Going viral

Hepatology offers many rewards in research and patient care

Associate Professor Amany Zekry’s love of hepatology dates back to her medical student days in the early years of antiviral therapy for hepatitis C. Under the guidance of Professors Geoff Farrell and Bob Batey at Westmead Hospital, she enjoyed exploring ways to eradicate the virus. “I knew then that if I specialised, that would be my specialty”, says Associate Professor Zekry, who is now director of the Department of Gastroenterology and Hepatology at St George Hospital in Sydney.

After completing advanced training, and working her way through a PhD in Sydney and postdoctoral research in the United States, Associate Professor Zekry now enjoys a combination of academic and basic research roles at the University of NSW and in clinical medicine at St George Hospital. She is also active in the community, raising awareness of viral hepatitis among the migrant population.

Hepatology offers many rewards, Associate Professor Zekry says. In the research area, there is immense scope, and it is satisfying working in a field in which Australian doctors are international leaders. “In terms of patient care, there are many aspects of, and many layers to, the clinical work. It is not just the disease but also the associated social issues.”

Associate Professor Zekry, who

The inside story

Hepatology training begins with advanced training in gastroenterology.

Associate Professor Amany Zekry, who works with advanced trainees at St George Hospital, says there is tough competition for places in the training program — there were 41 candidates for 11 first-year training positions in gastroenterology in NSW this year. Dr Paul Gow says there is similar competition in Victoria.

Candidates who present a curriculum vitae with “something extra” will have an edge, Associate Professor Zekry says.

While being published is an obvious advantage that shows the candidate is driven to succeed, she says there are other ways to stand out. “I interviewed someone who was studying a Masters of Education because they were aiming for an education role in gastroenterology”, she says. “One of the people I interviewed found some outdated information in a textbook and brought it to the attention of the publisher. The publisher then acknowledged that person in the next edition. It doesn’t have to be just research, but any examples of initiative and leadership.”

Dr Gow agrees that candidates need to differentiate themselves. “You can’t change your university marks”, he says. “The only thing you can change is your current CV, and the easiest thing to change is to get some publications and these will put you further up the ranking.”

For those who go on to focus on hepatology, Associate Professor Zekry says they need to be truly interested in the clinical challenges of liver disease. While most hepatologists also practise in other areas of gastroenterology, the subspecialty is not as lucrative as areas that focus on procedural work, such as endoscopy. “A dedicated career in hepatology doesn’t provide the financial security of endoscopy, where doctors can establish a practice away from the public system”, she says.

Dr Gow urges all his trainees to head overseas after their fellowship to train further. “I spent time in the UK and it was great fun and a fantastic learning opportunity”, he says. “It changed my career, but it was also a great life experience. Only a minority of people do it, but they love it and probably end up with better jobs in the long term because they subspecialise.”
established a multidisciplinary hepatology service at St George Hospital, enjoys the chance to work in a team to manage liver disease, including viral hepatitis and liver cancer.

As well as the rewards, there are challenges when patients don’t respond to treatment. “Like any specialty, it is hard to give patients bad news when therapy doesn’t work”, she says. “It is very disappointing when patients who have hepatitis C, for example, go through an extensive journey of treatment, but are not cured, or respond initially then relapse.”

Emerging issues
Melbourne hepatologist Dr Paul Gow says there are enormous changes in hepatitis C therapy, with new drugs now available and more being developed.

“These drugs will change the face of what we can do, so it’s gone from an incredibly boring area to an incredibly exciting area”, says Dr Gow, who is deputy director of gastroenterology at the Austin Hospital.

Liver cancer is also a changing area, he says, with the disease becoming more common, but there is a variety of treatments that didn’t exist a decade ago.

Misconceptions
One misconception about hepatology is that it mostly involves looking after patients who have issues related to drugs and alcohol, Dr Gow says.

“That’s not the reality of my job”, he says. “Most people I look after have complex causes of liver failure, some of which are related to drugs and alcohol but not the majority.”

The training program
The Royal Australasian College of Physicians offers combined advanced training in gastroenterology and hepatology.

