Learning about leadership isn’t just about career leverage. Whether you’re eyeing the lofty heights of national leadership or want to make a difference on the ground, developing leadership insight might be a step in the right direction.

Australia’s complex and ever-changing health care system opens the door to many leadership opportunities, whether academic, clinical or political. While not everyone aspires to becoming a leader, many find themselves pushed to the head of the table as their interests, passions or achievements grow.

President-elect of the World Organization of Family Doctors Professor Michael Kidd says he hadn’t envisioned a medical leadership career in his earlier years.

“I certainly didn’t imagine when I was at school or at university that I would become president of a medical college or president of a global medical organisation”, says Professor Kidd, who is also Executive Dean of the Faculty of Health Sciences at Flinders University and former president of the Royal Australian College of General Practitioners (RACGP).

“But throughout my career many people have provided mentorship, support, advice and opportunities, which have allowed me to develop my leadership skills and my own leadership style.”

Thinking about leadership early in a career and seeking out opportunities to gain experience can help develop your leadership potential. Although there are many elements that help create effective leaders, it is often their values, and how those values are actioned, that earns trust and collaboration from the teams they lead.

Menzies Centre for Health Policy director Professor Stephen Leeder says “good values matter far more than charisma, strength, and every competence under the sun”.

Charisma and strength are some of the more traditional notions of leadership that still linger in some organisations today but, according to Professor Leeder, they don’t make for effective leaders.

“I have no confidence in competences to save us from destructive leadership. If someone is purporting to be a leader I ask: where is the team he or she is a member of in which they are participating as a leader and what are their values?”

He believes a team needs to be united by a set of “admirable, progressive values, with lots of checks and balances, and accountability to keep us all on track”.

What does it take?

So if it isn’t about traits and skills, what does it take to be an effective leader? Professor Kidd believes great leaders inspire people to have a focus on the greater good, have a clearly articulated vision and possess an infectious passion. Further, they support others to become great leaders too. They also learn from their mistakes, he adds, and accept that not everyone will always agree with them.

“Throughout my career many people have provided mentorship, support, advice and opportunities”

Like many medical leaders, Professor Kidd garnered much of his experience on the job as he rose through the ranks. “Although I had a number of previous leadership roles, when I was elected as RACGP president I organised some professional coaching in leadership,
especially on ways to manage some of the serious challenges which were facing our college at that time and with a focus on some of the areas where I felt I needed more skills”, he explains. “You develop your skills as you go along. And you continue to learn.”

Learning curve
There are many education options available for those who wish to fine-tune particular skills or to enhance their overall understanding of leadership in the health system.

As head of the Nossal Institute for Global Health’s International Health Education and Learning Unit, Dr Tim Moore co-coordinates the Public Health Leadership and Management course, a core subject in the Master of Public Health degree. The course explores the characteristics of leadership, different leadership styles and how they are effectively applied, among other topics.

“One of the big things about leadership is being adaptable to situations, people, issues and perhaps the environment”, he explains. “So the trick is to bring the evidence to the classroom to help students gain not just a working knowledge of what effective leadership is, but real skills in line with that evidence.”

“The expectation isn’t that you’re going to produce 100 prime ministers. What you are going to produce is 100 people with an understanding of leadership, and therefore an ability to be good and effective leaders in whatever positions they are in. But more importantly, they will be able to support great leadership.”

Putting training into practice
Professor Jane Gunn wears many leadership hats, including chair of Primary Care Research and head of the University of Melbourne’s General Practice and Primary Health Care Academic Centre. She’s found training an essential part of leadership development.

“I have had many opportunities via the University of Melbourne to take part in high-quality leadership training from mid career to senior leadership roles. The programs have usually taken place over 12–18 months with intensive workshops and projects”, she explains.

“I have found these programs very useful and I have learnt from them. I highly recommend taking part in these types of activities.”

Professor Gunn believes leadership training should begin early in one’s career. “I think that learning about leadership — from theory to practice — should be a part of medical school training and it should be a very strong part of postgraduate training as well.”

Careers

The lure of leadership

Professor Michael Kidd’s tips for aspiring leaders:

Get some firsthand experience. You learn to be a leader by being a leader.

Seek out experience. Put your hand up.

Read about other leaders, especially autobiographies or biographies of people you admire.

