

NEGs Autumn Meeting 2012

Marketing Your Practice
Setting up a Website
GMS Pensions explained



Marketing your business





GUIDE TO PROFESSIONAL CONDUCT AND ETHICS FOR REGISTERED MEDICAL PRACTITIONERS

professional conduct
responsibilities to patients
medical records and confidentiality
consent to medical treatment
professional practice



54 Provision of information to the public and advertising

- 54.1 The provision of information about the availability of medical services through the media, internet or other means is generally in the public interest - provided that the information is **factually accurate, evidence based and not misleading**
- 54.2 You may advertise your practice by publicising the **name and address** of the practice, the practice **hours** and **contact details**. You may include your **area of speciality** if it is one that is recognised by the Medical Council and you are entered for that speciality in the Specialist Division of the Register
- 54.3 The **fees** you charge should be appropriate to the service provided. Patients should be informed of the likely costs before the consultation and treatment.



Regarding fees....

National Consumer Agency

- Suggested minimum list of fees to be displayed
- Should indicate fee in advance where possible

GP Consultation normal hours €


GP Consultation out of hours €

GP Consultation Home Visit €


GP Consultation Home Visit OOH €

Nurse Consultation €



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- 54.4 If you consider publicising information further than that specified in paragraph 54.2 in relation to services you provide, either directly or indirectly, you must make sure that the information published in the advertisement is **true**, verifiable, does not make false claims or have the potential to raise unrealistic expectations. This should include information about any inherent risks associated with the services provided.
 - 54.5 You should avoid using photographic or other illustrations of the human body to promote cosmetic or plastic surgery procedures, as they may raise unrealistic expectations amongst potential patients.
 - 54.6 To ensure that members of the public can identify doctors registered in Ireland, you must include your **Medical Council registration number** in any information you publish about your practice.




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- 54.7 If you have a **website**, you must make it clear on the website that doctors may only practice in countries in which they are registered.
 - 54.8 If you have a website that invites users to enter **personal information**, a privacy statement and adequate security measures should be in place to safeguard the information's confidentiality



Marketing & Advertising

- ? A dirty word ? ? Distasteful ?
- Traditionally – GPs relied on their reputation to ‘sell’ their business
- Up to recently, GPs were not given any training in the ‘business’ end of general practice and were also limited by IMC restrictions on advertising
- But – ***GENERAL PRACTICE IS A BUSINESS***
- Marketing is not just advertising . It is a key management discipline that enables the producers of goods and services to interpret what the customer wants, needs and desires – and match, or exceed them in delivery to their target consumers.
- **Even if you're an excellent doctor, patients aren't going to beat a path to your door if they don't know that your practice exists.**



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- The Chartered Institute of Marketing (UK) defines marketing as **‘the management process responsible for identifying, anticipating and satisfying customer requirements profitably’**.
 - In essence – it is about getting the right service to our patients at the right price, in the right place, at the right time.
 - In other words, marketing in General Practice is about letting patients know what services you provide, influencing them to choose your practice over your competitors and facilitating easy access to your service. It is about meeting the patient’s needs and expectations while ensuring patient satisfaction and maintaining profitability.



The 7 Ps of Marketing

- Successful marketing depends upon addressing a number of key issues, known as the **'marketing mix'**
 - Product
 - Price
 - Place
 - Promotion
 - People
 - Process
 - Physical evidence






● Product:

- A successful business will find out what customers need or want and develop their service to meet these:-
- Look at the services your practice provides:
- Are patients aware that you provide these services?
- How do you promote them?
- Are patients aware of the costs?
- Is the environment in which the service is provided adequate/of a high enough standard?



- 
- **Price:**
 - A service is only worth what a patient is prepared to pay for it
 - However – *price alone is often not what influences patients to choose your practice*
 - Patients want ‘**value for money**’
 - Seen on time
 - Given enough time
 - Listened to and dealt with appropriately
 - Don't want surprises when paying so ensure they are forewarned about standard consultation fees and fees for other services outside the standard





- **Place:**

- The location of your practice is of prime importance to patients and must be appropriate and convenient
 - Public transport
 - Parking
 - Proximity to a pharmacy/schools/shops
 - Other considerations – stairs/lift
 - Waiting Room







● Promotion:

- Promotion is the way the practice communicates what it does and what it can offer its patients
(NB – Important to keep this up to date)
- It should be eye catching, appealing, easily understood and should give the patient a reason to choose your practice over your competitors
 - Branding (eg logo, business cards, kids' stickers)
 - Advertising (eg local papers, local school journals, leaflet drops)
 - Signage
 - Practice information leaflets
 - Practice website
 - Text/E mails (NB consent)
 - Social Media - Facebook/Twitter





● Promotion:

- Resistance amongst GPs
 - Fear of being accused of ‘patient poaching’
 - Fear of subsequent reaction of local GPs
 - Suspicion by competition of being ‘all show but no substance’

- Marketing the ‘old way’