Doctors who have a major interest in liver disease will do extra training in hepatology after gaining their FRACP. This training could include overseas clinical experience in a large hepatology centre and/or a research degree in hepatology. Doctors aiming for an academic role in hepatology are expected to gain strong research experience in addition to their clinical experience.

Why did you decide to specialise in hepatology?
I have been interested in hepatology since I was a medical student, probably because I studied biochemistry in my science degree before studying medicine. I came to realise that the liver is where most of the interesting metabolic processes occur.

What did you enjoy about the training program?
Working in liver transplantation was a highlight. Before their transplant, patients are so sick that life has lost many pleasures, and receiving a liver transplant gives them a new life. It is very satisfying to be a part of that process. As a transplant registrar, I managed the patients pre- and post-transplant, and also managed patients who presented with complications of liver disease. I enjoyed the satisfaction of knowing I had the skills to care for such critically ill patients.

I’ve enjoyed my PhD research because it has given me the opportunity to focus on one area without the distractions of clinical medicine. I have acquired many useful skills during my research, such as identifying a valid research question and formulating a hypothesis. I have also improved my skills in finding and appraising medical literature.

It’s an exciting time in hepatology as there are a number of new medicines becoming available for patients with chronic hepatitis C infection. These changes have occurred during my training and are already affecting what we do in the clinic.

What were the main obstacles/challenges while you were training?
Working as a registrar often involves long hours and on-call. As a hepatology trainee, one challenge is learning to manage the patient with bleeding oesophageal varices.

What advice do you have for doctors interested in hepatology?
The best way to get noticed by your senior colleagues is to do a good job looking after your patients and be keen to learn. It is important to get good general training in internal medicine before you can concentrate on subspecialty training. It is also useful to find a good mentor.

What do you plan to do when you finish your PhD?
I would like to work as a hepatologist at a university teaching hospital, where I can combine clinical medicine with research and teaching.
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Medical mentor

Where immunology meets liver disease

Professor Geoff McCaughan reflects on his career as a hepatologist

Professor Geoff McCaughan is one of Australia’s leading hepatologists. He works in both clinical medicine and laboratory-based research at Sydney’s Royal Prince Alfred Hospital (RPA), where he is head of the Liver Immunobiology Group at the Centenary Institute, and director of the AW Morrow Gastroenterology and Liver Centre. He is also co-director of the Australian National Liver Transplantation Unit.

My interest in liver disease stemmed from when I was a medical student in the early 1970s and did a term in southern India. The head of the medical unit at the hospital where I was based said: “You’re from Royal Prince Alfred Hospital. They’re famous for autoimmune liver disease”. He asked me to give a seminar so I went to the library and learnt that RPA’s work with autoimmune liver disease had defined the natural history and the treatment for the condition, which occurred in young people, particularly women, and had a high mortality rate. I was also drawn to the area because I had a fundamental bias to immunology in my undergraduate years.

When I came back to Prince Alfred Hospital, I worked as an intern under Professor Ruthven Blackburn, who was a pioneer of autoimmune liver disease. At the end of my residency, I had to decide on a specialty — immunology or gastroenterology. Clinically, I was attracted to liver disease because it seemed to be more challenging (HIV did not exist). I looked after a lot of hepatology patients in my intern and residency years under Professor Blackburn. I decided to do clinical training in gastroenterology but with a major interest in hepatology. I wrote my first papers on liver cancer and hepatitis B when I was a registrar training under Professor Neil Gallagher.

After my advanced training, I did a PhD in cellular immunology at the University of Sydney under Professor Tony Basten and then a postdoctorate in molecular immunology in Oxford under the world famous immunologist, the late Professor Alan Williams. When I came back to Australia in 1986, I was appointed staff specialist in hepatology at RPA just as the Australian National Liver Transplantation Unit was established at the hospital. This was the perfect job for me because I had scientific research training in immunology and a clinical interest in liver disease.