Research the skills and techniques needed. If you are not a great public speaker, or you’re worried about working with the media, or you don’t know much about risk management, go and get some training.

Seek mentoring with an accomplished leader. When I was RACGP president I had an invaluable hour each week with my mentor who was an experienced former leader of our college.

Learn from poor leaders. Examine what it is about people who are not good leaders that makes them so and make sure you don’t repeat their mistakes.

Use your head and your heart to make rational decisions that are balanced by compassion. Then use your gut to make sure the decision feels right.

Support other leaders and those who seek to lead. If you are a leader and someone new is appointed to a leadership role in your discipline, be one of the first to call to congratulate them and offer your support.

“Good values matter far more than the charisma, strength, and every competence under the sun”

Professor Stephen Leeder

News & Reviews

Career advice for students

So you want to be a doctor? A guide to prospective medical students in Australia by Dr Kerry J Breen is an excellent book to help prospective students decide if being a doctor is for them.

The first section about knowing yourself and understanding why you wish to choose medicine is essential reading for any prospective medical student. The importance of personal characteristics and suitability for a career as a doctor is very well explained with a sensitive approach to how to decide if you will have an aptitude for this career.

Where possible the author has used research to support his advice, and covers all the questions likely to be asked by a secondary student.

Section 2 gives practical advice about medical schools and their selection processes, including the benefits and challenges of undergraduate versus postgraduate courses. There is a very good section on issues that may make your time as a medical student and doctor more difficult.

Section 3 covers the questions likely to be asked about life as a medical student, and the author provides a balanced view of the enjoyable aspects of being a medical student and then doctor, but has equally provided realistic information about the challenges.

Section 4 covers career paths, including an overview of the Australian health system which will help both prospective and current medical students understand the complexity of the system. This section will encourage students to consider the longer term — not just getting into medical school without consideration of future training requirements and job prospects.

This book draws together the evidence in medical education and the experience gained by the author during a distinguished career to provide a comprehensive guide to the prospective medical student.

By Professor Barbara Workman, Chair of the Year 5/6 Management Committee for the MMBS course at Monash University, and Anna Power, a fourth year medical student at Monash.
Experience a range of working environments, cultures and practices. Broaden your experiences and travel Australia.

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Nicole Langan, Recruitment Consultant

Contact Nicole on 02 8353 9012 or email nlangan@wave.com.au

**ORTHOPAEDIC SURGEON**
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Start Feb 2013 - ongoing
Operation lists & on call
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**ORTHOPAEDIC SURGEON**
WA – (Ref: 29177)
Various dates April to June
4 outpatient clinics/theatre lists
Earn $2500 per day worked

**ORTHOPAEDIC SURGEON**
VIC – (Ref: 28403)
Various dates March to May
Operation lists & on call
Earn $2200 per day worked

**ENT SURGEON**
NSW – (Ref: 29097)
Various dates February to June
Must partake in on call roster
Earn $2500 per day worked

**UROLOGIST**
QLD – (Ref: 26103)
Mon to Fri. Assist with on-call,
day clinics and surgery.
Earn $2000 per day worked

**UROLOGIST**
NSW – (Ref: 22339)
March to April 2013
Attend ED & daily ward rounds.
Earn $2000 per day worked

**GENERAL SURGEON**
NSW – (Ref: 22710)
Various dates throughout 2013
Assist with the on-call roster
and complete operating lists.

**GENERAL SURGEON**
QLD – (Ref: 28313)
February to June 2013
Must do gastroscopy and colonoscopy.
Earn $2000 p/d

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Medical mentor
Striving for excellence
Professor Zsolt Balogh
Shares his passion for and dedication to caring for injured patients

Professor Zsolt Balogh is the Director of Trauma for the John Hunter Hospital and the Hunter New England Area and a professor of traumatology at the University of Newcastle. His dedication to trauma care extends from the operating table and bedside to the community, where he is also committed to injury prevention, education and research.

How did you get started in your career?
As a first year medical student I participated in after-hours work at the trauma department of my university. I did procedures under supervision in emergency scenarios on trauma patients and hung out with trauma surgeons in major operations. During the six years of medical school I also performed basic science research (traumatic shock and resuscitation) and clinical research (major abdominal trauma). From year six, I worked as a basic surgical skills educator for the year three students. These activities set the foundation for clinical trauma surgery, research and teaching, which are the three main pillars of my practice as an academic trauma surgeon. When I started as an intern, I took any opportunity to work beyond my normal duties on trauma patients.

