

DERMAPRACTICE

The Dermatology Practitioner's Guide

Brought to you by Practice Management Cell, IADVL



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Trust Me, I'm A
DERMATOLOGIST





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'Its what you practice in private that you will be rewarded for in public' – Tony Robbins

Editor's Note

Private practice is not just about treating patients any longer. Today the dermatologist should be well versed with the latest guidelines on practice management just like he updates himself with the latest literature in dermatology. Also, there is a need to address various issues related to private practice. This is the reason, the concept of Practice Management Cell (PMC) came into being and this is the 3rd year of IADVL PMC.

On behalf of IADVL PMC 2016, it gives me immense pleasure to present the first edition of Dermapractice 2016. This issue deals with varied aspects of practice like Customer satisfaction, group practice, taxation, ethical marketing, setting up a pharmacy, etc. The unique part of this edition is that we have compiled some pearls of wisdom for successful practice from our seniors and colleagues. Besides, you will also have take home points from the Practice management CMEs for a quick glance. Above all, this edition deals with quackery in Dermatology and the actions initiated by IADVL in this respect.

I must acknowledge the authors, who have contributed the articles after a lot of research into the topics, and also from their personal experiences. I am thankful to IADVL EC 2016 for giving me this wonderful opportunity, PMC Co-ordinator Dr Kiran Godse for his guidance and all PMC members for their support and encouragement.

I hope you like this bulletin and would highly appreciate your feedback for the same as it will help us to design our next edition.

Warm regards

Dr Manish Gautam

Convenor,

IADVL PMC 2016





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RULE YOUR PRACTICE



Dr Geraldine Jain

You have begun your practice & are now looking out for ways to build it up. First pat yourself on the back for getting to this point! The field of dermatology has never been so exciting—with an explosion of clinical advances, new technologies, innovations & research. These advancements have greatly benefited our patients, while also raising our visibility as a specialty. The ability to combine medical, surgical, and aesthetic interests, and to do so in various practice settings, have contributed to making this one of the most sought after specialties. You are spoiled for choices on this career path. Academics will give you the opportunity to interact with colleagues, residents, and medical students on a daily basis, as well as participate in research in addition to patient care. Becoming an associate in an established private practice will give you the flexibility for other responsibilities, such as family, without the hassles of running a “business.” Starting your own practice, while a challenge at any stage, will provide you with autonomy and the ability to set your own schedule. And, of course, if you start in one of these practice settings and find it is not the right fit for you, you can always switch to another.



Here are 34 tried & tested tips from Dermatologists all over the country to help you rule your practice. What's in this compilation of tips? You'll find a lot of things. There's a substance that solidifies practice, a wizardry that wins minds, and a magic that makes patients fall in love with them.

1. Stand & grow on your own, even if it is a struggle - Dr Dinesh Kumar

Six Steps for young entrepreneurs to beat the curve.

1. Have a plan
2. Set realistic expectations.
3. Get a coach/mentor
4. Hire people better than you.
5. Create relationships
6. Set goals and accountabilities.

2. Dr Bhushan Madke says, “Wait for a good place to set up practice. Don't choose secluded areas . Ladies may not be too comfortable in such area

Location, Location, Location

Whether you are beginning a practice for the first time as a solo practitioner and planning your own office space, or whether you have been in practice for a few years and are already outgrowing your space, location is a primary





consideration. You should look for a location that is optimum not only for your present needs but also for your foreseeable future needs. Your practice space should be a growing area with convenient transportation, adequate parking, and access for the elderly and handicapped. You want to avoid areas with traffic problems that will frustrate your daily commute or patient access.

3) Have atleast three consultation rooms interconnected. Do not show your patients out, instead you move out to the next room. - Dr Nitin Dhepe

4. Create an empowering workplace. - Dr Geraldine Jain

It is very important to create an empowering work environment, from both a professional and a personal perspective. From your receptionist to your surgical assistant, you need to show interest in your staff and encourage them to utilize their own talents. I allow them to pick out certain supplies if there are things they need, and listen if they feel like there's a better way to do something. I have a new employee who wants everything high-tech, and we have upped the scale on that end and it has helped our practice. I've had my administrator for 18 years and my technicians for 12 years, because it's fun and rewarding to come to work.



Make them feel as if they are contributing to the success of the practice. While money is important, most people work for more than money. They want a sense of self-pride and to feel that they are appreciated. In this regard, the little things can be very important — a compliment about their work, eye contact, a smile, a chance to laugh and definitely incentives! These will all make your employees so much happier.

5. Just allow your patient to talk about his or her problem for at least 20 seconds without interfering. - Dr Ashim Sarkar

6. Stay focussed on clinical history and examination. God is in the details. - Dr Anil Abraham

Successful Doctor-Patient Communication and Rapport Building Fostering good communication and rapport with your patients is fundamental to a solid doctor-patient relationship. Studies have shown that there are seven descriptive traits that patients identify in an able and competent physician.

- 1. Confident:** Doctors who are confident in their treatment plans
- 2. Empathetic:** Doctors who try to understand what the patient is feeling
- 3. Humane:** Doctors who are kind and compassionate
- 4. Personal:** Doctors who are interested in the patient as an individual person, not just as a diagnosis
- 5. Frank:** Doctors who are honest and direct
- 6. Respectful:** Doctors who take patients' input seriously
- 7. Thorough:** Doctors who are conscientious and follow up.

Incorporating these seven characteristics into your own practice will help in establishing successful communication with your patients. Remembering a personal fact that a patient shared with you on a previous visit, or calling a patient the evening of her surgery, takes just a few minutes but can really help to foster the doctor-patient relationship as these little things are viewed as indicative of the doctor caring.



7) Use the patient's name during conversation.

- Dr Narendra Gokhale

Jim Farley discovered early in life that the average person is more interested in his or her own name than in all the other names on earth put together. That ability helped Farley put Franklin D. Roosevelt in The White House when he managed Roosevelt's campaign in 1962. When asked the reason for his success, he replied, " I can call fifty thousand people by their first names". Remember that a person's name is to that person the sweetest and most important sound in any language.

8. Always write the diagnosis and/or the findings no matter how busy you are. This helps you during the subsequent visit to assess the patient's condition.

- Dr Koushik Lahiri

9. Explain the course of disease & need for regular treatment with regular followup until desired outcome is attained.(eg Dermatophytic infections)

- Dr Sejal Thakkar

10. Restrict phone calls when the patient is in front of you. In fact, do not make the mistake of dividing your attention for long periods between your patient and your electronic gadgets. I have every now and then been guilty of this breach of conduct but got a taste of it once as someone on the other side of the table and realised how it felt....

- Dr Shyam Verma

11. Dr Sanjeev Gupta also insists on keeping the mobile phones on silent mode & not to get distracted by phone calls while attending to a patient.