Professors Blackburn and Gallagher were my main clinical mentors when I was training. They were both eccentric and challenging intellects. It was hard to have a straight conversation with them; you always had to be on your toes. Tony Basten and Alan Williams instilled in me the excitement and necessary rigour to do good laboratory research.

My major research in the laboratory has been identifying molecules that are involved in damaging the liver through various diseases. We were the first to clone the human gene for the enzyme DPP4, and we’ve cloned other genes in the family. Associate Professor Mark Gorrell is using this enzyme for therapies in diabetes, and it’s one of the major targets for new therapeutics in diabetes and fatty liver disease. We also did the first gene array experiments in human liver diseases. I have also had the privilege to collaborate with pure immunologists, such as Dr Patrick Bertolino and Dr Alex Bishop, to understand liver transplant tolerance.

My career has been rewarding in both clinical medicine and basic research. At the clinical level, when I was training 25–30 years ago, people died in front of me from the complications of chronic liver disease, cirrhosis and liver cancer. Now, liver transplantation only has the potential to rescue those patients from certain death, it transforms their lives and their family’s lives. I still find that remarkable, and I see it every week. But it is challenging trying to keep patients alive while they wait for a liver transplant. Australia’s organ donation rate is 24th in the world. In the lab, I continue to be turned on by new discoveries — finding a molecule and working out how it functions, or coming up with an unusual result and asking why. I enjoy working clinically and scientifically with young people. They keep me stimulated and challenged.

One of the great changes in the near future will be new and emerging treatments for hepatitis C. The challenge will be to deliver these therapies to 10 or 100 times the number of patients we’re treating now. We will have to deliver treatment in the community, not in hospitals or specialists’ rooms. It will also require federal and state governments to work together to ensure these drugs reach the disadvantaged communities in which hepatitis C is more common. Hepatologists such as myself will return to just looking after advanced liver disease and liver cancer — just like the old days!

My best advice to a young doctor interested in a career in hepatology is to maximise your training. I was lucky and fell into a job at RPA that suited me perfectly, but if I hadn’t positioned myself with my clinical training, PhD and postdoctorate, I wouldn’t have got the job.

At work I try to make sure that people have a high work ethic but also enjoy themselves and that there is humour, even in adversity. This remains an important part of my philosophy and I try to instil it in people who do ward rounds with me, and scientists who make amazing discoveries.

Interview by Marge Overs
Road less travelled

Testing the limits

Adventure and medicine are a powerful combination for Dr Gareth Andrews

Like many doctors, Dr Gareth Andrews is interested in seeing what the human body can do — and he’s prepared to push his own body to its limits to find out.

In April next year, Dr Andrews will take part in the 2013 Polar Challenge, which will see him trek and ski across more than 500 km of ice and snow from Truro in the Canadian Rockies to the North Pole.

Dr Andrews, a resident at Royal North Shore Hospital in Sydney, and his teammate, Dr Richard Stephenson, from Dunedin, New Zealand, will each pull a 70 kg sled carrying all the equipment, food and fuel required to sustain them, plus a backpack weighing about 10 kg.

The 3-week race is also a test of navigation as the pair has to map their own route across the harsh terrain, which includes shifting sea ice and arctic islands. They will compete against six other 2–3-person teams from around the world — and Dr Andrews says they are racing to win.

It won’t be the first extreme endurance event for Dr Andrews. Last November he competed in a 5-day, self-supported 250 km run through the Annapurna region of the Himalayas in Nepal. In 2010 he ran a 250 km race in the Atacama Desert in northern Chile.

One of the biggest challenges for the North Pole expedition will be consuming enough food, as the pair is likely to burn off between 6000 and 8000 calories each day.

Dr Andrews is trying to put on weight before the race, both as a buffer and to deal with the freezing conditions. But weight gain is challenging given the hours he’s training and the need to fit into his wedding suit next month.

He says his fiancée supports his extreme adventures, and she volunteered on the logistical side in Nepal and Chile.

One of the reasons he competes in endurance races is his interest in seeing how hard the human body can be tested.

“I like to know what the human body is capable of. It’s very interesting from a medical point of view,” he says.