What are your areas of expertise and your current role? My clinical expertise is the management of major trauma (polytrauma) patients who require time-critical decisions and life-saving interventions. As a surgeon I specialise in pelvic and acetabular fracture fixation, management of major orthopaedic trauma and post-injury reconstruction.

What are the rewards and challenges?
Having the ultimate trust of my patients and the ability to serve them are the most rewarding aspects of my work. The challenge is to provide optimal treatment of the complex polytraumatised patient in a multidisciplinary health care system, which has many other priorities apart from trauma patient management. The rest of my work is relatively straightforward.

Are there any misconceptions about your specialty? There are some real misconceptions about what we do. Trauma surgery is frequently confused with being part of emergency medicine. A trauma surgeon in Australia is a surgeon who is responsible for the continued care of trauma patients from hospital admission to rehabilitation, and who operates on trauma patients within his or her specialty area (most frequently general surgery or orthopaedic trauma surgery). A trauma surgeon is also dedicated to injury prevention, organisation of pre-hospital care with destination protocols, research, education and quality control/assurance.

Who are your mentors? Professor Endre Varga (Szeged, Hungary) mentored me during my early resident years. He was able to accept my opinionated nature toward trauma surgery and showed me the finest example of continued patient-centred care. Professor Ernest “Gene” Moore (Denver, Colorado) is “the” trauma surgeon, with exemplary aspects of a mentor, a no-nonsense master surgeon, and the ultimate scientist and sportsman. Professor Frederick A Moore (currently Gainesville, Florida) trusted me as a researcher through challenging times and really mentored me to the level of an internationally recognised trauma scientist.

What do you enjoy about mentoring the next generation of trauma surgeons?
Mentoring young doctors is extremely rewarding. I enjoy seeing them committed to patient care, translating their continued learning to clinical practice and watching them mature professionally, all for the benefit of our patients. It is great to act for them as a godfather would, protecting them from danger but gradually mentoring them to be able to practice safely, independently and establish themselves as independent researchers.

Would you recommend this specialty? I would, without doubt. There are many aspects of medicine that are questionable and frequently challenged by new findings, and the principles of treatment swing between the two ends of the spectrum. Putting your finger on a hosing artery to stop the bleeding or realigning and stabilising a grossly displaced fracture to restore a human life and function makes a lot of sense to me.

Interview by Karen Burge

What inspired you to want to work in this area?
I was inspired to work in orthopaedic surgery to care for severely injured patients. Orthopaedic surgery can alter the course of a trauma patient’s recovery and potentially help that patient to return to being a functional member of society. The majority of high energy trauma admissions have an orthopaedic component, and this surgery is interesting and complex.

What do you enjoy most about your career?
I love my job for many reasons. Orthopaedic surgery has allowed me to meet many patients with significant pathologies that I can improve with surgical treatment. It is satisfying to see patients do well and return to their normal lives. My job challenges me both intellectually and technically, and I am lucky to have worked in a department that has provided me with many opportunities to develop as a surgeon.

What do you find most inspiring about Professor Balogh?
Professor Balogh has mentored me throughout my career and I am inspired by his focus and drive to improve the care of trauma patients. As well as treating individual patients, he attempts to implement change at a systemic level. Despite being an active surgeon, he also has a very productive trauma research group, and teaches at both local and international levels.

What is next for you?
I am aiming to further develop my skills by undertaking an orthopaedic fellowship in Sydney and then an orthopaedic trauma fellowship in New York.
Pedal power

A firsthand look at the confronting issue of obstetric fistula in Ethiopia set the wheels in motion for palliative care nurse Bruno Cordier, who has found his own way to raise awareness and funds.

“Hamlin Fistula Ethiopia does such unique and important work that we decided there and then to get involved.”

Some people like to ring in the New Year by setting a few simple resolutions. Bruno Cordier, on the other hand, set himself a supersized challenge to cycle some 4097 kilometres, all in the name of a good cause.

On 11 January, he embarked on his solo bike ride from Sydney to Perth, without a support vehicle, for a five-week journey in the blazing summer sun. Why? To help raise awareness and much-needed funds for Hamlin Fistula Ethiopia — a charitable organisation set up by Australian obstetrician Dr Catherine Hamlin and her late husband, Dr Reginald Hamlin. The organisation runs six hospitals in Ethiopia where women who have experienced horrific birthing injuries, such as the obstetric fistula, are able to access surgery and rehabilitation. Training is also provided to local midwives.