12. Look patients in their eyes while speaking Show charts, models, pictures to explain pathogenesis to patient.

- Dr Brijesh Nair

Educate your patients. You can use a variety of ways to inform your patients about the procedures you do in your practice. Pamphlets in the office and newsletters sent home are great ways to let your patients know about other services you provide.

13. Explain in the patient's local language in very simple terms and do not get flustered if you have to explain multiple times.

- Dr Dinesh Hawelia

14. Dr Arijit Coondoo further adds,"Even if you have to explain the prescription five times don't lose your patience".

15. Time is money. Quality time costs. Listen thoroughly, examine assiduously, speak meaningfully & charge accordingly. Follow up on a date when some improvement is likely, not before.

- Dr Krupa Shankar

16. If a patient requests a second opinion, hand out a note immediately. Do not feel offended.

- Dr Kiran Godse

17. Do not reprimand your junior colleagues or staff in the presence of your patients. Do so in private.

- Dr Rashmi Sarkar

18. In the same note Dr Dinesh Mathur says, "Never speak ill of your fellow colleague".



19. Accept your mistake, no matter how trivial and apologise. Instead of trying to manipulate things to convince you were right in front of them its better to accept it. It definitely adds on to the trust and bonding between the doctor and the patient. - Dr Sukesh

Rectifying Adverse Events

Mistakes will occur at some point in every physician's medical career. However, the way in which these mistakes are dealt with can drastically change the outcome of the situation:

- Empathize and show concern . Statements that express empathy such as “I'm sorry you are having to go through this situation” or “I can see this has been a difficult time for you” can help change the patient's attitude toward you.
- Be honest without sharing too much. Honesty is always the best policy, but it is not always helpful to admit with excruciating detail how or why the adverse effect happened since this may simply add to the confusion.
- It is not wise to charge patients for correction of a “mistake,” whether real or perceived. Especially in the case of a cosmetic procedure, where the patient has already paid out of pocket for the procedure and expectations are likely higher.

20. Always make it a point to touch the patient. Many patients tell me that I am the first dermatologist who has touched them. - Dr Sharad Mutalik

21. Be courteous and if need be, be curt. - Dr Jayadeva Betkerur

22. Do not attempt to learn the tricks of the trade. Learn the trade. In other words improve your diagnostic skills. - Dr Rakesh Bharti

Attend meetings and seminars to hone your skills. This will also demonstrate to your patients that you are interested in professional development and acquiring new knowledge and skills.

23. Patients will be with you if you are honest in your advice, good at your expertise and wise with "their" money. - Dr Abhay Martin

24. Always try to give all available treatment options to the patient and then suggest what you feel is most appropriate. - Dr Manish Gautam

25. Listen to the patient. When in doubt stop all medications & call back after a week. Don't be judgmental even if the complaint looks trivial. - Dr Atul Kochhar

26. Empathise with the patient. Be patient with the patient's complaints, learn to discern what exactly bothers and address treatment options accordingly. - Dr Visalakshi Vishwanath

27. Always make it a point to discuss effect/side effect profile of important drugs in a subtle but clear tone to the patient. - Dr Prashant Palwade

26) Have an assistant to explain the prescription so that you do not waste time in writing and explaining to the patient. Rather spend more time with the patient. - Dr Vikrant Saoji



27) Try to see yourself from the eyes of your patients. A doctor can rarely cure, sometimes heal ; but should always comfort . - Dr Abhishek De

28) Offer free services to a soldier, the poor, those totally defeated by a disease (conditions where we are helpless). - Dr Narendra Kamath

29) Timely referral to other colleagues in case of need. - Dinesh Hawelia

Develop relationships with practitioners of allied sciences. In this way, they can have patients referred to their practices, and in turn, they can refer their patients to you if they are seeking such care. Patients stand to benefit.

30) Never change medicines looking at patient's purchasing power. - Dr Rohit Batra

31) Manage the patient the same way you would treat yourself. Very hard to do but simply sums up everything. - Dr Nitin Walia

32) Dr Niti Khunger emphasizes, "Treat the patient as you would like to be treated if you were one."

33) Don't be dishonest with your patient. Do not trivialise or lighten his illness. That is very hurtful to anxious patients. - Dr Muralidhar Rajagopalan

34) A patient with complications is your most important patient. Treat him like a VIP. - Dr Venkataram Mysore

Well Dear friend, you've got them and may still be wondering, what's next? Stay honest, learn our beloved specialty, keep honing your skills, and move on to the next stage of life with more insight than before. Whatever path you choose, be sure to maintain your joy and your enthusiasm and be compassionate. They will be of tremendous benefit throughout your career. There's a bonus. As you sail through life with your new tips, you'll look back and see some very happy patients smiling in your wake. Practice is also the fountainhead of all smooth moves. Excellence is not a single and solitary action. It is the outcome of many years of making small smooth moves, tiny ones like the 34 little tips that we've explored.

Remember, repeating an action makes habit.
Your habits create your character.
And your character is your destiny.
May success be your destiny.

In the immortal words of John Lennon, "There are only a few notes. Just variations on a theme." Choose your track and set your strategy to include all of your priorities, and create the life you love.

Now go.... Rule Your Practice!





TIPS FROM THE CO-ORDINATOR



Dr Kiran V Godse

1. What defines customer service in a medical practice?

To assess your service ethic, think about these questions

2. Do you greet the patient with a smile and by name?

This isn't just a matter of manners, but of creating a rapport and putting the patient at ease.

3. Do you make each patient feel important?

Yes, the time pressures in medicine are intense, but part of service is devoting your full attention, no matter the reason for, or duration, of the visit.



4. Do you encourage questions and address concerns? Do you supply patients with the knowledge and resources they need to take charge of their care?

Patients should leave feeling that they understand — and, just as important, that they've been understood.

5. Are your administrative policies/procedures a shortcoming?

Burdensome or complex rules and processes can be frustrating for patients, or even seen as unfair.

6. Is your office designed to remove actual or perceived barriers to the patient?

For example, does the patient have easy physical access to reception?

7. Is your wait long? Is the waiting room pleasant to sit in or painful?

Even if you can't do much about your patient load or décor, any physician can thank a patient for waiting or apologize for the wait. That alone shows consideration and appreciation.

8. Are you aware of how your staff deals with patients, in the office or on the phone?

Listen in to see if staff are knowledgeable, friendly, courteous, and professional. Ensure staff reflect the service you want to provide and image you want to convey.

9. Are you seen as accessible to patients?

Think of whether you're easy to reach, prompt at returning calls, etc.

