

MJA Careers

Career overview



Dr Eve Merfield

Doctors reflect on 2012 and their plans for the New Year

Dr Eve Merfield, emergency physician/part-time rural general practitioner in Launceston, Tasmania

What was the biggest development in your specialty in 2012? Telehealth is a big advancement for remote doctors. It makes a huge difference to patients and gives doctors more support to manage complex problems.

What was your professional highlight? I spent nine months on Macquarie Island, as the doctor to a small community. I not only cared for 40 people, I was vet to 12 dogs!

What was your personal highlight? On Macquarie Island I saw half a million penguins in one colony, albatrosses flying overhead and elephant seals being born.

What will you do on Christmas Day? I will enjoy good food, wine and great company with my partner and friends.

What are you most looking forward to in 2013? Settling back into "normal" life and practice back home and watching my vegie patch flourish.



Associate Professor David Colquhoun, cardiologist at Wesley Medical Centre, Brisbane, QLD

What was the biggest development in your specialty in 2012? As my focus is prevention, the biggest development was seeing the data on initial studies into PCSK-9 monoclonal antibody. An injection once a month will lower low-density lipoprotein cholesterol by 60% as a single agent or on top of background therapy. This is the next big break in atherosclerosis prevention.

What was your professional highlight? I'm chair of the Heart Foundation's psychosocial risk factor and coronary heart disease working group. We finally finished our statement on screening for and treating depression in patients with coronary heart disease, which we look forward to sharing.

What was your personal highlight? My daughter's wedding at Burleigh

Heads Beach and a fantastic reception afterwards at Oscars.

What will you do on Christmas Day? Fly from Brisbane to Adelaide then out to Victor Harbor to celebrate with my partner Georgie's family.

What are you most looking forward to in 2013? My research unit getting out of the red into the black — we had a tough time in 2011 with flooding. Also, we look forward to writing up some of our investigator-driven trials on complementary medicine.



Dr Catherine Engelke, GP registrar and a director of the Australian Indigenous Doctors' Association, Kununurra, WA

What was the biggest development in your specialty in 2012? The ongoing development of web-based patient medical records. It allows medical records to be as mobile as the patients, which is extremely important in the Kimberley.

What was your professional highlight? I received the Royal Australian College of General Practitioners General Practice Registrar of the Year award. This was a surprise and a huge honour.

What was your personal highlight? One highlight was the look on the face of a 7-year-old Aboriginal girl, which changed from disbelief to excitement when I suggested that she too could become a doctor with continued attendance and hard work at school. Her mother told her that I was not only a doctor but was Aboriginal and had grown up in Halls Creek, so what I was suggesting really was achievable.

What will you do on Christmas Day? It's a very special day, which I will spend

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// One highlight was the look on the face of a 7-year-old Aboriginal girl ... when I suggested that she too could become a doctor

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Dr Catherine Engelke

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initially with immediate family (my parents and siblings and their families) and then with extended family at my in-laws' family farm.

What are you most looking forward to in 2013? Hopefully, a lot more of the same. I am blessed to have one of the best jobs, combining remote and rural general practice and emergency medicine in the Kimberley.



Professor Euan Wallace, director of The Ritchie Centre, Monash Institute of Medical Research, and director of obstetrics

and gynaecology at Southern Health, Melbourne, VIC

What was the biggest development in your specialty in 2012?

The 40th anniversary of the World Health Organization human reproduction program. Its work is based on five themes: improving pregnancy, perinatal, postpartum and newborn care; providing accessible family planning and infertility services; removing unsafe abortion; reducing sexually transmitted diseases; and enhancing sexual health and health rights. The WHO continues to lead the way in global reproductive health, saving the lives of countless millions of women and children.

What was your professional highlight? Two years ago, Southern Health established Victoria's first public hospital home birth service as a pilot program. It has been thrilling to see its popularity grow rapidly this year.

What was your personal highlight?

It was a big year for my family. My daughter Ailsa turned 18, my wife Karen turned 50 (shh), and Karen and I had our silver wedding anniversary.

What will you do on Christmas Day?

Our extended families live in Scotland, so we will spend Christmas Day at our favourite restaurant, on the 55th floor of Rialto Towers in Melbourne.

What are you most looking forward to in 2013? Many of the new therapies for high-risk pregnancies that we have been developing in The Ritchie Centre labs will move out into our clinical services at Monash.