The Cycling for Fistulas event was organised by Mr Cordier, a palliative care nurse at Bethesda Hospital in Western Australia, and his partner, Dr Gracie Vivian, a resident medical officer at Princess Margaret Hospital who is due to start GP training this year. The 4000-plus kilometre journey all began with a book. “In March last year, Gracie and I went on a holiday to Ethiopia. On our way there, we picked up Catherine’s gift by John Little from a second-hand bookshop to read on the plane”, Mr Cordier explains.

“With this insight into the inspiring figure that Dr Hamlin is, we decided to visit one of her rural fistula hospitals in Bahir Dar.” It was here that they toured the facility, met with staff and patients, and discovered the important impact the program was having on the community.

“We could see that everything we had read about Catherine Hamlin — her passion, dedication and compassion — was exhibited by the rest of her staff too. The non-government organisation, Hamlin Fistula Ethiopia, does such unique and important work that we decided there and then to get involved.”

Mr Cordier plans to cycle from Sydney to Mildura, then onto Adelaide, Port Augusta and Ceduna in South Australia. From there, he’ll hit the Nullarbor Plain, which he expects to be the most trying part of the journey. The Nullarbor is a 1100 kilometre stretch of flat, arid country where Mr Cordier will face extreme heat and distances of up to 200 kilometres with no facilities in sight. From there, he expects to cross into WA and travel via Norseman to the Great Eastern Highway and across into Perth.

“The journey will take five weeks. I’m aiming to return on Valentine’s Day. In fact, Gracie is organising a sunset picnic for well wishers who would like to greet me as I ride into South Beach in Fremantle”, he says.

Despite being in great spirits, Mr Cordier knows he’s up for a tough ride. Just days before his departure, most of Australia was enduring a week-long heatwave. So why would he choose to take off in the peak of summer on such a challenging solo trip?

“The answer to this would be primarily that I like a challenge! Although I’ve never done long distance bicycle rides before, let alone in summer, I have done several high altitude treks in freezing weather in Nepal, India and Tibet, some of which were solo”, he explains.

“This fundraiser event presents another challenge of a similar nature — solitude and extreme temperatures. I feel that the mental challenges of being alone and of physical tiredness will be difficult, but formative and rewarding at the same time.”

At the top of his list when he returns home, apart from seeing his proud partner, will be a nice hot shower.

The Fremantle-based couple hope to raise awareness about obstetric fistulas as well as $20 000 in funding. If you would like to donate funds or support Mr Cordier on his journey, visit hamlin.org.au/bruno/

Karen Burge

Fistula realities

- Obstetric fistula is a hole in the birth canal caused by obstructed labour. It is estimated that more than 2 million young women live with untreated obstetric fistula in Asia and sub-Saharan Africa.
- Each year, between 50 000 to 100 000 women worldwide develop obstetric fistulae.
- Women who experience this preventable condition suffer constant urinary incontinence, which often leads to social isolation, skin infections, kidney disorders and even death if left untreated.
- Patients with uncomplicated fistulae can undergo simple surgery to repair the hole in their bladder or rectum. The treatment cures up to 90% of obstetric fistulae. However, since 2003 only 12 000 women in over 45 countries have received obstetric fistula treatment in Africa, Asia and the Middle East.

Source: World Health Organization

Karen Burge
Money and practice

Keeping it simple

Finding time to look after your investments can be difficult but with some easy steps it’s possible to streamline your financial affairs so your money works hard, and you don’t have to...

De-cluttering and simplifying can be immensely satisfying. It’s no different with your investments and financial arrangements. Doctors are time poor, and many investments are complex, or require a great deal of ongoing monitoring or administrative involvement, which takes away time from your professional and private interests.

So, while most mainstream investment options are offering fairly lacklustre returns in this uncertain environment, it can be a good time to take stock, simplify and concentrate on those that are relatively straightforward. The goal is to ultimately free up time.

How many of us hate paperwork? There are very few people who relish sitting down to reconcile their bank statements and tax returns — most cheerfully hand them over to an accountant. A good accountant is a huge asset and it’s easy to see the value for money — and it helps that their fees are tax deductible. Ask among colleagues for recommendations, as many accountants specialise in handling doctors’ affairs.