10. Are you aware that patients can rate you on social media or on app?

Yes,

Moreover, physicians probably do not view patients as “customers” in the conventional sense; nor do patients necessarily see themselves that way. In medicine, positive outcomes are not assured, which also makes the concept of customer satisfaction trickier. In some cases, the physician may be unable to meet patient demands. Other times, the patient's state of health can give the experience a negative connotation, regardless of the physician's efforts.





CONCEPT OF GROUP PRACTICE IN DERMATOLOGY

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INTRODUCTION

There is a changing scenario in the healthcare system in India. Private medical practice was initially confined to clinics of individual doctors, small polyclinics, nursing homes and few large multi-specialty hospitals. However, the past decade has witnessed the entry of corporates in the booming health care industry. Also, with the entrant of newer equipment/ devices, information technology coupled with higher patient expectations, there has been a changing trend in the private practice set-up of most specialties and this has been more evident in the field of dermatology.



The subject of dermatology has always been a blend of disease dermatology (clinical dermatology) and desire dermatology (cosmetic dermatology). Integrating both these aspects would be a logical solution to provide comprehensive dermatological and aesthetic solutions to the patient/ client. However, in a private set-up, the clinical, entrepreneurial and managerial skills to address the varied domains professionally and sustain it successfully by a single individual – though not impossible may prove to be daunting. A dermatologists owned group practice may be a solution for achieving a successful, sustainable integrated practice.

MODELS AND LEVELS OF DERMATOLOGY PRACTICE

Based on the investment or ownership, the **business models of dermatology private practice** is outlined in Box 1.

Box 1: Models of dermatology practice

Solo practice: Individual practice at self-owned or rented place (most common)

Group practice: Single specialty or multi-specialty

Corporate- owned: Corporate organization ownership wherein the dermatologist works fulltime or part time

Integrated health care delivery system: Multi-specialty hospitals wherein the dermatologist works fulltime or part time

Others: as part of digital/mobile health technology services



In all these business models, the predominant pattern is practice catering to OPD patients or an office-based dermatology practice. Indoor admission patient visits are commonly referrals from other specialties with few emergency admissions interspersed in between. In contrast to the traditional consultation based practice of the earlier times, a combination of consultation and office based procedural dermatology (especially the cosmetic and dermatosurgery component) is the current trend.



A dermatologist can address the cosmetic and surgical component in his **office practice in a private set up at different levels:**

- **Level 1:** A traditional disease-based clinical dermatology practice along with equipment such as hyfrecator, chemical cauterizing agents and other minor equipment.
- **Level 2:** A minor focus on cosmetic procedures with use of chemical peels, IPL systems or microdermabrasion.
- **Level 3:** A good combination of 'disease and desire' based practice co-exists with use of lasers, lights, radiofrequency equipment and injectables along with dermatosurgery.
- **Level 4:** Specialization in procedures comprising total cosmetic dermatology practice may be integrated with a plastic surgery or medspa setting.

Level 3 or integrated dermatology practice is most conducive to a dermatologists owned group practice.

CONCEPT OF GROUP PRACTICE

A **group practice** involves the following:

- Teaming of a diverse group of people
- With complementary abilities
- Who collaborate to accomplish common goals
- For which they are accountable together

A group practice in dermatology may be a single-specialty group (only dermatologists) or a multi-specialty group practice (dermatologists with plastic surgeons, dieticians, dentists, etc). The concept of group dermatology practice in the Western countries has been in vogue since the 1990's, it is however gaining popularity in India recently. For doctors to form and run a group practice is however not an easy venture since- 'Organising doctors is like herding cats because of their fiercely independent spirit and lack of unity.'



Formation of a group:

Dermatologists owned group practice with an **equity-based partnership** can help in achieving an integration between clinical and cosmetic dermatology. For a sustained successful venture in a group practice, a mix of young and older dermatologists in the group helps to combine enthusiasm with experience. However, most importantly, the group should comprise of like-minded individuals committed to quality patient care and development of the organization rather than self. It should have a motto; clearly delineate the functional, financial terms/conditions and should have a well-framed strategy and policy decisions right at the start of practice. In contrast to a corporate group owning the practice or being the equity investor, a dermatologist owned group can have direct control on policy decisions. However, the group needs to acquire and learn various management skills to sustain the practice successfully in the long term. The founders of the group practice may be working on a full time or part time basis. A full time basis at the onset provides focus and impetus for faster growth.



Key aspects for a group practice

A successful medical practice needs a mixture of science, arts and commerce and the qualities of a successful dermatologist has been aptly stated by Baumann as... 'a scientist, marketer, an artist, and a business person.'

The key aspects to have a successful group practice should evaluate and monitor the 'Ps' of practice management (at the outset and continuously)

Plan: Following initiation and development of a like-minded group, planning of policy decisions pertaining to various

aspects of practice (clinical, financial, legal, human resources, documentation, and marketing) is vital

Processes: Development of processes and implementation of standard operating protocols for various aspects of running the practice as outlined above and updating/ revising them should be periodically done based on the needs assessment

Place: Location is a key factor for a successful practice. Need for expansion, development of branches/ franchisees/ chains can be thought of as the group progresses significantly in practice. Since there is a group of multiple individuals, specialization in particular segments based on the core competencies can be individually taken up and at various locations based on the location needs. For example, when developing branches or chains- the anti-aging or hair restoration segment can be promoted in an affluent locality





whereas a level 2 type of office practice can be promoted in a smaller town.

People: People or human resources are the key component in any medical practice. These include the medical or clinical staff and the non- clinical or the administrative staff. It is important to have trained medical and administrative staff.

The founder members in the group should have a clear vision and should strategically focus on networking with various stake holders for the growth of practice. Employing qualified dermatologists as assistants, networking with other human resources for dermatosurgery, plastic surgery, hair restoration surgery, dietitian, laboratory, dermatopathology services would help in practice growth and provide complete and comprehensive services under one roof. Outsourcing of services to experts initially followed by an in-house development of all services can be attempted- this will aid in providing quality care and help address the management and logistic aspects more effectively. Amongst the administrative staff, the front end staff should be well groomed, polite and of a pleasant personality. Qualified nurses and counselors can be employed to help in patient care. Personnel who look after the financial, legal, marketing, information technology and business management aspects of practice are most needed. Development of a patient/client base is extremely vital for a successful practice.

Procedures and products: Investment in various equipment, retailing of products, pricing of various services need to be revised based on the changing trends of the services offered.

Promotion and progress: Continual marketing strategies and ethical marketing approaches tailored to the practice needs should be adopted. For progress in practice, a vigilant strategic approach and stringent quality control measures should be adopted by each member of the group at an individual level and also collectively. The SWOT (Strengths, Weaknesses, Opportunities and Threat) analysis is the framework for a business to base its forecasts and learn from its mistakes. The SWOT analysis is very important in a group practice set-up and should be done by the founders at regular intervals to address the practice management issues.

