

MJA Careers

Career overview



Sport and exercise medicine physicians aim to keep patients active

While much of medicine focuses on the very sick, sport and exercise medicine often aims to prevent people from developing serious illnesses in the first place.

Sport and exercise medicine (SEM) physicians care not just for elite athletes, but for any active people. Much of the work involves helping people resume exercise or other physical activity after an injury or despite a medical condition.

Sports physicians manage acute and chronic sports injuries, conduct exercise tests, create exercise prescriptions and educate athletes about sports doping issues.

Dr John Orchard, a sports physician and associate professor in public health at the University of Sydney, says he was attracted to the specialty because of the chance to work with healthier patients.

"I wanted a career working with

healthier bodies rather than just people who are closer to dire straits", he says.

"Compared to many other doctors who are dealing with end-stage medicine, we are keeping people away from the risk factors."

Dr Orchard emphasises that a growing body of research links physical inactivity to a range of health problems.

Sports medicine is one of the newest medical specialties, having been recognised as a distinct specialty by the Australian Medical Council in 2010.

The training program is less structured than that of other disciplines, and registrars' income levels are not guaranteed (see Training box and Registrar Q+A, both on page C2).

However, Dr Orchard says once registrars are qualified, they can look forward to a varied and enjoyable career with plenty of work.

"The upside is that it's a new specialty and there's genuine demand when you do get your qualification and experience."

Many sports physicians carve out a career that combines clinic-based practice, academic or research work and work for elite or recreational sporting teams.

Dr Orchard, who works with the Sydney Roosters rugby league team and NSW Cricket, says sports team doctors can be well remunerated. For instance, an AFL team doctor can expect to earn between \$100,000 and \$250,000 a year, for a 0.7 load, he says.

He adds that Australian SEM physicians are well regarded overseas, which can help with securing international sporting team fixtures.

Dr Orchard says although most SEM physicians are sports lovers, it's not advisable to work with a team you've barracked for all your life.

"You need to be interested in sports but not so fanatical that you become unscientific in your thinking", he says.

Working as a team doctor calls on varied medical skills, and often also involves management and administrative skills such as coordinating international medical care.

Dr Carolyn Broderick, staff specialist in paediatric sports medicine at the Children's Hospital at Westmead, says team doctors have to do everything, from providing psychological care to baggage handling.

"You build a special rapport with the players and support staff and coaches. Most of it is focused on performance enhancement, helping athletes achieve their full potential, which can be very rewarding", she says.

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Dr John Orchard

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Much of Dr Broderick's work involves creating exercise prescriptions for children with chronic diseases such as haemophilia, as well as exercise testing.

She enjoys being able to work with a range of patients, from elite athletes to children undergoing bone marrow transplants.

Dr Broderick also appreciates that most of her patients enjoy coming to her clinic and are motivated to get better.

"It's a lot more positive experience for them to regain their muscle strength, rather than the invasive tests or treatments they may have in other parts of the hospital", she says.

The vast majority of SEM physicians work in the private sector, and Dr Broderick is, to the best of her knowledge, the only staff specialist in a public hospital.

The hours are also more flexible than in many other specialties, with less on-call or after-hours work. SEM physicians who work with a sports team often have to work on weekends, but this



Dr Orchard holds the National Rugby League trophy



Dr Orchard with rugby league player Craig Wing

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You need to be interested in sports but not so fanatical that you become unscientific in your thinking

Dr John Orchard

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may involve attending sporting matches rather than pacing hospital wards.

As SEM is a new and growing discipline, there is a lot of potential for registrars to develop subspecialty interest areas or make research advancements. There is also unmet demand for sports medicine physicians in outer suburbs and rural areas.

"There are lots of niche areas that haven't been explored, such as paediatric sports medicine", says Dr Broderick.

She says she would strongly recommend the career to a junior doctor.

"I look forward to going to work every day."

Sophie McNamara

Registrar Q+A

Dr Bianca Scotney, 3rd year sport and exercise medicine registrar, Melbourne

Why sports medicine? I started out in a surgical training program but was attracted to do something with a better work-life balance. The more I thought about sports medicine, the more appealing it seemed. It's not just about treating musculoskeletal complaints; research shows that low levels of fitness have a massive impact on morbidity and mortality. By working with patients and helping them to keep active, we can improve or prevent chronic conditions like hypertension, cardiovascular disease, hyperglycaemia and mental illness. Physical activity even has favourable effects on some cancers such as bowel cancer. Compared to other areas of health care which are more reactive, sports medicine is more about prevention, through its promotion of a healthy lifestyle.

What do you like most about it? It's a really positive work environment. In general, the clientele are highly motivated to regain or improve their level of fitness. Restoring people's functional ability, whether it's a recreational exerciser, elite athlete or someone recovering from a workplace injury, is very rewarding. We also provide tailored exercise programs for patients including people with diabetes, those recovering from heart disease and post-pregnancy. The work is varied and, in addition to needing a good knowledge of musculoskeletal medicine and radiology, it requires procedural skills, acute emergency medicine skills when covering sporting events, and general practice skills when travelling with teams.