Likewise, those who use a trusted and professional financial adviser are not only grateful for their expertise in dealing with increasingly complex tax and reporting requirements, but it also frees up time while reducing worry.

“Getting your investment mix right and keeping it right for your situation is an ongoing process requiring regular attention. By all means get involved in it yourself, but there are times, I’d suggest, particularly as you enter retirement and need to consider your super options, that getting assistance from a good financial adviser is a good move”, says Paul Clitheroe, chairman of the Australian Government Financial Literacy Board and qualified financial planner.

However, most people don’t rely solely on professionals and manage their own affairs to some degree. It’s important to take an interest. As the years go on, and your financial affairs become increasingly complex and needs evolve, it’s important to do regular reviews.

There are bound to be those shares that looked like a good idea at some point but now languish. The extra bank accounts and credit cards, often with fees attached, that are unused. The odd bits of super in accounts from student years when you worked part-time. It’s important not to overlook insurance too. These can be good places to start simplifying.

Consolidate bank accounts

Banks know most people won’t change their day-to-day bank for either personal or business banking, even if there is a better arrangement available. But often a credit card or home loan with another bank will lead to another bank account, and then monthly fees kick in, eroding any small positive balances. Cheque accounts, while useful for some, are becoming increasingly redundant, and often attract the highest fees. Do you still need one?

Many accounts pay next to no interest, so your money loses value over time, even before the fees kick in, which can further erode small balances if forgotten.

“Getting your investment mix right and keeping it right for your situation is an ongoing process requiring regular attention” Paul Clitheroe

Mortgage v investments

Paying off a mortgage as fast as possible can be a great investment in your long-term financial future. If you have additional money to invest, but still have a mortgage, it can be hard to beat the return on early repayment as the money saved in interest is comparable or even better than the best-performing investment. This can be done by making extra payments on an ad-hoc basis, or an offset account, where excess funds can be parked. While there, it’s like an extra repayment on your mortgage. For example, if you have $20,000 in an offset account, and $200,000 outstanding on a mortgage, your interest will be calculated on just $180,000.

It’s the equivalent of receiving a risk-free return that is more than twice the interest rate on a mortgage. For example, if you pay 5% interest on your mortgage, you need to earn about 11% from investment income to do better than simply making extra payments — if you’re in the 46.5% tax bracket, as many doctors working full-time in clinical practice are likely to be.

The other benefit is the sheer transparency of the investment. You know exactly what your return is. There is no complex paperwork. The lender does all the administration. There are very few situations where this does not make sense. However, financial advisers or banks won’t always fall over themselves to tell you this because they don’t make money out of it. Your saving is their loss.

Adviser bias

If you want to keep investments simple, uncomplicated and stress free, it’s extremely important to never invest in something you don’t fully understand. There are many complex financial products and investment offerings...
out there. Some claim to reduce your tax, some promise returns that are potentially huge.

What they always have in common is someone else makes money if you invest. That includes a commission or fees for advisers, and often additional performance fees for the manager behind the investment, or perhaps time-based fees for your accountant. Disclosure rules are being changed but unless you are comfortable with the fee structure, and it is clearly explained, then sometimes more straightforward investments can be a smarter move in this fairly static environment.

**Property**

Doctors often find property is a very attractive investment. You can see exactly what you have invested in. The tax deductions are good. The administration is not unduly onerous. Property, like all asset classes, goes in and out of fashion. When share markets are roaring ahead, it starts to look like the ugly duckling. But it’s also less volatile, and over time the returns are normally solid, provided you have chosen well. For doctors looking at ways to get ahead, it’s often a great first investment once your mortgage is well under control with good tax deductions available for depreciation, the cost of repairs, management fees and, of course, interest on the investment loan through negative gearing. It’s also quite possible to handle the management yourself if you wish.

For those seeking an extra edge, a property syndicate can sometimes work. Generally considered more suitable for high-earning specialists, perhaps with an interest in building their own facilities to a particular purpose, this can also work well provided suitable structures are in place for the investment vehicle. Accountants and lawyers are essential to ensure tax and funding considerations are dealt with correctly. Exit strategies are also crucial if someone wishes to pull out so they are aware of the implications in advance, particularly if it’s before the agreed time frame of the investment.