Professor Ian Olver, chief executive officer, Cancer Council Australia, Sydney, NSW

What was the biggest development in your specialty in 2012? Some highlights were the introduction of plain packaging of tobacco, the government's plan to complete the National Bowel Cancer Screening Program and moves to open an Office of Asbestos Safety.

What was your professional highlight? I published my third book, *Investigating prayer — impact on health and quality of life*. It describes the complex relationship between spirituality and the wellbeing and quality of life of patients with cancer.

What was your personal highlight?

Attending my son Chris's graduation from the Kennedy School at Harvard University. He completed a Masters Degree in Public Policy.

What will you do on Christmas Day?

I will be at Carrickalinga in South Australia surrounded by family, including our first granddaughter Isabelle, who has just turned one.

What are you most looking forward to in 2013? Travelling to the Antarctic in January and photographing that spectacular environment.



Dr Justine O'Hara, plastic and reconstructive surgery registrar at Concord Hospital, Sydney, NSW

What was the biggest development in your specialty in 2012? The scientific reality of tissue engineering, which allows the growth of tissues outside of the body that can be used in breast reconstruction. These tissues can be transplanted with microsurgery, enabling multiple reconstructions without a donor site. This has enormous implications in reconstructing many defects.

What was your professional highlight? I passed my Fellowship exams in plastic and reconstructive surgery.

What was your personal highlight?

The realisation of how fortunate I am to

have a wonderful husband, a gorgeous toddler daughter who lights up my life and a job I adore and am passionate about. Pinch me?

What will you do on Christmas Day?

I will attempt to host a gourmet lunch for my family while desperately hoping people don't try out their new power tools or explode their barbecues, as I am on call for Hands and Burns!

What are you most looking forward to in 2013? My life will no longer be ruled by a pager! The year is full of promise with time on Fellowship in the United Kingdom, some quality family time and travel.



Professor David Brewster, clinical director of paediatrics, The Canberra Hospital, ACT

What was the biggest development in your specialty in 2012? The African bolus trial showing that intravenous bolus therapy for compound shock caused more deaths than using no bolus.

What was your professional highlight? Learning how to deal with behavioural problems in children in developing countries, where extended family, not doctors, deal with these issues. This was a new area of clinical paediatric practice for me.

What was your personal highlight? Attending the Multicultural Festival in Canberra as well as other cultural activities throughout the year. Canberra benefits from high-quality music concerts, theatre and cinema compared with other places I have worked in as a paediatrician, such as Botswana, Zimbabwe, Malawi, The Gambia, small Pacific Islands and even Darwin.

What will you do on Christmas Day?

Go for a long bushwalk with family at Pebbly Beach on the NSW south coast.

What are you most looking forward to in 2013? Going to Timor-Leste on a four-year contract with the Royal Australasian College of Surgeons to train Timorese doctors in paediatrics.

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I will attempt to host a gourmet lunch for my family while desperately hoping people don't try out their new power tools or explode their barbecues, as I am on call for Hands and Burns

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Dr Justine O'Hara

Karen Burge

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TASMANIA

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\$2000 per rostered day
Payment via payroll

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Medical mentor

Soaring success

After a 10-year career with Médecins Sans Frontières (MSF), the closest thing to normal for Dr Tonia Marquardt was working in a remote Aboriginal community and taking to the skies with the Royal Flying Doctor Service (RFDS). Dr Marquardt received the 2012 Rural Registrar of the Year award. Here she shares her winding path to general practice and describes how her mentor, Dr Jane Barry, helped to keep her grounded.

Dr Tonia Marquardt

After 10 years with MSF, working in places like Nigeria, Kenya and Yemen, I wanted to settle back into Australia, but I knew it was going to be difficult to work in standard general practice.

I decided on rural and remote medicine with the Remote Vocational Training Scheme (RVTS), a distance education program for doctors who work and train in isolated communities.

I was having coffee with Dr Jane Barry, a Cairns GP, and I mentioned joining the training scheme. Jane said, "If you need a supervisor, I'd be interested". Jane has so much GP experience, a strong interest in women's health (as I do), and has worked in Aboriginal communities in clinical and management roles. I was really happy to have her as my supervisor.

I started with the RFDS in 2010. The role included regular work in Kowanyama, an Indigenous community of around 1500 people about 600 km from Cairns. I would fly up each week and stay for 2–4 days.