What work have you done with sports teams? I've worked with Netball Australia, Collingwood Football Club, Swimming Australia, Gymnastics Australia and various adventure racing events. As a team doctor, I've travelled interstate and abroad. There's a huge demand from sporting teams looking for doctors with some expertise in the field so there are lots of opportunities for registrars.

How does the training program differ from other specialties? It is a fledgling specialty, so the practice principles are not as well established as in other specialties and there are always new research findings coming to light. The registrar teaching is more self-directed: we create our weekly teaching program, arranging for speakers and specialists in the field to tutor us. It can be time-consuming, but taking ownership of your own learning makes you more enthusiastic about the activities you've organised.

Is there anything you dislike about it? For the first 3 months of training you sit in with a consultant and don't receive any income so it's difficult on the finances. Once you start building your own patient lists you earn a decent income and the hours aren't too crazy. If you look at the balance between pay packet and hours, it's favourable.

Future plans? I see myself consulting in a multidisciplinary sports medicine practice with some sports team and travel commitments while raising my family and staying fit! There is the opportunity to have a little bit of everything in sports medicine.

Training

The Australasian College of Sports Physicians is the only accredited provider of specialist training in sport and exercise medicine. Unlike most other specialist training programs, the entire 4-year training program is conducted in the private sector. Registrars must spend at least 1 year of their training interstate, to gain exposure to the breadth of the discipline, and also need to undertake a compulsory research project.

Although recognised as a medical specialty, there are no government-

funded training places for registrars. Instead, trainees negotiate private employment agreements with their training practices, generally receiving a percentage of practice earnings, but salary levels are not guaranteed (see also Registrar Q+A, right).

The discipline remains small, with a maximum intake of only about 10 first-year trainees each year.

The training program offers good flexibility for registrars with family or other commitments, as part-time training and training breaks are possible.

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Medical mentor

Dr Susan White reflects on her career in sport and exercise medicine

After completing her medical degree at Monash University, Dr Susan White was among the first four registrars to obtain her fellowship from the Australasian College of Sports Physicians. In addition to working at Olympic Park Sports Medicine Centre in Melbourne, she holds a variety of leadership roles in sports medicine. She is chief medical officer for Swimming Australia, deputy medical director for Australia's 2012 Olympic team and a member of the Australian Olympic Committee Medical Commission. She is also a member of several anti-doping agencies, and team physician for the Melbourne Vixens netball team.

"I was always an active person, but I hadn't thought of specialising in sports medicine when I was a medical student. Instead, I was planning to do rheumatology training. All that changed when a sports physician called me and said he was looking for a new doctor. At the time, I was doing an intensive care term and I was a bit sick of the night shifts. I thought I'd give it a go for 12 months and see if I enjoyed it.

I ended up liking it because I enjoyed dealing with not necessarily just young people, but active people who were always keen to get better. We see a range of patients, from children right up to 80-year-old farmers who may have fallen off their tractor and hurt their shoulder. We see a lot of people who are active for their work, such as teachers and police, recreational athletes, lots of kids, and some elite athletes. It's a speciality where you often have good outcomes, which is satisfying.

One of the beauties of sports medicine is that you can do lots of different things and find the balance that suits you. Some people mainly consult in their rooms or at private clinics, but I've chosen to do a mix of administration,

anti-doping work, major teams work and academic-type work (I'm on the editorial boards of two sports medicine journals), as well as consulting with patients.

As a member of the Australian Sports Drug Medical Advisory Committee, I provide advice to other doctors on drugs in sport. I'm also involved in therapeutic use exemption, which means determining whether an athlete has a justifiable medical indication to take a banned drug. For instance, insulin is banned, but we do have athletes with diabetes. So I help make those decisions. I'm also on the therapeutic use exemption group for the World Anti-Doping Agency.

There are huge opportunities to get involved in the administrative side of sports medicine. For instance, as chief medical officer for Swimming Australia, I organise medical cover for events, organise doctors or physiotherapists to travel with teams, set up protocols for how injuries are managed across the country, manage their anti-doping program, and so on. I previously held a similar role for Netball Australia.

You can also be involved in major international sporting events. I provided medical cover for rowing at the Sydney Olympics in 2000, I was the team doctor for the Australian swimming team in Beijing in 2008, and I'm off to London next year as deputy medical director for the whole Australian Olympic team (more than 700 athletes and officials). Going away with a team is not glamorous. If you get to do any sightseeing, that's a bonus. It's also worth noting that the work is all voluntary at the Olympics. But it's really enjoyable becoming part of the team. You can enjoy being a part of their success because you've made a contribution.

Being away is also a good learning experience because you work in a multidisciplinary team. I always pick up new skills, particularly because it's not just about managing injuries, it's about managing people. There's a lot of psychological care involved, particularly on tour, because you're taking young people away to a stressful environment. Athletes aren't excluded from the mental health issues that often affect young people in general.