**Self-managed super**

If you want a simple life, then this is probably not for you. While doctors have many skills, specialist tax and money management skills are generally not among them. Unless you have a lot of time, a strong ongoing interest in the complexities of the tax system, and a taste for dealing with never ending legislative change, other forms of super will almost certainly be more suitable unless you are also willing to pay an accountant and adviser for their assistance. Those fees also mount up, so unless your balance is high, it’s very hard to get ahead with investment returns at the moment. Not for the faint-hearted or time poor.

Like bank accounts, it’s not uncommon to have several super funds. Most funds make it easy to transfer balances if you move between the public and private health systems during a career. Just keep an eye on fees; and think about ditching any account with a low balance.

**Direct shares**

It wasn’t so long ago that every second person had set themselves up as a day trader, buying and selling as markets surged onwards and upwards. But times have changed and now most direct share investment is undertaken with a long-term time frame. Online brokers remain popular for those who wish to do it themselves, and there are many sources of credible information, but it’s still time consuming to monitor. For bigger amounts, a full-service stockbroker can still be attractive because the administrative burden of trading is reduced considerably.

Shares offering reasonably high yields have been popular while interest rates have been low, but that has forced prices up and there is concern over value. Mining shares have had the wobbles while the world works out what is happening in China and industrialised countries throughout the world. It’s a time of great uncertainty. There is no doubt shares will perform well again but of course no one knows when. In the meantime, getting rid of those that have little prospect of turning around can be a useful step, and any capital losses can be taken into account when doing your tax return. Buying good-quality shares with good long-term prospects still makes sense if you are there for the long haul and take a slow and steady approach.

**Save**

It’s a bit of double-edged sword to say saving makes sense when financial markets are flat, as the interest you earn is so low, and then you are taxed for good measure on that interest earned. But it also means you are well prepared to make the most of opportunities when circumstances change. Building a nest egg is rarely a bad idea. And you can always use it to go skiing while the exchange rate stays strong.

Like medicine, the financial world is ever changing. Deep understanding isn’t necessary to make good decisions, but it helps if some fundamental concepts are well understood. These include the power of compounding interest, the nature of inflation, how the Reserve Bank functions and the impact it has on the economy. Keep an eye on financial publications, newspapers and online market information to stay in touch with the big picture.

Linda Drake
Specialist Appointments

**Medical Director/Lead Radiologist - Southwest WA**

*Full time (FRANZCR), remuneration of $600,000+*

*Start Date: March 2013*

Global Diagnostics has a position vacant for a Medical Director/Lead Radiologist based in the South West region of Western Australia. We deliver managed service solutions for diagnostic imaging across Australia, UK and Ireland. Seeing almost half a million patients across our international business, we are driven by delivery of quality care, improving the access to quality diagnostic imaging, whilst reducing the costs for providers.

**Position**

The role of Medical Director requires a dynamic individual who will provide a broad clinical focus at management level and who can engage with and enhance the radiology team. Key responsibilities and obligations within the role include being an active member of the Global Diagnostics (Australia) Board, representing Global Diagnostics at clinical meetings, forums and conferences and working directly alongside CEO, COO and Senior Management Team. You will also be responsible for identifying requirements, needs and issues of local doctors and developing business contacts and relationships in referring communities.

**Clinical Requirements**

- Quality Assurance
- Lead Radiologist for reporting all modalities and interventional skills
- Radiology Resourcing
- Develop, coordinate and promote clinical training protocols
- Mentoring of senior clinical employees for Global Diagnostics Australia.
- Provide professional support and development to senior clinical employees with Global Diagnostics.
- Attendee at International Board Meetings

Cara Hitt-Minitana at c.hittminitana@globaldiagnostics.com.au.
All applications will be treated in the strictest of confidence. **Applications close 15 February 2013**

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**Great place to work, Great earnings, Mount Isa Hospital**

**Deputy Director Emergency/ Staff Specialist Emergency/ Rural Generalist Emergency**

You will work with a friendly team of 7 SMOs or Specialists and 14 other Medical Officers and experienced nursing staff. Your duties will comprise of an interesting mix of clinical emergency department work, clinical education, remote supervision including occasional site visits, telehealth and more.

The department offers 24 modern treatment spaces including central monitoring for 9 treatment spaces, modern diagnostic and procedural Ultrasound equipment, and much more.

A university attachment including research is possible.