After finishing my training, I was appointed senior medical officer for primary health care with the RFDS Queensland section, overseeing 12 clinics around Cape York and to the west. The clinic load is a mix between

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It's surreal to be acknowledged for doing rewarding work that I enjoy

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what you see in an emergency department and general practice work. You have to be able to do a bit of everything. Half of my time is clinical work with a couple of retrieval shifts and the other half is management.

My MSF work was mostly tropical medicine and people were acutely sick. You gave them something and saw them get better quite quickly, whereas here it's mostly chronic disease and things that develop over time. It is much more complex to build a clear picture with multiple things going on and multiple possibilities.

I still remember Jane assuring me that I could take my time — I didn't need to have all the answers straight away or to fix everything on the spot.

What impresses me about Jane is her calmness. She's a grounded person who radiates confidence, ability and knowledge. We are around the same age but have gained experience from different areas so I have been able to draw from her expertise. We've also developed a great friendship.

I laugh when I think of how we began our supervision. We'd been doing weekly tutorials, often by phone



Dr Tonia Marquardt examining a patient in Malawi

from Kowanyama, covering topics set out by the training program. When we went to the first national RVTS meeting, we quickly realised that no one else had even started and we were already half way through the curriculum. We were nerds! We relaxed a bit after that.

It was a surprise to be awarded the 2012 Rural Registrar of the Year by the Rural Doctors Association of Australia and the Australian College of Rural and Remote Medicine. It's surreal to be acknowledged for doing rewarding work that I enjoy.

Whenever I'm on the water outriggering or flying over the reefs and the Cape, I think of how lucky I am. It's such a beautiful and amazing part of Australia to live and work in.

Dr Jane Barry

Tonia and I are a similar age — in fact she graduated before me — and we quickly became friends, so it was an interesting scenario being her supervisor.

Tonia had a wealth of experience but mostly in a different environment. I've helped her put things into the context of mainstream general practice, but otherwise she is highly capable of sorting a lot of it out herself. She's been an easy person to supervise. It has been more

of a partnership with guidance than supervision.

Tonia doesn't see herself as being anything outside of ordinary when, in fact, she is well outside the ordinary. Tonia has devoted many years to helping people. She's very humble and that's something I admire about her, and she wouldn't be aware of that.

I was really pleased when she won her award. She deserves it. It's great for her, great for the RFDS and great for the

training scheme. Tonia is a wonderful spokesperson for these organisations because she's inspiring.

Tonia's career has shown that medicine is what you make it, especially if you have the courage to step outside the boundaries set by the profession. She didn't feel the need to get fellowships under her belt before she did anything else, so she's been able to take opportunities and run with them.



Dr Jane Barry

Interviews by **Karen Burge**

Road less travelled

Finding refuge

Dr Mitchell Smith took a working holiday overseas and found himself venturing into new medical territory

Refugee health services didn't exist in Australia when Dr Mitchell Smith began his medical career, but a working holiday in Europe in the 1980s changed all that.

When the former emergency department doctor went knocking on doors in Paris in search of a job, the first door that opened led to a new path in medicine.

The job, with an aid organisation in Peshawar in northern Pakistan, involved teaching Afghan medics who would return home to practise as barefoot doctors.

"Our patients were refugees living in dusty camps and we'd arrive in a van and set up clinic under a tent or in a mud hut", says Dr Smith, who is now director of the NSW Refugee Health Service in Sydney.

In those early days, he says, his motives were not especially altruistic. Inspired by trips to developing countries such as Egypt and Turkey, he wanted to immerse himself in cultures different to his own.

After 9 months in Peshawar, he joined Médecins Sans Frontières (MSF) in Hong Kong, this time working with Vietnamese refugees.

"Things were very different there, working in a developed territory", he says. "We'd catch public transport with the suited execs on their way to work but, unlike them, we'd end up in a massive detention centre, all concrete and fences, or a refugee camp that smelt of rotting garbage."

Dr Smith initially worked as a clinician with MSF, but he was the only staff member whose first language was English so he soon became the medical coordinator of the program. It was not an easy gig.

"That was my first taste of management", he says. "I had no training and I was negotiating with Hong Kong government authorities and the United Nations High Commissioner for Refugees, and managing staff who were

working under difficult conditions — all in a politically charged and stressful environment."

Dr Smith acknowledges that though he didn't set out to save the world, his early experiences overseas changed more than just his professional direction.