I've done a lot of work with the Paralympics and, in 2006, I was medical director for the Australian Paralympic team at Atlanta. Medically it's much tougher than the Olympics, because you have to deal with so many complicated medical problems. But I think when the Paralympians have success the joy is almost greater, because it's in spite of so many difficulties. Some of my career highlights are from the Paralympics. Another highlight was when I was looking after the Australian netball team and we beat New Zealand in New Zealand. I love the New Zealanders but there's nothing better than beating them in New Zealand!

It's been a great career. I've got to do some wonderful things and I've gone to some great places. As my three children have become older, they've also been able to get involved. So when I'm covering a netball game, they might come along and carry the water bottles. It's a flexible work environment. It does involve some after-hours work, as sport happens on the weekends, and it's not the highest paid speciality. But you do get lots of rewards from doing it. It's suited me."

Interview by **Sophie McNamara**

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Some of my career highlights are from the Paralympics

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Money and practice

Disaster lessons

Rebuilding professional and personal lives

This time last year Australia's eastern seaboard was in the grip of disasters as floods and cyclones devastated towns and cities. Many doctors caught up in the devastation are still getting their practices and lives back together.

The disasters highlighted some important issues that affect all medical practices to ensure they are prepared for any calamity.

Major flooding as occurred in Queensland and Victoria often does not allow time to rescue equipment from the surgery, emphasising the importance of offsite backup of all medical records and other essential data. Online backup is often the safest way to ensure these data can be recovered.

Adequate insurance can be the key to recovering from a disaster, so all policies, including business protection insurance, should be regularly reviewed (see box 2 page C7).

Dr Bruce Chater, a GP in the Queensland town of Theodore, 600 km north-west of Brisbane, is still working out of a demountable, temporary surgery after devastating floods in December 2010 led to the whole town being evacuated.

Dr Chater, head of the University of Queensland's discipline of rural and remote medicine, did not have flood insurance. He had been told by his insurance broker that flood insurance was not available — he discovered too late that it was. "Nothing at all was covered", he says.

His losses amounted to more than \$400 000 on top of recent investments in the practice, which is why he turned to the federal and Queensland governments for assistance. He applied for government infrastructure grants, for which construction of a new surgery



Dr Bruce Chater, Theodore, Queensland

is shortlisted, and the state government agreed to support the construction.

Within 3 days of being allowed back into Theodore — 2 weeks after the floods — the practice was set up in rooms in the Theodore Hospital. About 9 months later, a surgery was set up in a demountable building supplied by a local mining company and with help from Queensland Health.

Most of Dr Chater's equipment was saved, through the back-breaking effort of carrying it upstairs in his home (to which the surgery is attached), including a 120 kg x-ray processor, as the floodwaters rose. However, most had some damage and needed repairs,

1: Look after yourself

DR ROBERT GRENFELL says doctors caught in the middle of a disaster have a moral obligation to look after themselves so they can help their community get back on its feet.

Dr Grenfell, whose home was damaged in the Victorian floods a year ago, says if doctors can't function, they put many in the community at added risk.

He was a GP in Natimuk, near Horsham in western Victoria, when a torrent of water filled the town's streets and Natimuk Creek — which had been dry for about 12 years — after 115 mm of rain.

Dr Grenfell was on his way to Melbourne after work when a neighbour called to say his house was about to "go under", so he did not have the opportunity to prepare.

"It's hard to describe the impact. Even though only about 15–20 cm [of water] entered the home, the silt gets into everything at that level, all the timber swells and septic tanks overflow", he says.

But the worst outcome, which is still unresolved, is arguing with his insurance company about the definition of "flood". Dr Grenfell estimates his home still needs about \$60 000 worth of repairs.

He is angry with his insurers as he had six policies with the company worth thousands of dollars. Arguments with the company have also exacerbated the sense of grief and loss from the floods.

It was the personal impact of the floods that Dr Grenfell initially struggled with, especially thinking of the many lost personal effects. While unaffected patients quickly got on with their lives, Dr Grenfell says those affected found it difficult to get their lives back on track.

After 13 years as a GP in the town, Dr Grenfell is now working for the Heart Foundation in Melbourne, although he still calls Natimuk home. He emphasises that it was not due to the floods that he left his practice, which is still operating.

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People were very generous and I had to learn to accept their help and to say thank you

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Dr Bruce Chater

and all consumable stock was lost.

Dr Chater had taken his server out of the practice before the floods, so all medical records were intact.

He doesn't expect to be in his new surgery until the end of this year, but believes his experiences provide some valuable lessons.

First is to always check for yourself if told insurance cover is not available. Insurance brokers do not offer all available options. Dr Chater has now taken out comprehensive insurance which covers flood through an independent broker.

Second is to listen to the locals — past experience can provide valuable lessons — so you can forward plan for possible catastrophes.

And doctors must learn to say thank you. "People really appreciate what you [as a doctor] have done for them in the past and they want to help you. People were very generous and I had to learn to accept their help and to say thank you."