Dr Andrews also likes the fact that the races take him to places he wouldn’t see otherwise.

“In Nepal I was well off the beaten track, deep in the mountains. In Chile the desert was amazingly beautiful and very variable — the way it looked at different times of day. You get to see the world from a different perspective, and it’s just you and your backpack. It’s an amazing way to see the world.”

Dr Andrews finds that his medical training is a bonus, because he knows how to manage everything from nutrition and hydration to musculoskeletal injuries and blisters.

“It’s incredibly important”, he says. “I’ve seen fit, strong athletes just crumble over the period of 5 days and not finish or have to be hospitalised because they’re not managing their body properly.”

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Dr Andrews is trying to put on weight before the race, both as a buffer and to deal with the freezing conditions. But weight gain is challenging given the hours he’s training and the need to fit into his wedding suit next month.

He says his fiancée supports his extreme adventures, and she volunteered on the logistical side in Nepal and Chile.

The North Pole is a bit of a different thing, because she can’t come, and it’s by far the most dangerous thing I will have done”, he says. “But she knows it’s part of me and it’s something I’ve wanted to do since I was a kid.”

Dr Andrews and Dr Stephenson are hoping to inspire the next generation of adventurers and conservationists with the Inspiration Through Adventure project, an education program based on their expedition.

Primary school students in Australia and New Zealand will be able to track the team’s progress across the Arctic and learn from lesson plans on geography, science and physical education using the expedition as a basis.

Next year Dr Andrews hopes to do a critical care term (intensive care, emergency and anaesthetics) and later specialise in anaesthetics. Not surprisingly, he ultimately hopes to get involved in expedition medicine.

“Adventure and medicine are so compatible. That’s one of the things that attracted me to medicine in the first place”, he says. “You’ve got this amazing set of skills that you can take anywhere and work. If you have medical knowledge and can be the medical officer on an expedition, it opens up a whole new world of possibilities.”

To find out more about the expedition, sponsor the team or enrol in the Inspiration Through Adventure program, see: http://www.northpolarteam.com/project.html.

Sophie McNamara
Money and practice

Medical makeover
Should you renovate your consulting rooms? Here are four key questions to ask before you take the plunge

There are plenty of good reasons to spruce up your place of work, but unless you practise in a top-shelf specialist clinic or holistic healing centre, you probably see these as optional extras.

For the average practice, though, renovation is not about cascading fountains, feature walls or colour swatches.

Natural light, air quality and good design are the key ingredients, say experts, and they can help you boost turnover, add value to the business and attract and retain staff.

Practices with safe, well designed work environments can also reduce medical errors and staff stress, according to Rebirth of a clinic, a design guide created by the Royal Australian College of General Practitioners (RACGP) and RMIT University.

“When we talk about good design, doctors tend to interpret this as a luxury, but it can have big impact on the quality of a practice”, says the guide’s coauthor, Dr Graham Crist.

“People can’t perform optimally in a poorly designed space”, he says. “And given people are the biggest cost in most practices, if we can affect the quality of their environment, this will also affect the bottom line.”

Even so, most practitioners are resistant to the idea that renovation can bring these benefits, says Dr Crist, who is the founding director of architect firm Antarctica and program director, Architecture and Design, RMIT University.

As with any big investment, you first need to evaluate the business case. Here are four key questions to ask before you dive in.

Is it feasible?

Given that the cost of a typical practice renovation will start at around $100,000 and can run into the millions, it’s important to evaluate the feasibility of a renovation project before you sign on the dotted line.

Dr Crist says the cost can be estimated per square metre, and there are large numbers of tools to help estimate this.

This is where an expert can help, he says. He suggests you look for an architect with experience in dealing with medical practices (the RACGP has a list on its website at http://www.racgp.org.au/architects).

Architects can assess the needs of your clinic — the functional needs, patient flows, safety requirements and acoustics — against your budget constraints.

“People are fearful of the design process because it’s unfamiliar”, Dr Crist says. “They are trying to design a building and they don’t know what it’s going to look like yet.”