- Patient loyalty



● **People:**

- Any member of your team who comes into contact with patients will make an impression.
- Whatever impression they make, be it good or bad, can have a profound effect on patient satisfaction and may influence whether they remain with/return to your practice
- Staff must therefore be properly selected, properly trained and must have a shared view of the image the practice wishes to project





● **Process:**

- The process of providing care and the behaviour of those delivering it is crucial to patient satisfaction
- Consider the processes from the **patient's point of view** rather than from that of the practice

Examples:

- getting through on the phone
- delays in the waiting room
- prescription reordering
- complaints procedures

NB – It is worth carrying out patient satisfaction questionnaires and encouraging patient feedback in the waiting room





• Physical Evidence:

- Paying for a service is paying for something intangible
- Patients can perceive this as unsettling– as they cannot experience the service before it is delivered
- Measures taken to reassure them will help to alleviate any patient uncertainty and to instil a sense of confidence in your practice

(eg – evidence that you value patient feedback , such as a comment/ suggestion box at reception; ensuring that your premises is clean and tidy)





Take a good look at your own practice:

- Are you using all the tools available both externally and internally to communicate effectively with your patients?
- Are your patients satisfied with your practice – your surgery, staff, resources and care?
- Are you satisfied with your office staff and their interactions with patients?





Diploma in Management in Practice



Summary

- General Practice is a Business
- Marketing is a fundamental principle of any business
- Marketing is the management process responsible for identifying, anticipating and satisfying customer requirements profitably (CIM definition)
- Successful marketing depends on addressing a number of factors – the Marketing Mix/ the ‘7Ps of Marketing’





Practice Websites



Why have a website?

- May generate more business e.g. Occ Health, Travel Medicine, special interests
- Promotes the practice
- Project you as a modern, forward looking practice
- Replaces a practice information leaflet offering policies, procedures, times, fees etc
- Useful info source for patients eg re flu outbreaks
- Allow patients to book online appointments, repeat scripts



Any cons?

- Cost
- Need to update site and keep it relevant
- May lead to unwanted spam or calls from marketing companies
- Possible legal considerations
 - Info posted should be true and accurate
 - Medical Council Ethical Guidelines
 - Patient confidentiality



Getting started - website options

Customised options reflecting the amount of time and money available

- Free listing only – on local web portals eg chamber of commerce
- ICGP listing – www.icgp.ie/findagp Make sure your details are up to date !!
- Paid listing – check the T&C carefully



- Static websites - free/low cost, low maintenance eg www.gettingbusinessonline.ie or www.docvadis.ie
- Dynamic websites – interactive, many GPs will employ local web design companies. ~E1000 for a basic site inc search engine optimisation eg. www.gravity.ie
- Look around, get recommendations
- DIY – if proficient in IT, build it yourself using a web design package, many free online



Getting Started - Essentials

- Domain name – your unique address on the internet:
www.domainregistry.ie
Annual fee €62 + VAT (€13.02)
- Sites with .ie domain name are popular
- Webhosting – a company to host your website. Provide services like online backup, email accounts, virus/spam filters, visitor stats
- Basic web hosting ~ €40/year www.hostingireland.ie



What makes a good website?

- Relevant to the viewer
- Easy on the eye (but not too fussy!)
- Easy to navigate
- Serves the purpose for which it was designed
- Up to date

- Extra functionality?



What to put on the website

- Home/Welcome Page
- Who are we?
- What do we do?
- What makes us different (special!) ?
- Practice policies e.g. appts, repeat scripts, emails
- How do you contact/find us?
- Can we help you? – useful form download
- **Look around!**



GMS Pension Scheme

Explained



How does it all work?

- GPs with GMS income participate in the GMS Superannuation Plan in respect of the **capitation payments** made to them (*not OOH/STC etc*)
- Automatically enrolment, even if only have 1 pt
- The GMS Payments Board contributes at the rate of **10%** of such amounts (capitation payments) and each GP contributes at the rate of **5%**.
- The contribution by the GMS Payments Board is not treated as part of the GP's taxable income while the GP's contribution is tax deductible



Say you earn eg €1000 in capitation fees per month...

- 5% of this is automatically taken out and sent to trustees
- HSE adds further 10% through the PCRS (*and this is what makes it all worthwhile*)

€50

+ €100


= €150 invested . Gains and losses are spread over 4 years

- Members can also make Additional Voluntary Contributions to the plan



- GPs are not entitled to make any further pension contributions in respect of GMS payments.
- *For most GPs, the GMS will not provide sufficient retirement income, so they will need to contribute to a **private pension***
- In terms of partnership negotiation, the parties will have to address the treatment of partners GMS pensions and related issues including years of service, private pensioning arrangements, profit share etc






Q.2. What arrangements are available for doctors who are in partnerships?

If a partnership wishes to pool and share its aggregate GMS capitation fees and pension contributions in accordance with partnership arrangements, it should complete "Form A" (see the last page of this report) and send it to Mercer. On receipt of a completed Form A, Mercer will reallocate pension contributions according to the partnership shares with effect from the date of notification.