Dr Steve Hambleton, president of the Australian Medical Association, says doctors involved in catastrophes must remember that they are human and will suffer the same anxiety and stress as their patients.

"Often in the first few days you are on autopilot and don't recognise your own depression and emotional reaction to what has happened", says Dr Hambleton, whose home was badly damaged in a freak storm that hit the Brisbane suburb of The Gap in November 2008.

He says catastrophic experiences emphasise why doctors should have their own GP to turn to and why they need the support and help of their colleagues.

Kath Ryan



2: A confusing business

IT may be stating the obvious, but when it comes to insurance cover for natural disasters, "read the policy" is still the best advice from the Insurance Council of Australia to medical practice owners.

"And don't be shy about using an insurance broker to get advice", says Mr Karl Sullivan, the Council's general manager of policy, risk and disaster planning. "[Insurance] can be a confusing business."

Mr Sullivan says practice owners should ensure their insurance policy covers a "total loss event".

"Some business owners set their policies at 20%–30% below the amount needed to cover a total loss", he says. Guidance on the amount needed can be checked using online calculators provided by most insurance companies, or through a broker experienced in your area or with your type of business.

The floods which devastated large parts of eastern Australia in late 2010 and early 2011 resulted in the establishment of a federal inquiry into the operation of the insurance industry during disaster events (<http://www.aph.gov.au/house/committee/spla/insurance/index.htm>).

Most insurance problems after last year's floods centred around whether policies covered floods and on the definition of "flood".

Whatever the outcome of those inquiries, practice owners need to know the risks that their surgery faces from flood, fire or other natural events, Mr Sullivan says.

Surgeries in flood-prone areas need the highest insurance cover available, he says.

Doctors can check exposure to flood risk through their local council, which can supply a certificate of flood risk for each property. It is also a good idea to talk to people who have lived in the area for many years.

The price of flood insurance varies, depending on where a practice is located. Practices in flood-prone

areas will pay a much higher premium for flood insurance than those in areas where flooding is unlikely.

Mr Sullivan says in towns which are flood prone, commercial and light industrial premises — including medical practices — are more likely to be located in the flood zone. "So, really, [practice owners] need to be aware of the proximity of a flood plain if they are in a flood-prone area", he says.

However, he suggests all practices should consider flood insurance wherever they are located. In areas not prone to flooding, adding this coverage will be cheap but it means the practice will be covered in case of that unexpected disaster.

Nearly all insurance policies cover fire. However, in bushfire-prone areas a higher premium is likely to be charged.

Mr Sullivan says although practice owners can get insurance to cover damage to their surgery and most contents, it usually does not cover specialist equipment which often requires bespoke insurance. This is available through specialist insurers or sometimes via the suppliers of the equipment.

"Specialist equipment is sometimes only insured for theft and fire. Doctors should read their policy documents to see what coverage they have for this equipment", he says.

For medical records, which are often the most valuable part of a practice, insurance is available to cover the cost of business interruptions while the records are recovered or restored. However, Mr Sullivan says practice owners may need to show they have a recovery process, such as electronic records kept off site.

"Insurance is only one part of the risk management process", Mr Sullivan says. "Practice owners who have assessed their entire risk can then intelligently work out their insurance needs."

Road less travelled



Climb every mountain

When it comes to peak experiences, Dr Rob North has seven of them under his belt

Dr Rob North has scaled seven of the tallest peaks in the world within a decade, yet the rural Victorian GP — who, in 2010, made it to the summit of Mount Everest — plays down his climbing credentials.

An avid hiker and lover of the wilderness, Dr North says he became involved in climbing by accident in 2001 while hiking in Nepal.

On this particular trip, he says, he was hankering for something a little more challenging and, before he knew it, he'd signed up with a small, recently established climbing company he'd chanced upon.

"I love open spaces, so a mountain is as good a place to be as any other as far as I'm concerned", Dr North says.

He climbed Mera Peak in the Himalayas — a climb that was high, but not too technically difficult — and things went so well, he agreed to climb South America's highest peak, Aconcagua in Argentina, with the same group.

Next came Mount Kilimanjaro, the tallest peak in Africa, and from there he was on a roll. On the following trip he scaled three peaks: Mount McKinley in Alaska, which was a more technically challenging climb; followed by Mont Blanc in France; and finishing off with Russia's Mount Elbrus, the highest peak in Europe.

It was at this point in time, Dr North says, he decided that as he'd scaled five of the world's highest mountains, he may as well make it an even seven, a feat known in mountaineering circles as the "seven summits" challenge.

Mt Vinson in Antarctica was next on his list. Though he was no stranger to the area (he'd worked there twice previously in a medical capacity), Dr North says this climb was one of the highlights of his life.

"We walked in places where no one had ever walked before. It was spectacular and special. It's the best thing I've ever done", he says.

Although he was usually the one toting the medical kit on climbing trips,



Dr Rob North on a climbing trip in Antarctica

this time he was the official team doctor. "Fortunately I didn't have to do much", he says.