Financial aspects:

A group practice can adopt various types of business organization models- partnership firm, limited liability partnership, private limited company or a public limited company. The type of business organization model can be modified based on the growth and needs of the practice.





TAXATION SIMPLIFIED FOR MEDICAL PROFESSIONALS

Mr. Nambi Arooran CA,
Chennai, India

MEDICAL PROFESSIONALS SHOULD KNOW THEIR STATUTORY OBLIGATIONS

Though a noble profession by itself, nonetheless the Medicos have the fundamental obligations cast upon them by various statutes.

A medical professional may have a salary income, professional income, and also income generated by dispensing of medicine through an attached pharmacy.

- ★ For a person who earns salary income, no books of account needs to be maintained. His/her employer has an obligation cast upon to compute the tax on the salary paid to the medico as per the Income tax Act. The employer deducts tax (TDS) after getting the details of tax saving exemptions/deductions as submitted by the medico. If the employer fails to deduct tax, the employee is obligated to compute tax on his own and pay tax.
- ★ The medico may have separate practice on his/her own or may work as a consultant attached to few hospitals. The payments received through practice have to be accounted for and excess of Income over expenditure has to be calculated. Tax may be computed through a qualified accountant.
- ★ In case the medico is attached to hospital and gets retainer fee, tax will be deducted @10% ad hoc on the payments made to him. The medico has to prepare an Income and expenditure account for the income arising out of such consultancy receipts and such accounts needs to be audited by a qualified chartered accountant, if the gross annual receipts exceed Rs. 50 lakhs. Net income arrived after adjusting all expenditures incurred to earn such professional income will be added to the taxable income and income tax liability will be arrived at after including salary income if any. The adhoc tax at 10% deducted already and the tax on salary income will be deducted and the balance could either result in a refund or a further tax due which has to be paid. If the balance tax so arrived at is estimated to exceed 10,000/- per annum then, one has to pay advance tax through installments on 15th June, 15th Sep, 15 Dec and 15th of March of every year. The medico has to submit his/her income tax return for the financial year annually on or before 31st July every year. In case, the accounts are required to be audited, the due date is 30th Sep. If the income tax return is not submitted within the due date stipulated, then interest and penalties will be levied by the Income tax department.



**Maintenance of the books of account:**

Books of accounts are to be maintained to arrive at the income and produce before authorities. As per Section 44AA(1) of the Income Tax Act 1961, Medical professional whose gross professional receipt exceeds Rs. 1,50,000/- should maintain books of account. The books of account include the following;

1. Cash book (For recording the cash fees collections and cash expenditure)
2. Bank book (For the deposits made and withdrawals/payments done)
3. Mercantile system of accounting (Transactions should be recorded as and when it is occurred) is required to be followed by way of Journals, i.e., transaction should be recorded even though there are no cash and bank out going or inflows. Example: purchase of medicine on credit.
4. Ledgers (This will show the summary under each head eg: travelling and conveyance incurred during a year.)
5. Copies of bills (Purchase of stationery items and equipments)
6. Counterfoils for the receipts issued.
7. Petty cash book.
8. Daily case register- In Form No.3C (Enclosed the specimen)

Opening stocks and closing stocks of Drugs, Medicines, Other consumables, Accessories used in the medical profession.

Form No. 3C Form of daily case register

TO BE MAINTAINED BY PRACTITIONERS OF ANY SYSTEM OF MEDICINE, i.e., PHYSICIANS, SURGEONS, DENTISTS, PATHOLOGISTS, RADIOLOGISTS, VAIDS, HAKIMS, ETC.

Date	Sr.No	Patient's Name	Nature of professional services rendered, i.e., general consultation, surgery, injection, visit, etc.	Fees received	Date of receipt
(1)	(2)	(3)	(4)	(5)	(6)

Place of maintenance of books of accounts :-

- * The books of accounts have to be maintained in the place where the profession has been carried on.
- * Number of years the books of accounts to be preserved – **Minimum 6 yrs.**
- * In case of any tax proceeding is carrying out, then the books of accounts has to be preserved till the closure of such proceedings.

Consequences for Failure to maintain books of accounts

Failure to maintain Books of accounts attracts the penalty of **Rs.25,000/-** under section 271A.

Income tax computation of a Medical professional

- * Any Individual who is carrying on the profession is supposed to disclose all the Gross receipts earned



during the year and they are eligible to claim the expenses incurred for earning such Income.

- ➔ Expenses may be both in the nature of
 - (i) Official
 - (ii) Personal

But, the eligible expenditure for deduction is only official expenditure.

(i) Example : Vehicle may be used for both official and personal purpose. The expenditure associated with the vehicle (i.e) Fuel, Depreciation, Interest on vehicle loan is allowed only to the extent of its usage towards official purpose.

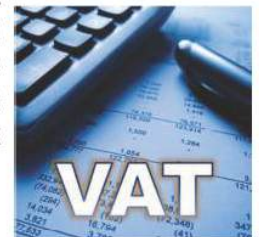
(ii) Example : Expenses incurred for attending a medical programme abroad is allowed but when the expenditure is wholly for personal visit overseas then it is not allowed.

Apart from official expenditure an individual who is carrying on the profession can also avail chapter VI A deductions viz., LIC Premium paid for spouse and children's, Investment towards National savings certificate, Public Provident fund, Medical Insurance premium paid for spouse, children's, parents and also avail Tax credit for the Tax deducted at source(TDS) by service recipient.

The Income earned from running pharmacy activity is treated as Business incidental to profession, separate books of accounts to be maintained in addition to the books of accounts maintained for profession. Separate Profit & loss a/c should be prepared for the Income earned by way of profession and business.

Value added tax :

Generally VAT is not applicable for those who are carrying out Medical profession. But in case if they are dealing with dispensing of medicines through a pharmacy along with his/her profession, then they are required to get it registered in VAT as per the applicable state laws in force. They are required to collect the VAT at the rates applicable on each and every bill and remit the same to the respective commercial tax authorities on monthly basis and also should file the relevant returns.



Service tax :

Health care services provided by a clinical establishment, an authorized medical practitioner or para - medics are **exempt** from service tax.

Health care services means any service by way of

1. Diagnosis or treatment or care for illness
2. Injury
3. Deformity
4. Abnormality or pregnancy in any recognised system of medicines in India and
5. Services by way of transportation of the patient to and from a clinical establishment Health care services does not include

1. Hair transplantation
2. Cosmetic surgery
3. Plastic surgery **except** when undertaken to restore or to construct anatomy or functions of body affected due to congenital defects.





QUALITY CARE AND PATIENT SATISFACTION



Dr. Ashok Thapar
BSc, DMM, MBA, PhD.