"They also affected my attitude and approach to people, particularly patients, and taught me a lot about social justice, human rights abuses and compassion", he says.

It also showed him that people's circumstances could profoundly affect their health, so he headed back to Australia to do a Masters of Public Health.

After completing his Masters degree in 1993, Dr Smith again worked with refugees, this time with the NSW Refugee Screening Program.

"It was probably the only refugee health job in Australia at the time", he says. "It just didn't exist as a field back then, and NSW was one of few states that had refugee screening."

After a number of years, discussion began about a new health services delivery model to help refugees — in particular those who had just arrived — with their health needs.

Thanks to his overseas experience, Dr Smith was included in those talks and was later involved in planning the new unit, which is now known as the NSW Refugee Health Service.

The service gained funding from NSW Health in 1999, and Dr Smith was chosen to head it, a role in which he has continued to push for improvement in the health of refugees.

While the health issues facing different refugee groups vary, there are many similarities, he says.

"Psychological health problems are common, as are infectious diseases such as chronic hepatitis B, and vitamin D deficiency. We also see lots of dental problems, anaemia and chronic diseases like diabetes."

Dr Smith says a lot of the

psychological problems heal with time if refugees feel welcome, safe and secure, and find employment. "They are the most important things for healing."

He says many refugees survive horrendous experiences and later become productive and effective workers.

The NSW Refugee Health Service is often able to employ refugees, such as in community education roles. "It's satisfying to give them employment and watch them blossom. Often they move on to bigger and better things in terms of employment — we see ourselves as a stepping stone for them."

Dr Smith says part of his role includes advising on policy matters at state, national and international levels. He sits on a group that advises on public health issues in detention centres, and he chairs the Refugee Health Network of Australia.

Dr Smith has been involved in other public health work. In 2009 he joined an advance team of staff who flew to Western Samoa immediately after the tsunami.

"I was driven around the island to view affected areas, and we visited people who were living under sheets of plastic in the hills. It brought back echoes of the refugee camps. Even though this was a natural disaster, these people were facing similar issues."

Dr Smith still draws on his overseas experiences that go back two decades.

"I've had a huge variety of experiences in this field and have lots of memories — some are traumatic, others are really warming", he says. "I've seen survivors of torture who've been enormously affected by that, but those same individuals have gone on to successful employment, started families, and that's really satisfying to see."

"It's absolutely shaped me, not just professionally but also personally. You don't work in those settings without it changing you."



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I've had a huge variety of experiences in this field and have lots of memories — some are traumatic, others are really warming
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Amanda Bryan



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Money and practice

A just reward

With Christmas approaching, it's a good time to think about rewarding your practice staff for their hard work during the year. What is the most effective way to reward them?

It's hard to reconcile that a Christmas bonus might inspire staff to resign. Yet that's the unexpected fallout some medical practices have experienced, according to Carolyn Ingram, national president of the Australian Association of Practice Managers.

Ms Ingram says that while it is important for practices to thank and acknowledge their staff at Christmas, the "emotionally charged end-of-year bonus" can be fraught.

"If you start handing out money, some employees will get cagey and wonder, 'Is everyone getting the same amount?'" she says, adding that it's a time of year when people tend to be tired, stressed and ready for a holiday.

"They'll ask 'What did you do that I didn't do?'. All those things can really complicate a business. Christmas is stressful enough without adding that potential bonus problem."

A more sensible, though less joyous, approach is to ensure any bonus is tied to key performance indicators, which are set and reviewed quarterly. "If you want to do an end-of-year bonus, do it at the end of financial year and never

do bonuses without a reason."

Christmas, then, is a time for handwritten cards offering heartfelt thanks, gifts or vouchers, and maybe even a party.

What rewards work best

The most effective reward costs nothing more than a little thought and time, according to Ms Ingram, who says busy employers need to remember to say thank you — often, not just at the end of the year.

"The verbal reward works really well — amazingly well", she says, particularly when it comes from someone senior and busy. "If they just take that one second to say thank you at the end of the day, it makes a huge difference."

Ms Ingram says staff morale soars when someone senior notices that the phones have been running hot or that staff have coped well under pressure, and offers thanks for keeping on top of the workload.

"By doing that you are building your staff's self-esteem and they are more likely to contribute positively if they are feeling good about what they're doing",

she says, adding that it needs to be done within 24 hours.