But he still had one last mountain in his sights and, in 2007, he made an attempt at climbing Mount Everest. "I got a bit freaked out just 3 hours from top and turned around. I lost the motivation, that drive to get to the top", Dr North says.

"Then, last year, I went back and I was in a different headspace, and I made it to the top. Everest is not like any other mountain. There is a rope all the way up to the top which you clip onto and follow."

He says he only needed to use his medical skills once on the Everest trip, when a man with appendicitis needed to be transferred out.

"I've also been involved in altitude sickness cases, which involved putting people into inflatable compression chambers that are kept at the base camps", says Dr North.

In terms of his own health, Dr North says he's been lucky. "I've had no problems apart from a mild case of altitude sickness, which everyone experiences."

"You feel nauseous, your heart races, you get a headache, you lose your appetite, you feel lethargic and you

can't sleep properly. It's pretty ordinary actually", he says.

"I find the physiology of it fascinating though. On top of Everest you are only getting a third of the oxygen you'd normally get."

In addition to scaling mountains, Dr North has had other adventures, including a stint as camp doctor on a private base in Antarctica and a post as a ship's doctor. He began his general practice training in 2003 but managed to squeeze these other trips in by working as a locum and taking time off between placements.

Now a qualified GP-obstetrician, Dr North has bought into a practice in Seymour, 100 km north of Melbourne. He also has a young family so he's put his adventures temporarily on ice.

These days, he's using some of the medical knowledge he gained on his trips in his practice, which includes a small travel clinic. Not surprisingly, he particularly enjoys advising on high altitude trekking in Nepal and South America.

In terms of the future, Dr North says he plans to keep trekking. "Hopefully some of the younger family members will learn to love it as well", he says.

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We walked in places where no one had ever walked before. It was spectacular and special. It's the best thing I've ever done
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Amanda Bryan

Overseas Appointments



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- Laboratory Medicine
- Diagnostic Radiology

REQUIREMENTS

- Basic Medical Degree registrable with the Singapore Medical Council
- Completed specialist training, with recognised post-graduate qualification registrable with the Singapore Specialist Accreditation Board
- Possess leadership qualities, high interpersonal relationship and communication skills

HOW YOU CAN APPLY

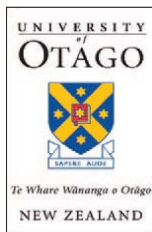
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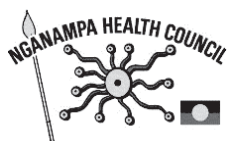
FAMILY PHYSICIANS

Estevan, Saskatchewan, CANADA - We are seeking General Practitioners with specialties, particularly in Anesthesia who are interested in an overseas experience in Canada!

We are a rapidly growing city of 13,000 supporting a region of 40,000 with a wide variety of amenities and offer a very competitive incentive packages for Family Physicians with needed specialties and a variety of business models are available. Quality of life is what you can expect and this is a great place to raise a family. Terrific EMR incentives and support. St. Joseph's Hospital is an accredited, faith based hospital with 53 acute care beds, 38 long term care beds, 3 ICU beds and a brand new unit that treats 12 dialysis patients per day. The Hospital treats 18,000 emergency and outpatients per year with 350 obstetric cases per year. Income levels average \$300,000 per year.

Email citymanager@estevan.ca for more information.

GP Opportunities



GP's/Medical Officers

As a General Practitioner, you will work as part of the regional clinical team, under the direction of the Medical Director to **deliver comprehensive primary health care to Aboriginal people living in the communities of the Anangu Pitjantjatjara Yankunytjatjara Lands.**

In this varied role you will work in a highly organised, well resourced, and best practice environment where you can be sure your health checks and treatment plans are followed through.

Choose the way you work, including **job share, 3 months on/3 months off, fly-in/fly-out for periods of two weeks** a few times a year to suit your lifestyle.

Successful candidates will be provided with **modern, furnished accommodation** on the APY Lands, along with a **fully maintained 4WD vehicle.**

In addition, you will receive a **highly attractive salary package of \$220,000+ per annum** (negotiable with experience and qualifications) including **flexible salary packaging arrangements** and a range of further benefits, including:

- * Up to **9 weeks leave** per year;
- * **Potential eligibility for the GPRIP payments** - this could be as much as \$159,000 over the first two years of employment;
- * **2 weeks study leave** in order to plan and develop your career;
- * **Full support** from the health team; and
- * **Relocation costs** assisted.

This is a **unique cultural experience** with a well respected and supportive health organisation. Don't miss out - **APPLY NOW!**

Aboriginal and Torres Strait Islander people are encouraged to apply.

www.nganampahealth.applynow.net.au

If you have any further questions phone 1300 366 573.

Doctor for Travel Medicine Clinic Brisbane

Part time or Full time. Contact Dr Deb Mills email@drdeb.com.au
Ph 0408199166 www.thetraveldoctor.com.au

Full time or part time GP

required at well established privately owned family practice in Castle Hill, Sydney. Bulk billing/private rates.