An architect’s assessment can remove some of the unknowns for doctors. It will include briefing, budgeting and early concept designs. It also allows you to assess your working relationship with the architect.

“A good architect is a good listener and the conversation should be ongoing right throughout the renovation”, he says.

Are you ready?

Are there signs that you are ready to renovate? An obvious sign is when a practice outgrows its physical premises.

According to Rebirth of a clinic, it also helps if you can pinpoint the life stage of your practice. Is it a child (with lots of growing to do), an adolescent (with growing pains), a newlywed (with a recent joining together), a stable mature person in the midst of working life, or an older person looking forward to retirement?

Ian Watts, coauthor of Rebirth of a clinic and an adviser with Antarctica, says it also helps if practices understand the clinical model they are moving towards.

For instance, they may be evolving into a nurse-led, family-focused or multidisciplinary clinic, or they might want to focus more on preventive health, chronic disease management or procedural work.

Knowing this provides some answers to determining the timing, scale and requirements of your renovation, says

Tips for good design

Mr Ian Watts, of architecture firm Antarctica, has these design tips for medical practices:

- Think about workflow when planning your design. For instance, don’t locate your treatment room on the other side of the waiting area to your sterilisation room as this could create a safety hazard.
- Ensure there is plenty of natural light. International literature shows strong links between natural light and staff retention.
- Allow for a large foyer. A noisy reception desk can interfere with the staff’s concentration and increase the likelihood of error.
- Be generous with space in your consulting rooms or you may increase the risk of falls, trips, cuts and twisting injuries.
- Allow plenty of space for the nurses’ room.
Mr Watts, who is also a former RACGP national manager.

“Because it’s a 5–10-year expense, you have to plan where you are going to be in the future, not where you are right now”, he says.

DIY or outsource?
Managing your own renovation project without an architect may be cheaper, but there are other things to consider.

General practitioner Dr Vinh Tran, who has renovated a number of practices (see box), says few doctors would know enough about council requirements, plans and building codes to manage their own projects.

“Most doctors would make more money as a doctor to cover these costs”, he says.“I would not recommend DIY until you have done a few practices.”

If you’re looking for an upmarket result, he suggests you go with a full-service architecture firm. “You just tell them what you want and your vision and give them keys to the building and they take care of the rest”, Dr Tran says.

A middle-ground option is to work with a draftsman to draw up the plans, work with a town planner to get your development approval and then work with a shopfitter who would coordinate tradespeople. Dr Tran says this model is best suited to expanding a practice.

Monica Benavides, director of Innova Design, an interior design company that specialises in the design and construction of medical practice renovations, says renovating a medical practice is highly specialised.

“We’ve seen a lot of clients who thought they could manage a renovation project themselves and they spent a lot of their own time and paid more”, she says.

Should you stay or should you go?
One of the obstacles to renovating your practice is disruption to business. Practices usually face a choice: close down during the building work, move to a new location or continue to operate amid the building work.

Ms Benavides recommends that doctors try to keep the practice running. “You don’t want your patients to go next door”, she says. “This provides a window of opportunity for them to get to know a different doctor.”

She says that to minimise disruption, you can usually leave the noisy work until after hours and make sure areas being upgraded are isolated from the rest of practice.

Dr Crist says that staging the renovation — with one block of rooms kept open while the other block is renovated — can ease disruption.

If you’re able to keep the clinic running during the renovation, there will be less impact on business if the project doesn’t finish on time, he says.

If you have closed the business or have moved to another location, a late finish could be catastrophic.

Amanda Bryan

Six degrees of renovation
Dr Vinh Tran knows a little about renovating a practice. He co-owns six practices and has been renovating all of them.

He has managed some projects and outsourced others. Some involved a move to a new location; others expanded the existing building. Some projects were large, while others were small.

The renovations at his practice in the Brisbane suburb of Inala, for example, cost $1 million, but the renovation at the clinic in Lakemba, Sydney, is cosmetic.

Expansion has been the main reason for most of the projects, especially those in growing outer-metropolitan areas.