Throughout the healthcare industry, we hear a call to transform the way we deliver care and the way we conduct business. If care providers want to improve the delivery, quality of care and patient experience they must be customer focussed. They need to put patients first and at the centre of everything they do; because in today's competitive landscape, our patients have ample choices for their care.

In the effort to improve customer satisfaction and customer experience index, health care provider must first identify what exactly patients want and how do they rate current service(s) in their very subjective and unique proxy measures, because that is what they understand and that is what they perceive as good medical care.



Serious and systematic efforts need to be made in this area by health care providers who have started the journey to transform the way they deliver care. In that pursuit some providers conduct a robust quantitative and qualitative research, hire data analytics consultants to identify the metrics of measurement, develop a quantitative scores and draw insights. Patient satisfaction scores need to be benchmarked with the best amongst nearby providers and subsequently with the national average. We shall discuss some industry cases for a deeper understanding.

Customer service may not seem like a top priority when it comes to bustling emergency rooms or hospitals. But it is certainly becoming increasingly important in the wake of the recent healthcare changes. Is there a need for hospitals and healthcare providers to join the ranks of countless businesses that have had to re-think their customer service standards? Yes !!! And why not?

In the US, lot of hospitals have signed on for multi-year consulting agreements that include workshops and visits to Disney World to observe customer service operations and employee training sessions and re-create the “Disney Magic” at their own hospital. A point to ponder.

Today there is an obvious debate in the medical fraternity whether to call patient as client or customer. Whether to accept the concepts of traditional businesses in the health care system. Though critics agree medicine is a service industry—and, therefore, satisfaction and experience should remain in the forefront—they also note that patients are not customers in the traditional sense of the word. But all agree that true focus should be on providing optimal patient-centred care. It is a problem of terminology. A



customer, according to Merriam-Webster's Collegiate Dictionary, is one that purchases a commodity or service. Physicians must treat each patient as a paying customer or as a client engaging services. This will be deliberated in the session.

Modern concepts of patient centred care are based largely on two reports. First being, the research conducted in 1993 by The Picker Institute in conjunction with Harvard School of Medicine. This research identified 8 dimensions of patient-centred care which are noted below and was called **Patient centred care**.

1. respect for patients' preferences and values
2. emotional support
3. physical comfort
4. information, communication and education
5. continuity and transition
6. coordination of care
7. the involvement of family and friends
8. Access to care.

Second is a report published in 2001 by **The Institute of Medicine (IOM)**, which set forth six aims for a **quality health care system patient safety** and made the above mentioned Patient centred care as one of its dimensions.

1. **Safe:** Avoiding harm to patients from the care that is intended to help them.
2. **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
3. **Patient-centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
4. **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
5. **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
6. **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Excellent medical care is the main driver towards creating and maintaining a good experience and help build the Hospital Brand. However, today's healthcare services must also be attentive, polite and respectful. Like any other skill, the finest customer service requires training, practice and reinforcement. Service providers need to understand the importance of these skills in healthcare and also focus on what matters most to customers seeking healthcare. Some of the key aspects noted across customers were:

- * Empathy
- * Courtesy and respect
- * Good customer service



- * Responsiveness of hospital staff /Management control
- * Information / To be empowered
- * Explanations in easy to understand terms from Doctors and Nurses
- * Pain relief
- * Clean rooms and bathrooms
- * Information when they leave



Patient satisfaction and patient experience are commonly used indicators for measuring the quality of health care. Patient satisfaction affects clinical outcomes, customer development and help builds long term sustainable competitive advantage. It directly impacts patient-centered delivery of quality health care. Patient satisfaction is thus a proxy albeit a very effective indicator to measure the success of planned interventions and customer service delivery. The personal jargons count to patients, and patients will continue to gauge their perceived quality of care in their own proxy terms.

This quality care and customer service workshop introduces participants to both the basics of customer service and the specifics of providing it in a healthcare setting. Establishing distinctions that make healthcare customer service different from other businesses.

While the workshop will focus on above mentioned issues and the discussions will provide physicians and decision-makers with a systematic process to design and implement effective interventions to promote quality in their health care setting; leading to customer satisfaction and patient experience.

The given agenda is an outcome of through secondary data research and 10 years of teaching medical administration students (fresher & experienced) at TISS and other institutes.

The discussion flow:

- * Outline standards of service quality
- * Patient centred care and Quality care
- * The changing trends in the health care systems
- * Customer Satisfaction in the Health care setting
- * Patient satisfaction scores and impact on health care performance
- * Learning from other industries
- * Experience is Brand
- * Interaction feedback and take-home





SETTING UP A PHARMACY IN A CLINIC

Dr. D.A. Satish, MBBS, M.D. (AIIMS)
Senior Consultant Dermatologist-Bangalore

Setting up a pharmacy in a clinic setting is a good value-added service we can provide to our patients. Since the rules and regulations of setting up a pharmacy varies from state to state, I will provide the broad guidelines and discuss the regulations applicable to the state of Karnataka.

1. The partnership deed :

If you have a partner in this pharmacy, you should set up a partnership firm. This partnership firm has to be registered in the office of the Registrar of firms, Government of Karnataka, under the Indian Partnership Act 1932 (Section 58). A current account has to be opened in a bank under the name of the pharmacy.

2. Retail License from the Drug Controller :

Retail license has to be obtained from the Drug controller and licensing authority, Karnataka in Form 20 and Form 21. The License is granted for a period of 5 years which is renewable.

3. Minimal Pre-requisites for the license :

- ★ Adequate premises – 10 square meters (107.63 sq.ft)
- ★ ·If you want to be a dispensing chemist (compounding and dispensing) you need 15 square meters (161.44 sq. ft)
- ★ ·Adequate storage facilities – racks, refrigerator etc.
- Should be in charge of a competent person preferably a registered pharmacist.

The Drug license and registered pharmacist certificate should be prominently displayed in the pharmacy.



4. VAT (Value added tax) Registration Certificate :

Vat certificate can be obtained from the commissioner of commercial taxes, Karnataka and is called the TIN Certificate. The certificate authorizes to collect tax on our sales as specified in the Karnataka VAT Act 2003 and CST Act 1956. Monthly VAT returns have to be compulsorily filed in commercial taxes department. A yearly professional tax of Rs. 1000/- per person per area has to be paid under the Karnataka tax and professions, traders, callings and Employment rules 1976.

5. Other requirements in the pharmacy :

A good Desktop computer and pharmacy software is a must and should. You will need adequate staff, telephone, credit card machine, CCTV cameras (to monitor), printer, stationary, backup power and a store room to keep your inventory.

6. Recurrent expenditure involved in running pharmacy :

The recurrent expenditure involved includes salaries to the employees, software maintenance & upgradation charges, fees to sales tax consultant & auditor.

Setting up and running a pharmacy in clinic setup though challenging, gives tremendous satisfaction. It is an exhilarating experience, which I strongly recommend to my colleagues.