Contact Dr Robyn Trompf ph 0428505811, 02 88505411

University Appointments

Medical Education Fellow, Monash University

Eastern Health Clinical School, Monash University is providing an opportunity for a doctor to develop skills in health professional education, scholarship and research.

If you have proven ability, commitment and passion for engaging in academic activities and the ability to promote medical education within the University, health service and to the greater community, we welcome your application.

For further information or to apply for this role, please refer to <http://www.monash.edu.au/jobs/>

Specialist Appointments

Director of Medical Student Education.

Rural Health Academic Centre

This Associate Professor Level D role sits within the prestigious University of Melbourne Faculty of Medicine, Dentistry and Health Sciences, in the Rural Health Academic Centre. The Rural Clinical School program is an Australian government funded program to provide clinical training to medical students in rural locations. The Rural Clinical School is one of six clinical schools of the Melbourne Medical School and is centered in Shepparton with bases in Ballarat, Wangaratta and other rural centres.

As the Director of Medical Student Education you will have a medical qualification recognisable in Australia and you will provide leadership in the delivery of the Melbourne Medical School curriculum and student support at the Rural Clinical School, Shepparton, Victoria. You will be responsible for the organisation and implementation of the Rural Clinical School program which includes providing leadership in curriculum development and implementation of the new medical degree, the MD, which commences clinical training in 2012.

You must be able to develop good working relationships with senior and junior medical staff who provide clinical teaching, and with management at the hospitals affiliated with the Rural Clinical School, as well as with general practitioners who teach in the community setting.

In this position, you will be eligible for appointment as Chair of the Rural Health Academic Centre (RHAC), which will become vacant on 1 January 2012. The RHAC incorporates the Rural Clinical School program and the University Department of Rural Health (UDRH) program, also funded by the Australian Government. The UDRH is engaged in health workforce development, research into rural health, Indigenous health, primary mental health care, sexual health and health informatics. The RHAC has a budget of over \$10M and employs 27 FTE academic staff and 29 FTE professional staff.

Shepparton is a major regional centre with a vibrant arts community and excellent local and independent schools. Only two hours north of Melbourne, Victoria in the Goulburn Valley region, the area features magnificent food and wine, beautiful countryside and waterways, glorious weather and numerous attractions and family friendly activities.

A generous remuneration package, which includes reasonable relocation costs, will be negotiated with the appointee. This is a part-time to full-time (0.8-1.0 FTE) continuing position. An appointment at Level E (Professor) will be considered for an applicant qualified by academic achievement for appointment at this level.

Salary: \$120,836 - \$133,124 p.a. (pro rata where applicable) plus a clinical differential loading of \$18,778 p.a. (pro rata where applicable) plus 17% superannuation.

Job No: 0022191

For position information and to apply online go to www.hr.unimelb.edu.au/careers, click on 'Job Search' and search under the job title or job number.

An Equal Opportunity employer.

Z0152066 CRUCOS:0016K

dream large



Recruitment



General Surgeon – General Surgery

Whakatane Hospital - full time, fixed term

We are seeking to appoint a General Surgeon to a 12 month fixed term position at Whakatane Hospital. Whilst this position is primarily based at Whakatane Hospital, services would also be provided at Tauranga Hospital.

You will

- Be part of a team of General Surgeons taking part in the provision of general surgery
- Hold a specialist qualification and be registered with the Medical Council of New Zealand
- Have wide general surgery experience
- Have good communication skills and a flexible approach to work

It would be an advantage to have skills and experience in surgical endoscopy. For further information, please contact Joyce Regan on +64 7 579 8677 or via e-mail at joyce.regan@bopdhb.govt.nz

Position No. 91102-16

Closing Date: 7 February 2012



For further information and to apply please visit our website www.bopdhb.govt.nz or ph +64 7 579 8361. Please quote position number when applying.



Put us where we're needed. Please put us in your Will.

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. For more information about including Red Cross in your Will call us now on **1800 649 685**, email bequests@redcross.org.au or fill out the attached form.

Please send the coupon to:

Australian Red Cross, Bequests, PO Box 196, Carlton Sth VIC 3053

- I am interested in leaving Red Cross a gift in my Will, please send me information
- I have already left a gift in my Will to Red Cross

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Address

Postcode Telephone

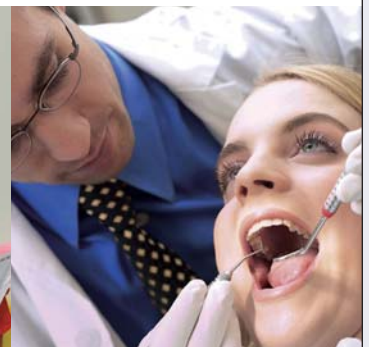
AMJ-JAN2012



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Department of Health

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Ray White Commercial



Spendelove Private Hospital - Gold Coast

- Unique opportunity to own and run your own private hospital
- Licensed 24 bed sub-acute luxury private hospital
- 3 level solid construction building with internal lift access
- Superb location, minutes from Southport CBD directly opposite Allamanda Hospital and within the Gold Coast medical precinct
- Spendelove Private Hospital is the only one of its kind in Queensland
- Exciting and very rare opportunity to acquire property and business
- Enormous upside potential exists for owner operator