If the partnership arrangements change a fresh Form A should be submitted. This will supersede the previous Form A with effect from the date of notification.

A doctor wishing to withdraw from a notified partnership agreement may do so by giving written notice to Mercer. From the date of the notice pension contributions will be based on the doctor's own GMS capitation fees.



Example A

Three doctors, X, Y and Z operate in partnership. Their capitation fees and pension contributions are as follows:-

Doctor	Annual Capitation Fees €	Annual Pension Contributions	
		Member (5%) €	HSE (10%) €
X	60,000	3,000	6,000
Y	50,000	2,500	5,000
Z	90,000	4,500	9,000
Total	<u>200,000</u>	<u>10,000</u>	<u>20,000</u>

Suppose that the partnership agreement specifies that Doctor Z has a 40% share and Doctors X and Y each have a 30% share. If the agreement is notified then with effect from the date of notification the capitation fees and pension contributions would be reallocated for Plan purposes, as follows:-

Doctor	Partnership Share	Reallocated Capitation Fees €	Annual Reallocated Pension Contributions	
			Member (5%) €	HSE (10%) €
X	30%	60,000	3,000	6,000
Y	30%	60,000	3,000	6,000
Z	40%	80,000	4,000	8,000
Total	<u>100%</u>	<u>200,000</u>	<u>10,000</u>	<u>20,000</u>



Q.6. At what age can a member retire?

The normal retirement age is 65 but a member who was included in the Plan at its commencement may defer retirement to any age between 65 and 70. If, as sometimes happens, a member continues to receive capitation fees and to pay contributions after age 65, the member may defer receiving benefits until the date of late retirement.

A member may retire at any age between 50 and 65 provided that the member has given up his/her GMS practice and is no longer receiving capitation fees or making pension contributions.

Retirement for reasons of ill health is permitted at any age.

How are benefits calculated at retirement?

Example C

A member retires aged 70 with a spouse aged 65. The member has a main Plan fund of €100,000. If the member has made Additional Voluntary Contributions there will be further options set out under Questions 15 to 24.

Subject to Revenue limits the member has the following options.

(a) To convert the whole fund to pension at a rate of €16 fund per €1 p.a. pension.
The pension would be €6,250 p.a. payable monthly.

or

(b) To take up to one quarter of the fund as cash and use the balance to provide a pension.

The maximum lump sum is €25,000 and the pension provided by the balance would be €4,688 p.a. payable monthly.

or

(c) To direct that the fund be paid to a life assurance company who would then provide the pension.





Governance

Admin by pension trustees

Every Health Board area has a GP rep:

9 GPs on the board

+ IMO Rep

+ Corporate trustee

= 11 members

Dr. Tony Lundon, Chairman of Board of Trustees



MERCER

operate the fund



More information?



- The private entity that operates the General Medical Services Superannuation Plan (pension scheme)
- 01 6039700
- Charlotte House, Charlemont St, Dublin 2
- www.mercer.ie
- Produce an Annual Report, Q&A section





Updates



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Welcome, Ms Orla Sherlock

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Establishing in Practice (NEGs)

The ICGP NEGs is particularly interested in representing GPs who are registrars, locums, sessional, part-time, assistants (GMS or private), new principals and those who have recently completed their training in other countries.

In return it is anticipated that the College will be enriched and strengthened by the considerable talents and energy that establishing GPs have to offer.

- [Click here for more details on the NEGs programme.](#)

[Two Prestigious Prizes Awarded by the RCGP Still Up For Grabs](#)

Applications are still being invited for the RCGP 2012 Manne Berber and Sheppard Memorial prizes. Applications for both prizes can be made until September 29 by submitting the manuscript of the research, audit or essay to the faculty office.

» [read more](#)

[ICGP Presentation Ceremony](#)

The ICGP Presentation Ceremony for MICGP and Course Graduates will take place on Saturday 20 October 2012 in the Royal Hospital Kilmainham. » [read more](#)

[Call for Applications for the Position of NEGs Programme Director](#)

The ICGP invites applications for the position of programme director of the College's Network of Establishing GPs (NEGs). The post of programme director was created to assist the College in focusing on the needs of GPs establishing their career in general

Discussion Boards

Click the links below to access the Network of Establishing GPs discussion boards.

- [Non Clinical Discussions: Network of Establishing GPs](#)
- [Clinical Discussions: Network of Establishing GPs](#)

**Classifieds**

- [Search Classifieds](#)
- [Place Advert Using Online Form \(Members\)](#)
- [Manage my Adverts](#)
- [FAQs](#)

Update Your Details**Are you on the map?**

Updates

- www.icgp.ie/negs - changes to this area
- ICGP Winter Meeting November 24th in Athlone
- ICGP Discussion Board T&C update
 - tone and content should be appropriate for a professional forum
- AOB?