“I know very few [doctors] who renovate to make the practice look better”, Dr Tran says. “Most have growing issues.”

He says the renovations have also enabled them to create more room for practice nurses, and to co-locate pharmacies and pathologists.

“Our strategy has been to start small with low costs, and a year later we put a second doctor in the same location. Once the patients are coming and we have enough cash flow, we look to build a bigger site with six to seven rooms.”

The patients also view the expansion as a positive, he says. “They love it — it’s brand new and bigger, it’s got aircon, and access is easier for people with prams and walkers.”

Dr Tran has opted to keep all his practices open during renovations except for the Lakemba practice, which will close for three weeks next month. The practice has informed patients by mail and has provided contact details of an alternative practice.

Dr Tran says the most unexpected challenge comes in the form of the Building Code of Australia standards, which include specific requirements around fire protection and catering to patients with disabilities. These requirements significantly increase your costs, he says.

Dr Graham Crist

People can’t perform optimally in a poorly designed space

Amanda Bryan
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<tr>
<td>Australia wide locations up to $2,500 per day</td>
<td>Australia wide locations up to $190 per hour</td>
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NOW RECRUITING: DOCTORS.
Medical Officer Opportunities in the Northern Territory

If you want your career to go places then join Department of Health in the Northern Territory. The challenges and opportunities in health and community care in the Territory are like no other in Australia, from remote Aboriginal health to tropical health and urban tertiary care. Continued investments in Aboriginal health, remote health, acute care and community services offer many opportunities for health professionals who want to be part of making a difference.

CENTRAL AUSTRALIA REMOTE HEALTH MEDICAL SERVICES

Remote Health Medical offers a range of unique opportunities to participate in delivering medical services in Indigenous health within the Central Australian region. Positions are Alice Springs based with practitioners providing fly in / fly out services to remote Communities. There are also positions based in remote communities themselves. Remote Health Medical prides itself on providing flexible work arrangements to suit the needs of medical practitioners willing to provide this valuable service to remote Northern Territory (NT).

Opportunities exist for adjunct or joint appointments with Flinders University through the Centre for Remote Health for doctors who wish to pursue teaching and/or research activities.

Fixed contracts are available on fulltime, part-time or casual basis for up to 5 years.

SENIOR RURAL MEDICAL PRACTITIONER, OPERATIONS

Senior Rural Medical Practitioner (SRMP) Remuneration Package Range $191 518 - $213 537
(comprising salary $168 037 - $187 492, superannuation, leave loading and the value of 2 weeks extra recreation leave)
Potential total Remuneration Package in the vicinity of $425 000 which includes the above Package Range and in addition; managerial allowance, SRMP allowance, attraction allowance, retention payment, professional development allowance, salary sacrifice, medicare revenue activity payment

A vacancy exists for an experienced Senior Rural Medical Practitioner or Rural Medical Administrator with general practice and public health expertise to join our team.

You will provide leadership in the provision of clinical and public health services to remote Aboriginal communities in Central Australia. Participate in the executive level decision making and be responsible for managing the Rural Medical Practitioners and Senior Rural Medical Practitioners who regularly visit the Central Australia remote communities and provide program support and a 24 hour emergency medical call line. There is a requirement to participate in some direct clinical services delivery, to be negotiated.

Successful applicants will have a medical degree eligible for registration with the Medical Board of Australia, a current drivers licence, extensive general practice postgraduate experience, and either experience or an interest in Aboriginal health. A postgraduate qualification in public health, rural health or management is highly desirable.

Quote vacancy number: 3508

SENIOR RURAL GENERALIST, INFORMATION COMMUNICATION TECHNOLOGY and CHRONIC DISEASE MANAGEMENT

Senior Rural Generalist Remuneration Package Range $168 459 - $213 537
(comprising salary $174 663 - $187 492 superannuation, leave loading and the value of 2 weeks extra recreation leave)
Potential total Remuneration Package in the vicinity of $351 000 which includes the above Package Range and in addition; attraction allowance, retention payment, professional development allowance, practitioner allowance, salary sacrifice

This is a new role created for unique individuals with high level skills in remote Indigenous primary health care, as well as qualifications and skills in using computer technology to enhance organisational service delivery models, particularly in Chronic Disease.

