sion we  
clashes  
no critic  
dinners.

## Letter

All letters  
sender's ti  
phone nu  
have also  
publication.  
Letters sho  
250 words  
ters should  
Australia  
2999 Cha

## in Doctor's advisory board

essor Frank Oberklaid; *Public health and community medicine*: Professor Stephen Leeder; *Endocrinology*: Professor Warren Kidson; *Paediatrics*: Professor John Newman; *Gastroenterology*: Dr Danny Stiel; *Haematology & oncology*: Professor Martin Tattersall; *Dermatology*: Dr. In-Ann Sep