Expressions of Interest

Closing 4pm Wednesday 22nd
February 2012

Wayne Devenport 0403 292 629

w.devenport@rwsp.net

www.rwcommercial.net

*approx

Commercial Gold Coast

Real Estate

LARGE COUNTRY NEUROLOGY PRACTICE - NORTHERN NSW

For sale, 2 hours to Brisbane, half hour to Byron Bay. Two Medical faculties (Sydney, and U West Sydney), MRI, PET, Radiotherapy. Large rooms on 1500 sq ms, across road from St Vincents. Only Neurologist between Gold Coast and Newcastle.

Substantial Income, all at AMA Fee, Public VMO appointment by negotiation with amicable colleagues. All figures available. Excellent schooling to tertiary level. Sale includes all records. Beautiful double brick rooms, fully air conditioned.

Rooms, fully computerised with HCN and Medical Director. Modern Cadwell EEG, EMG, Evoked Potentials. 13,000 patients seen in last 9 yrs. nrn@optusnet.com.au
Can be seen at www.nrneuro.com.au

FOR LEASE

Macquarie St – Harbour views
Rarely offered Day Surgery/Medical Rooms

Negotiable
lease terms



LEVEL 12 – 137sqm of “Park House”

Accredited by The American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF)

Exceptionally appointed for immediate use.

Superb views over State Parliament House, State Library and through the Heads.

For full details & an inspection, contact:

Michael Coleman
0419 600 065



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Looking for a tenant for your vacant holiday house? Advertise your property within the new MJA! The MJA publishes Australia's highest circulating classified section, reaching 27,000 doctors and health care professionals nationally.

To enquire about advertising email advertising@mja.com.au or call (02) 9562 6666.

Specialist Appointments



reproductive
medicine
albury



WODONGA SPECIALIST
OBSTETRICIANS &
GYNAECOLOGISTS

Gynaecologist & Obstetrician required ...in Albury Wodonga, Australia

Reproductive Medicine Albury & Wodonga Specialist Obstetrics

- 100,000 population with referral population of 300,000
- 1,700 confinements, - single site for public and private confinements
- 4 O&Gs 1:4 roster
- 8 GPs with Dip Obs
- 3 Registrars (1 senior registrar)
- Quality IVF Unit
- 350 IVF egg retrievals
- Purpose built theatres, Laboratory and Rooms (exceptional)
- 4 embryologists, 3 IVF Nurse Co-ordinators (perform follicle tracking US and IUI)
- Privately owned profitable business
- Option for share of business
- Excellent local Hospitals in Albury Wodonga: Large public & Private; 2 Private day surgeries
- Full range of medical specialties & associated infrastructure including specialist obstetric ultrasound
- 3 Universities including campus UNSW Rural Clinical School

Lifestyle

- 4 day week (more or less as you wish)
- Affordable housing
- In town or rural lifestyle acreage close to town
- Excellent schools
- Full range of sports activities
- Fishing, snow skiing (90 minutes), waterskiing, bushwalking, horse riding, horse racing, hunting, kayaking, bike riding (road and mountain bike)
- Cinema, theatre, music
- Food and wine region
- Airport – good services to Melbourne, Sydney and Canberra

Income: High

CONTACT

Denise Klemm Border Medical Recruitment Taskforce
+61 418 933763 deniseklemm@bigpond.com



Doctors are our speciality

As part of the HCA group of companies, LML (Last Minute Locums) Medical Recruitment helps doctors of all grades and specialties find locum jobs throughout Australia.

Below are just some of the fantastic jobs we currently have on offer:

Locum Consultant Positions

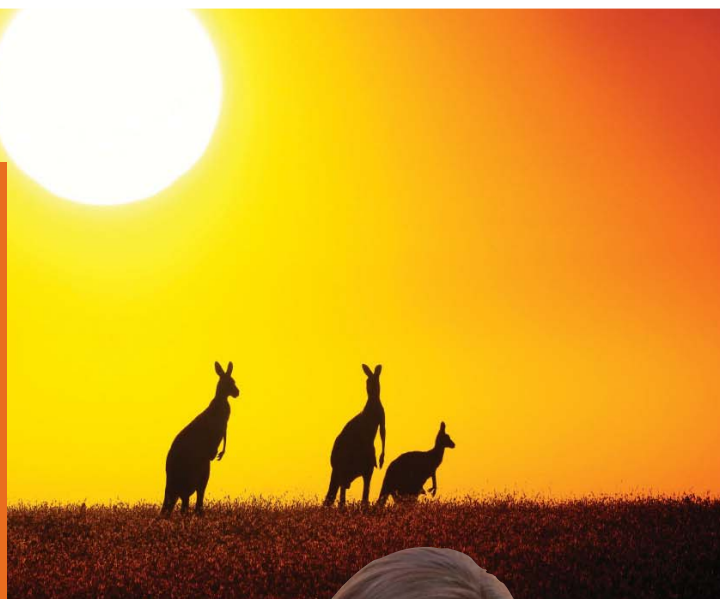
Anaesthetist VMO	4-28 Feb	\$1950 pd	QLD
Anaesthetist VMO	10-22 Feb	\$2000 pd	TAS
Nephrologist	24-27 Feb	\$2000 pd	NSW
Obstetrics	22 Feb-23 Mar	\$neg	WA
Orthopaedics	6-13 Mar	\$2000 pd	VIC
Anaesthetist VMO	17-18 Jan	\$neg	NSW
Paediatrician	17-20 Feb	\$2000 pd	NSW
Physician	20-27 April	\$2500 pd	NSW