Quote vacancy number: 3503

RURAL MEDICAL PRACTITIONERS

We have three positions available that provide primary and public health services to remote communities within Central Australia using a community development model to enhance health outcomes, improve services and infrastructure. These roles include providing regular visits to remote communities, program support and participation in a 24 hour emergency on call line. In addition, there is a full time position available in the NT Prison Health Service.
Medical Officer Opportunities in the Northern Territory

RURAL MEDICAL PRACTITIONER
Rural Medical Practitioner Remuneration Package Range $142 358 - $184 018
(comprising salary $124 601 - $161 410, superannuation, leave loading and the value of 2 weeks extra recreation leave)
Potential total Remuneration Package of $349 000 which includes the above Package Range and in addition; attraction allowance, retention payment, professional development allowance, salary sacrifice, potential medicare revenue activity incentive payment

SENIOR RURAL MEDICAL PRACTITIONER
Senior Rural Medical Practitioner Remuneration Package Range $191 518 - $213 537
(comprising salary $168 037 - $187 492, superannuation, leave loading and the value of 2 weeks extra recreation leave)
Potential total Remuneration Package in the vicinity of $409 000 which includes the above Package Range and in addition; SRMP allowance, attraction allowance, retention payment, professional development allowance, salary sacrifice, potential medicare revenue activity incentive payment

RURAL GENERALIST
Rural Generalist Remuneration Package Range $169 019 – $184 018
(comprising salary $148 157– $161,410, superannuation, leave loading and the value of 2 weeks extra recreation leave)
Potential total Remuneration Package of $307 000 which includes the above Package Range and in addition; attraction allowance, retention payment, professional development allowance, practitioner allowance, salary sacrifice

SENIOR RURAL GENERALIST
Senior Rural Generalist Remuneration Package Range $199 018 – $213 537
(comprising salary $174 663 – $187 492, superannuation, leave loading and the value of 2 weeks extra recreation leave)
Potential total Remuneration Package of $351 000 which includes the above Package Range and in addition; attraction allowance, retention payment, professional development allowance, practitioner allowance, salary sacrifice

Quote vacancy number: 70121498

The level of appointment for all vacancies will be determined by qualifications and experience. Relocation Allowance may apply to all vacancies. Salary and conditions are determined by the Northern Territory Medical Officers Enterprise Agreement, full award details can be accessed on http://www.ocpe.nt.gov.au/working_in_the_ntps/agreements_and_awards/currentEnterpriseAgreements

For more information regarding all above vacancies please contact Dr Leonie Katekar on 08 8985 8143 or email leonie.katekar@nt.gov.au or Christine Seth on 08 8985 8132 or email christine.seth@nt.gov.au

Vacancies closing date: 4 November 2012

APPLICATION INFORMATION

Applicants should address the selection criteria, provide a current CV, contact details for 2 referees (preferably an email address) and complete the Credentialing and Scope of Clinical Practice Application Form for Remote Health. To obtain the credentialing paperwork contact Christine Seth (details above). For a copy of the Job Description and to apply online please visit www.nt.gov.au/jobs Further information about these positions can be obtained by phoning TOLLFREE 1300 659 247

Information on the Northern Territory and its great lifestyle is available at www.theterritory.com.au

Note: The preferred or recommended applicant will be required to hold a current Working with Children Clearance notice / Ochre Card (application forms available from SAFE NT @ www.workingwithchildren.nt.gov.au) and undergo a criminal history check. A criminal history will not exclude an applicant from this position unless it is a relevant criminal history.

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Medical Education Fellow, Monash University

Eastern Health Clinical School 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 services and to the greater community, we welcome your application.

Enquiries: A/Prof Jenepher Martin, Director, Medical Student Programs, +61 3 9091 8890
For further information, please refer to http://www.monash.edu.au/jobs/ (Job No. 504347)

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