WHAT IS QUACKERY?



Dr. Avinash Deshpande
Medicolegal consultant

Manavi medicolegal consultancy[www.manavimlc.com], CEO-MYLAB Medisolutions Pvt.Ltd-www.mylabz.co.in

Quackery is a health scam that promotes bogus products and services that do not have scientific and proven quality or effects.

- ⊙ It is a short term for **quack-salver** that comes from two Middle Dutch terms that mean “healing with unguents”.

However, **quacken** means “to boast”, so a kwakzalver (*quack doctor/impostor*) might be a healer who boasts about his power or product



Quacks can be divided amongst three basic categories

- ⊙ Quacks with no qualification whatsoever.
- ⊙ Practitioners of Indian Medicine (Ayurvedic, Sidha, Tibb, Unani), Homeopathy, Naturopathy, commonly called Ayush, who are not qualified to practice Modern Medicine (Allopathy) but are practicing Modern Medicine.
- ⊙ Practitioners of so called integrated Medicine, Alternative System of Medicine, electro-homeopathy, indo-allopathy etc. terms which do not exist in any Act.

Following is a synopsis of few landmark Supreme Court Judgements which clearly deny crosspathy and quackery.

Mukhtiar Chand Vs. State of Punjab (AIR 1999 SC 468)

- ⊙ Hon'ble Supreme Court has ruled that harmonious reading of Section 15 of 1956 Act



(Indian Medical Council Act) and section 17 of 1970 Act (Indian Medicine Council Act) leads to the conclusion that there is no scope for a person enrolled on the State Register of Indian Medicine or Central Register of Indian Medicine to practice modern scientific medicine in any of its branches unless that person is also enrolled on a State Medical Register within the meaning of 1956 Act."

Poonam Verma Vs. Aswin Patel (AIR 1996 SC 2111)

- © The Hon'ble Supreme Court has given a definition of a quack a "A person who does not have knowledge of a particular system of medicine but practices in that system is a Quack and a mere pretender to medical knowledge or to put it differently a chariatan."

- © The same was reaffirmed by Supreme Court in Civil Appeal No.3541 of 2002 in Martin E D'Souza vs Mohd Ishfaq and it was held that "a professional maybe held liable for negligence on the ground that he did not possessed of the requisite skill which he professes to have, thus a doctor who has qualification in Ayurvedic, Unani or homeopathic medicine will be liable if he prescribes allopathic treatment..."

None of the practitioner of Indian System are registered in State Medical Register; practitioners of Indian System are registered with State Register of Indian Medicine. Hence, any notification issued by State Government is illegal

Only solution for we doctors is to come together and fight out this menace for the betterment of our medical fraternity and more importantly, for our patients and society.





ACTIONS INITIATED AGAINST QUACKERY

Venkataram Mysore MDDNB DipRCPath(Lond)FRCP(Glasgow)FISHRS
Imm Past President IADVL

Practice of aesthetic dermatological procedures by nondermatologists- what can be done?

Recently, there was a death after hair transplant which was reported to have been performed by an MBBS doctor in a saloon. While the cause of the death could not be precisely ascertained (as postmortem was not done) and could have been due to medical causes, the case demonstrated the lack of regulations and need for regulations in this field.

The Karnataka branch of IADVL Bangalore took up the issue with health authorities in Govt of Karnataka (attached) and we are happy to say that the authorities responded quickly. They issues press notes and a circular to all health authorities , summary of which is:

1. Medical procedures should not be performed by beauty clinics and salons.
2. If they wish to do so, they should take approval and permission as per clinic establishment act after meeting all requirements including appointment of a dermatologist

The circular copy is attached.

This is being published to show what an alert association can do- we need to liason with authorities and use the influence that IADVL has

I urge all members and branches to do this at every level- taluk administration, district and state administrations- individually, and through association

Let us make IADVL influential

P.T.O



To

Mr UT Khader
Hon. Minister for Health & Family welfare, Govt of Karnataka

Sub: Performance of skin and cosmetic procedures in beauty clinics Spas, Salons, and other beauty related establishments
Ref: Recent report on death of a Medical student who underwent hair transplantation in a salon in chennai

Sir,

There has been an alarming raise in performance of several skin and cosmetic procedures in beauty clinics, Spas, Salons, hair clinics and other beauty related establishments in Bangalore in particular and Karnataka in general. Often these clinics advertise heavily in news papers, with exaggerated, unrealistic and misleading claims. These establishments buy expensive machines, deliver treatments which are often proven. A list of such procedures which are performed are attached. These are mostly run by nonmedical professionals and the procedures are performed by untrained technicians and beauticians. They are managed with commercial intent with the sole purpose of making a profit—a heavy fee is charged and patients are fleeced.

This is leading to dangerous situation because of the following problems:

1. These are medical procedures(such as chemical peels, microneedling, platelet rich plasma(PRP))which need knowledge and training - Hence need to be performed by trained dermatologists with MCI recognised qualification.
2. The procedures need asepsis and precautions to prevent infections
3. These procedures need machines such lasers which can lead to side effects and complications if not performed properly
4. The procedures need proper counselling and information about post treatment skin care to prevent complications
5. Several of the treatments such as stem cells are often not based on scientific evidence , but are advertised heavily.
6. Often these establishments use steroid creams for fairness with disastrous side effects
7. Since profit is the sole motive, patients are charged very high fees even up to a lakh of rupees for treatments which can be managed with in 3-6 thousands.
8. This situation can lead to harm for patients. **Recently a patient died after undergoing hair transplantation in a salon in Chennai.**
9. Our understanding is that, **these establishments, currently need to obtain license from BBMP under “Suvarna Aarogya Paravanige” - which is a trade license for a commercial establishment and does not allow performance of medical and cosmetic or hair procedures.**
10. **We recommend following steps for preventing such problems in our state:**
11. 1. A warning and an advisory needs to be issued to all such establishments that **only registered clinics under clinic establishment act can perform the procedures.** The certificate needs to be displayed in the establishment. This should be inspected periodically by the health inspector of the area
12. 2. **The procedures should be done only under the supervision of a trained dermatologist with recognised qualification from Medical council of India who should be present full time in the clinic, as per requirements of the clinic establishment act. The name, qualification and the timings of the dermatologist needs to be displayed prominently.**
13. 3. **Any establishment which is not licensed to perform these procedures need to be prohibited from banning**
14. 4. **These procedures are medical procedures. So the rules for advertisement should be the same as defined by Medical council which are as follows:**
15. a) Advertisement should be truthful, depict realistic information and with out hype
16. b) The advertisements are allowed only in the following circumstances:
17. i) When the facility is introduced
18. ii) When doctor goes on leave
19. iii) When establishment is shifted
20. We urge you to initiate steps to carry out these tasks- a separate taskforce can be initiated to supervise these steps . Our association is willing to help in all ways in this regard. We earnestly hope that under your able guidance , proper control would be exerted for the safety of patients

Dr Venkataram Mysore
President IADVL 2015

Dr BS Chandrashekhar
Sr Vice President

Dr Manjunath Shenoy
President

Dr Shashikumar
Gen Secretary

Dr TS Vidya
President BDS

Indian Association of Dermatologists, Venereologists, Leprologists - Karnataka branch



Government of Karnataka
Commissionerate of Health, Family welfare & Ayush Services,
Anandarao Circle, Bengaluru -560 009

Telephone : 080 -22874196
No. JDM/KPME/07/2016-17

email id: Jointdirectormedical@gmail.com
Date: 17-06-2016

Circular

Subject: Regarding Mandatory Registration of Therapy Establishments under KPME Act & Rules.