Locum Junior Positions

ICU REG	25-27 Feb	\$110 ph	VIC
ED RMO2	17-18 Feb	\$100 ph	NSW
ICU REG	6-8 Feb	\$115 ph	NSW
ED REG	6-15 Feb	\$150 ph	ACT
O&G REG	20 Feb-Ongoing	\$120 ph	TAS
ICU REG	3-10 Feb	\$110 ph	VIC

Locum GP Positions

GP	20 Feb-2 Mar	\$125 ph	NT
GP	Immediate	\$140 ph	QLD
GP	Immediate	\$neg	VIC
GP	Immediate	\$1950 pd	WA
GP	ASAP Ongoing	\$neg	QLD



LML News

As part of your membership with LML Medical Recruitment, you will have the opportunity to participate in fully subsidised ALS courses as well as the chance to win an annual subscription to MJA. Contact us today to become a member of LML Medical Recruitment.

We're working for you.

For further details on these positions and other opportunities available to you please call us: 1300 889 133

Or visit our website: www.lml.com.au
Address: PO Box 3097 Willoughby North NSW 2068
Email: work@lastminutelocums.com.au

Work with Wavelength Locum Services



Featured Jobs

FACEM, NT

\$2500 per 10 hour shift, Call Carly 02 8353 9016

Anaesthetist, WA

\$2000 per day, Call Claudine 02 8353 9020

General Medicine, QLD

\$2000 per day, Call Claudine 02 8353 9020

Earn \$500

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GENERAL SURGEON

NSW (Ref: 22881)
End of Feb to June or July 2012
Earn \$2000 per day worked
Call James 02 8353 9038

ORTHOPAEDIC SURGEON

NSW/VIC (Ref: 24198)
Various dates b/w Feb & Apr '12
Earn \$2000 per 24hrs worked
Call James 02 8353 9038

GENERAL SURGEON

WA (Ref:17389)
February to August 2012
\$2300 per day worked
Call James 02 8353 9038

PAEDIATRICIAN

NSW (Ref: 27209)
23rd – 29th January 2012
\$1800 p/d + travel/accom paid
Call Amber 02 8353 9011

PAEDIATRICIAN

NT (Ref: 27380)
2nd – 27th January 2012
\$2000 p/d + travel/accom paid
Call Amber 02 8353 9011

ANAESTHETIST

North Island NZ (Ref: 27325)
Start April 2012 for 6 months
Negotiable NZD\$ rates
Call Kelly 02 8353 9037

GENERAL SURGEON

North Island NZ (Ref: 27330)
31st Jan – 31st March 2012
NZD\$1500 p/d & much more..
Call Kelly 02 8353 9037

ANAESTHETIST

North Island NZ (Ref: 27307)
Start Feb 2012 for 2 months
Negotiable NZD\$ rates
Call Kelly 02 8353 9037

ICU REGISTRAR

NSW (SJ141211-1)
2nd – 8th February 2012
\$100 – \$115 per hour
Call Carole 02 8353 9017

ED PGY3+

NSW (TL211111-1)
23rd Jan – 31st March 2012
\$100 – \$120 per hour
Call Carole 02 8353 9017

ED CMO/SMO

WA (WJ081211-1)
Start ASAP until 30th June 2012
\$1800 per day
Call Carole 02 8353 9017

PSYCHIATRY REGISTRAR

VIC (JG141111-1)
5th March – 1st April 2012
\$120 per hour
Call Lisa 02 8353 9034

MEDICAL REGISTRAR

QLD (LT161111-1)
Start ASAP until 5th Feb 2012
\$1200 per day (inc super)
Call Lisa 02 8353 9034

O&G REGISTRAR

TAS (CS141211-1)
6th – 20th Feb 2012
\$120 per hour
Call Lisa 02 8353 9034

NEUROLOGIST

NSW (Ref: 27259)
February 2012 onwards
VMO rates per hour
Call Carly 02 8353 9016

GERIATRICIAN

QLD (Ref: 24160)
From 2nd April 2012 – ongoing
\$2000 per day
Call Carly 02 8353 9016



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