

letters

have your say

Good corporate medicine is a balancing act

EDITOR: David Dahm is correct when he says doctors expecting all upfront payments to be tax free may be in for a rude shock (Letters, 14 December 2007).

The tax treatment of any upfront payment is complex but can, in certain circumstances, be subject to tax concessions or indeed tax free.

However, this is not always the case, especially if the doctor is simply receiving a payment in consideration for entering into a services agreement (and isn't selling a capital asset).

For this reason, Independent Practitioner Network (IPN) is careful to ensure doctors get their own tax and legal advice on these issues.

As for the "business of medicine", there will always be a natural tension between the need to deliver quality health outcomes and the need for financial stability. To be sustainable, the delivery of medicine needs both. This is not new. Every practice owner knows this and attempts to find a balance.

The process of finding the right balance is aided by the accreditation process. This is an essential tool for establishing minimum standards, especially when the owner of a practice is someone other than the doctor. All IPN practices are accredited.

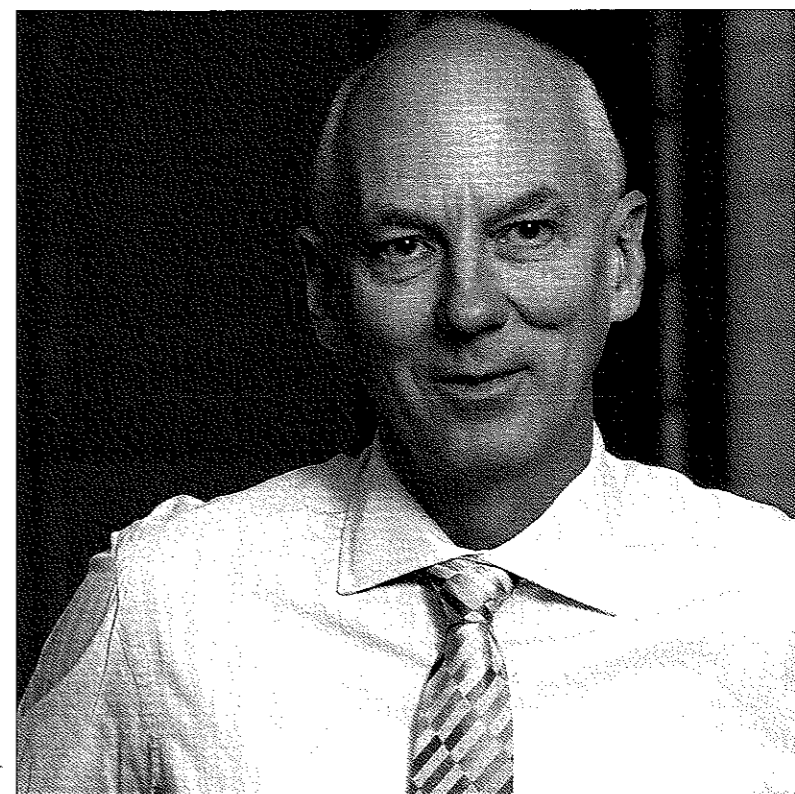
In the end, doctors vote with their feet – they leave our centres if they are not happy.

Among its growing group of more than 780 doctors, IPN boasts some of the best GPs I have had the pleasure of working with.

More than 90% of IPN GPs are not on fixed contracts and are free to leave if they are unhappy with the service we provide.

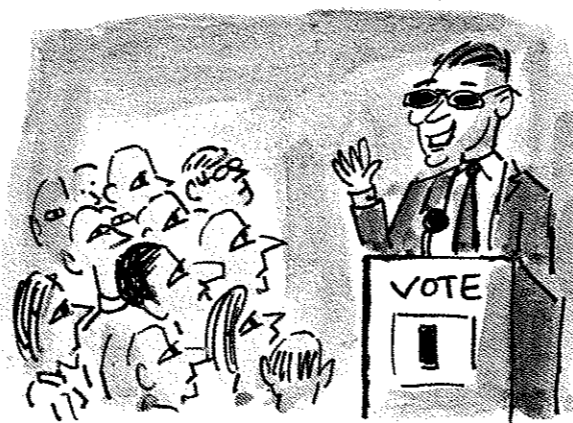
The fact that the majority of these GPs are enthusiastic supporters of IPN is proof that we have a reasonable balance.

Dr Malcolm Parmenter
 Managing Director
 Independent Practitioner Network



textdissection

by Phil Somerville



jaundice *n.* gradual yellowing of the mind due to variety of conditions including extrusion of public bile and blockage of trust. Higher incidence rate noted in election years.

more letters...

Hiding assets won't work

EDITOR: Dr Ruth Ratner's letter, 'Save your assets with lateral thinking' (MO, 18 January), makes humorous reading but the principle has no application in Australia.

The medical practice Acts in most Australian states require the registered medical practitioner to hold personal, professional indemnity insurance or be indemnified by their employer, as a condition of registration. No insurance – no practice.

Further, if Australian courts determine that a person has contrived to arrange the disposal of their assets to avoid their legal

brand names, 'generic' names and active ingredient names on prescription medications: the packaging and how it is labelled, and the pharmacist's label that is applied during dispensing.

The quickest and easiest problem to solve is that of the pharmacist's label. Generally, public hospital pharmacies will label with the active ingredient name predominant, and community pharmacies will label with either the active ingredient name or the brand name predominant, interchangeably, dependent on the pharmacist. This is normally based on the quickest way that the script can

pharmacies and could be in service in those pharmacies by the end of next month at no additional cost or inconvenience.

The second part of the problem, the packaging, will be far more difficult to solve. Currently, on medication packaging, brand names predominate. This means we get to call medications that are essentially, if not exactly, the same by a whole range of different names, and medications that are quite different by names that are almost the same.

The system of medication package labelling in Australia is dangerous. Medication packs