Indian association of Dermatologists, venereologists and leprologists Karnataka have given a memorandum to honourable Minister of health and family welfare complaining about medical procedures and delivery of treatments like chemical peels micro needling, laser therapy, platelet rich plasma which are being performed mostly by untrained technicians and beauticians at spas, hair transplantation centres, and saloons. These therapy establishments are owned and run by non medical people. All these spas, saloons, Hair transplantation centres and other beauty related establishments are coming under the category of Therapy establishments under KPME act 2007.

It is observed that Unqualified and inadequately trained technicians are performing the above mentioned medical procedures using laser machines which may lead to side effects and complications. They do not take adequate aseptic precautions and do not give proper counselling and information about post treatment skin care to prevent complications. Even they are indulging in stem cell treatments which need ethical approvals. These therapeutic dermatologic procedures need to be performed only by professionally qualified and trained doctors and the fact is most of these establishments are not registered under KPME Act and rules.

District Health Officers along with local Inspection Committee members under the directions of Chairman District Registration Authority i.e. Deputy commissioner of the District are hereby instructed through this circular to inspect these spas and beauty clinics and other establishments which are practising medical therapeutic procedures and issue notices to apply for registration under KPME Act after giving reasonable time.

Further all these establishments should also apply and obtain Registration and appoint qualified Doctor appropriate to the speciality for consultation, diagnosis and treatment as per the rule 5 sub rule (2) of KPME RULES 2009 and undertaking to this effect is a mandatory prerequisite for registration. Advisory and warning may also be issued to these establishments that

1. As these are medical, cosmetic and hair procedures are to be done only by trained Dermatologist with recognized qualifications from Medical Council of India who is employed can perform these medical procedures or under his supervision.
2. Name qualification and the timings of the dermatologist need to be displayed prominently.
3. Advertisements are allowed as per Regulations of the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002.

J. Swamy 17/6/16
Commissioner,
Health, Family welfare & Ayush Services

To,
The District Health Officer,


Kindly send the compliance report every 15 days as directed by
Commissioner of H&FW

and submission (if any) to the D.H.O. office
17/6/16



This is the Complaint from Marathwada Chapter of IADVL Maharashtra

Reg. No. 19410



Indian Association of Dermatologists, Venereologists & Leprologists

(Maharashtra State IADVL- Marathwada Regional Branch)

<p>President: Dr. M Y Khedkar 116, Gomtesh Market New Gulmandi Aurangabad (Maharashtra) Mobile - 09822680890 Email - dr.mykhedkar@gmail.com</p>	<p>Secretary: Dr. Prashant Palwade Ojas Skin, Hair & Laser Centre 57, Mahesh nagar, Off Jalna Road, Aurangabad Aurangabad. (Maharashtra) Phone - 0240-2345588 / 09323707031 Email - madvlabad@gmail.com</p>
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<p>Vice-president Dr. Govind Kale</p>	<p>To Chief Health Officer, Health Dept, Aurangabad Municipal corporation, Aurangabad.</p>
<p>Treasurer Dr. Girish Saoji</p>	<p>Respected sir, We are members of Marathwada Chapter of Maharashtra State branch of Indian Association of Dermatologists, Venereologists and Leprologists. We are qualified doctors bearing MBBS degree and post graduation in the subject of skin and venereal diseases and practicing in Aurangabad city.</p>
<p>Joint Secretary Dr. Mohd Tariq</p>	<p>We want to bring to your notice some illegal practices being adopted by unqualified doctors to pretend as skin and hair specialist.</p>
<p>Executive committee Members</p>	
<p>Dr. Alhad Jadhav</p>	<p>Skin and hair specialist is field of specialization, which is acquired after MBBS Degree. In our city many BAMS, BHMS and other unqualified doctors are practicing as skin specialists. They have put up large boards, hoarding claiming them as skin, hair and laser specialists. They are writing paid columns in news papers and advertising with false results and promises. All their prescriptions contain modern allopathy medications which are to be prescribed by skin specialists with proper training in use of these drugs. Also, these doctors are using lasers and other procedural equipments which require thorough training and to practice this it has to be part of one's teaching curriculum. The qualification they possess do not entitle them to do any of these things. Thus this is illegal and liable for action.</p>
<p>Dr. Ashok Lohalekar Dr. Maruti Hare</p>	<p>Laser and Hair Transplant treatment need protocols which are not followed by these unqualified doctors and result in damage to health of patient. eg. Last month there was a death in Chennai after Hair transplant in a saloon.</p>
<p>Dr. Jitendra Matsawar Dr. Avinash Diwan</p>	<p>One of unqualified doctor is making a claim that he cures skin diseases within time of 2 minutes which is illegal under The Drugs and Magic Remedies. (Objectionable Advertisements) Act, 1954.</p>
<p>Dr. Ashish Deshmukh Dr. Pratima Bhale Dr. Sunil Naikwade</p>	<p>We have attached copies of prescription and details of such unqualified doctors for your information and immediate action. It's already been very late on our part to bring this to your notice. If action is not taken now, these unqualified doctors will become a menace over a period of time.</p>
<p>Dr. Amit Mahajan Dr. Anupam Takalkar</p>	<p>Looking forward to a constructive step from your side.</p>





PMC CME TAKE HOME POINTS



Dr Prashant Palawade

First CME of Practice Management Cell for the year was planned at Aurangabad, Maharashtra. Topics were selected considering common issues faced by a dermatologist in routine practice. Most of the speakers were selected from the city of Aurangabad. Almost 65 delegates from nearby region registered for CME and it was free for all IADVL members.



Dr. Prashant Palwade, Member, Practice management CME and organizer of CME started proceedings of with a welcome note and gave a brief outline of topics which would be covered by speakers.

Dr. Manish Gautam, Convernor, Practice Management Cell, briefed delegates on formation of PMC as a part of EC IADVL and its agenda for the coming year.