Typical annual salaries will range from approximately $300,000 for junior SMOs to over $600,000 for a senior Staff Specialist.

**PHOs and future Registrars / Rural Generalist Trainees**

Will be working in the emergency department and will be offered rotation with a rural location.

You may qualify for training in DRANZCOG Advanced, JCCA Anaesthetics, AST Emergency, GEM, or Aboriginal Health.

Typical annual salaries on rotation will be $60,000 above the standard PHO/Registrar salaries.

Please contact the Director of Emergency at Mount Isa Hospital:

Dr. Ulrich Orda
ulrich_orda@health.qld.gov.au
Phone: 07 4744 4444 (Mount Isa Hospital Switchboard)
The North West Hospital and Health Service
c/o Ulrich Orda, ED Director
PO BOX 27, Mount Isa, QLD 4825
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St Vincent de Paul Society
good works
We are seeking expressions of interest from experienced, energetic doctors for a fly-in fly-out position at our Meekatharra base in Western Australia. Applicants will provide a range of clinical services including:

- Critical care aeromedical retrievals
- Telemedicine advice

Flexible working arrangements may be negotiated, with a preference for four weeks on at a time.

This varied and exciting position offers the opportunity to work with a team of other doctors and allied staff servicing a large area of Western Australia.

**REQUIREMENTS**

Applicants must be eligible for full Australian registration, with a minimum of 5 years postgraduate experience, including Emergency Medicine and Anaesthetics. Paediatric, Obstetric and General Medical experience is also desirable.

**TERMS & CONDITIONS**

Employment contracts for these positions will be for a minimum of one year but may be negotiable. A formal orientation program and relocation assistance is provided, plus opportunities to complete EMST, APLS and other courses. The excellent remuneration package includes a house and car, travel expenses, holiday and study leave. Salary packaging is available.

**FURTHER INFORMATION**

For further information or to submit expressions of interest:

Email: medical@rfdswa.com.au

Telephone: (08) 9417 6300
If you were to witness a crisis today – a road accident, a house fire, a neighbour in difficulty or, further from home, a famine, earthquake or war – your first instinct would probably be to help.

Now you can put that instinct – so powerful, so human – at the heart of your Will by including a gift to Australian Red Cross. For almost 100 years we have helped people in crisis – you can ensure we are still here to help for years to come.

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Surname .........................................................................................
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Senior Clinical Fellows in Emergency Medicine

Applications are invited for six Senior Clinical Fellow posts in the vibrant forward thinking modern Emergency Departments at the East & North Hertfordshire NHS Trust in the UK.

The Trust provides 24 hour acute health care services to more than 500,000 population in the Eastern and Northern districts of Hertfordshire; jointly seeing new attendances of approximately 130,000 patients per annum. This includes high volumes of adult and paediatric trauma and each department has a supervised paediatric emergency service. Both Welwyn and Stevenage are within 30 minutes of London by train.

Four posts are to start as soon as possible through to 6 August 2013 in order to provide cover for gaps in the training rotation. Two posts are twelve month appointments starting as soon as possible. The post holders will be expected to participate on the cross site rota (1:14 currently) and receive a payment supplement accordingly.

Applicants should have MBBS or equivalent; have completed a foundation programme or equivalent and have at least 24 months of hospital work experience in the core Emergency Medicine specialties of Emergency Medicine, Acute Internal Medicine, Anaesthetics, Intensive Care Medicine, Paediatrics and Trauma and Orthopaedics; with a minimum of 6 months in Emergency Medicine. Applicants must be eligible for full licensed registration with the GMC at time of appointment. These roles are on the UK shortage occupation list and eligible for an application to be made for a UK certificate of sponsorship.

The posts are ideal for doctors wishing to gain further experience to pursue a career in Emergency Medicine or other related acute specialties. Although not training posts, previous senior clinical fellows have had 100% success in obtaining their MCEM and have subsequently obtained specialty training posts. Examples of the ongoing learning and development we offer in the department are a weekly protected teaching programme inclusive of core exam topics, Consultant supervision and clinical scenario management.

For an informal discussion, please contact Dr Faye Weinberg on +44 1438 284709 or Dr Jon Baker on +44 1438 781023.

To apply online, please see our website www.jobs.nhs.uk quoting reference 361-R2R901.

Closing date: 20 February 2013.

www.enherts-tr.nhs.uk
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