CME started with a talk by **Dr Ajeetsingh Sethi, Dermatologist from Aurangabad** on soft skills and grooming.

He talked nicely about telephone etiquette - opening call, appointment confirmation and closing call, how to pacify an unhappy patient / client, calling person by name at least twice during conversation. He suggested that front desk person should give a call to those patients/clients every morning to confirm or reschedule their procedural appointment. He also emphasized on calling one who comes for disease treatment as a patient and one who comes for skin enhancement procedure as client.

Staff dressing: He suggested using uniform dress code for male and female staff. It should be comfortable, acceptable and chosen depending upon cultural practices and weather conditions. Basics of hair styling and grooming should be taught. Light make up for all staff will enhance their appearance. For recruiting staff one would develop a list of certain criteria and judge candidates on these during an interview. **Incentives for staff** – Speaker practices everyday incentives as a percentage of day's collection and it has to sum up at the end of a month.



It's a good practice to keep a feedback form for all procedural patients / clients to be filled up at the end of the procedure.

Clinic Management Software
Mr. Ashish Patil of Busy doctor software, Mumbai.

Speaker discussed about positives of clinic management software. Ease of data storage, retrieval, managing appointments, accounting etc. Busy doctor software is developed in association with a dermatologist and has been used by more than 150 dermatologists over last 10 years. During panel discussion those using Practo software vouched for its online availability, sophistication and many of its functions.

All in all, everyone agreed that it's high time that one should switch to clinic management software for long-term benefits.

ISO/NABH accreditation
Dr. Mahendrasingh Chauhan. MBBS. MD Pathology
In charge of a NABH accredited blood bank.



Dr. Mahendrasingh Chauhan very comfortably interacted with delegates during his talk. According to him accreditation process helps to maintain quality of repetitive services and avoid errors. He stressed upon the fact that the system is more important than a person. During accreditation process standard operating Protocols (SOP) are prepared for every single procedure or work that is being done at the clinic. Everything is recorded to avoid possibility of errors. E.g If autoclave is done, when was it done? date, time, parameters of temp and pressure, biological markers used to assess the end point are a must. Then, even if the person is different, the process will run its due course.

Setting up of goals, mission statement for a period of time is written and every effort is taken to achieve it as a team. Once you achieve previously set target, then higher goals and standards of care are set for future. The whole process is beneficial to the clinic owner, staff and to the end user i.e. patient. NABH sets up high standards compared to ISO. Only getting certificate is not enough. Making serious changes in the system and following it is what makes a difference.

Managing Finances and taxation : CA Rupali Bothara

Suggestions given during talk:

Give receipts for all payments - consultation or procedure

Maintain daily case record sheets - 3C form Discuss with your chartered accountant before getting into any major purchase or transaction and filling returns.



Service tax for all enhancement procedures like botox, fillers, hair transplantation. Procedures done for the treatment of medical conditions there is no need to pay service tax.

One should maintain a register of all enhancement procedures. Once your income reaches 9 lacs per annum out of enhancement procedures, one should register for service tax and once it crosses 10 lacs, one should start paying service tax every quarter before 6th of that month.



One should keep financial records for 6 assessment years.

A new section called presumptive taxation scheme Section 44ADA of income tax act was discussed. In this scheme, if income crosses 50 lacs, profit is taken as 50% and tax is paid for that. Once you opt for this scheme you will be in this scheme for 5 years. You can not opt out of it.

Financial planning options

Dr. Ashish Deshmukh - MBBS MD Skin



Talked nicely on various financial planning options. Considering inflation at 7 % and adding other things to it the monthly expenses of 50000 today will become 350000 after 15 years. So, one has to make provision for that. Life Insurance cover for a person earning 1.5 lacs per month is 2.5 crore – Term insurance is always better.

One should have an amount equivalent to 6 months of expenses as contingency fund. First save and invest and then spend should be the strategy. SIPs in mutual fund is a better option for long term investment.

For short term liquid deposits - Liquid funds are good – better than FD and savings account. Amount is available in 24 hours.

How to succeed in derma practice

Dr. Dhananjay Chavan - MBBS MD Dermatology, Karad

Dr. Chavan has three clinics in three different cities and has been actively expanding his practice over last decade or so. He discussed about the kind of practice one used to do a decade ago has changed now to more off a procedural dermatology. One should be open to learn and practice different procedures for treatment of various skin ailments. The concept of a skin specialist has changed





from a OPD consultant to a OPD + procedural consultant. If you don't keep yourselves in line with the developments and advances in the field of dermatology, possibility is that you may fall short of many things which otherwise would have been beneficial for you and your patients. While doing this one should also accept one's limitations and understand what not to do.

A nicely planned infrastructure, trained staff and assistants and a dedicated work and knowledge can definitely make you a successful dermatologist in the region over a period of time.

Clinical Establishment Act – An overview

Dr. Pradeep Benzarge - MBBS MD

The Clinical Establishments (Registration and Regulation) Act, 2010 has been enacted by the Central Government to provide for registration and regulation of all clinical establishments in the country with a view to prescribing the minimum standards of facilities and services provided by them. The Act has taken effect in the four states namely, Arunachal Pradesh, Himachal Pradesh, Mizoram, Sikkim, and all Union Territories except the NCT of DELHI since 1st March, 2012 vide Gazette notification dated 28th February, 2012. The states of Uttar Pradesh, Uttarakhand, Rajasthan, Bihar and Jharkhand have adopted the Act under clause (1) of article 252 of the Constitution.



The Act is applicable to all kinds of clinical establishments from the public and private sectors, of all recognized systems of medicine including single doctor clinics. The only exception will be establishments run by the Armed forces.

The benefit according to the speaker is that there will be segregation of different systems of medicine and if implemented to its best there will be a good control over cross pathy and quackery. As every doctor will be assigned to a different registry and there will be supervisory body to keep a check over it.

Dr. Avinash Deshpande

Medicolegal consultant-Manavi medicolegal consultancy

CEO-MYLAB Medisolutions Pvt.Ltd (Article already in this Bulletin)





FEED BACK FORM

Name: _____

IADVL Membership Number: _____

Email: _____

Phone: _____

Area: _____

Type of practice (please tick):

1) Teaching hospital; 2) Non-teaching Hospital; 3) Private Practice; 4) 1+3; 5) 2+3

How would rate the edition of Dermapractice with regards to following (please tick):

A) Topic selection

1) Excellent; 2) Good; 3) Satisfactory 4) Poor

B) Ease of understanding & Language

1) Excellent; 2) Good; 3) Satisfactory 4) Poor

C) Outlay of the article

1) Excellent; 2) Good; 3) Satisfactory 4) Poor

Comments: _____

Kindly email the feedback to:

Dr Manish Gautam

Convenor,

Practice Management Cell

drmanishg@gmail.com

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