National president and chairman of the Australian Human Resources Institute, Peter Wilson, says a sincere note of thanks is a more motivating reward at Christmas than a financial incentive. He says ideally employees should each receive a handwritten card that expresses gratitude for something specific they have contributed during the year.

Staff are likely to appreciate a gift along with their card, but this too can create issues. Mr Wilson and Ms Ingram both recommend keeping gifts for all staff the same.

Mr Wilson suggests Gold Class cinema tickets, cash bonuses of \$100–\$200, gift cards and bottles of wine or Christmas hampers. Ms Ingram has pulled together baskets of luxury treats that employees would enjoy but would be unlikely to buy for themselves.

She says giving staff the opportunity to relax and enjoy a meal together is also good for morale at Christmas, but that doesn't

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If you start handing out money, some employees will get cagey and wonder, 'Is everyone getting the same amount?'

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Carolyn Ingram

**Thinking outside the box**

While vouchers and bottles of wine are safe, they're also a little predictable. Your employees might appreciate you thinking outside the square, so consider:

Something karmic: Encourage philanthropy and get back to the real spirit of Christmas by giving your staff a charity gift voucher from Karma Currency (www.karmacurrency.com.au). The idea is that staff visit the not-for-profit organisation's website and scroll through the hundreds of charities and projects they can donate their voucher to. Whether they contribute to saving a rainforest, educating a child or cancer research, they will enjoy deciding on a worthwhile cause to support.

Something practical: Busy staff might enjoy the services of a cleaner, someone to wash or iron

their clothes, or having home-cooked meals delivered. Explore what reputable local businesses would be prepared to establish a unique voucher system so you can relieve domestic tedium, even just for a short while.

Something fun: Have cups printed with each staff member's name and something fabulous about them.

Something physical: Announce in your Christmas cards that staff will receive regular professional massages throughout the year. Organise for a masseuse to visit the office to give staff tension-relieving head, shoulder or foot massages to improve their sense of well-being and productivity.

Something wrapped: Make your gift vouchers more fun by finding a popular local department store that operates a gift registry. Contribute the same amount to each staff gift, but ensure staff can top this up to purchase a gift of their choice. Have the gifts wrapped and delivered to the Christmas party, so staff can enjoy the simple pleasure of opening a gift and admiring one another's presents.

Something peaceful: Not all employees enjoy attending a work Christmas party, particularly if it intrudes on time with their family. If a party might bring more stress than good cheer, give staff an unexpected surprise; time off work instead. Whether it's a half day, or a full day, it's bound to be appreciated at such a busy time of year.



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If an employer gives each employee a Christmas gift worth, say, \$299, there will be no tax charge

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Terry McMaster



necessarily mean lavish meals or big parties.

“We take our staff out to dinner, but that’s not possible in all practices”, Ms Ingram says. Even closing a busy practice for 2 hours at lunchtime and having something low-key on the premises can help to make people feel appreciated and valued at Christmas.

What is tax deductible?

When Paul Keating was Treasurer more than 20 years ago, he abolished the tax deductible lunch, according to financial adviser and solicitor, Terry McMaster, who says that while it stopped a lot of rorts, it also

complicated the work Christmas party. Combined with fringe benefits tax rules and exceptions for events like seminars, “the inevitable result was a mishmash of rules and exceptions to rules, such that a medical practice needs a full-time in-house tax adviser to make sense of them”.

Whether the cost of a Christmas party is exempt from fringe benefits tax or partly income tax-deductible is determined by criteria including: whether it is held at your business premises or elsewhere; whether employees, their associates or clients attend; and the amount per head that is spent on meals, drinks and

entertainment. It’s best to check your plans for a party with your accountant to be sure of the tax situation.

In terms of gifts, Mr McMaster says any monetary reward given to employees is taxed as salary and attracts superannuation, WorkCover and potentially payroll tax. Gifts, including shopping vouchers, are subject to fringe benefits tax if they’re more than \$300. The good news is that “if an employer gives each employee a Christmas gift worth, say, \$299, there will be no tax charge”, he says.

Heather Wiseman

The practice that likes to party

Staff at Bluff Road Medical Centre in Melbourne know how to party. One Christmas they had a Logies theme, where staff glammed up and worked the red carpet, posing to have their photos taken before accepting rounds of applause and awards made of silver cardboard. Another year they had a rock star party that went down in history; the associates turned up as the band KISS, complete with full make-up. They had just as much fun the year that Santa arrived on the back of a ute and staff had water pistol fights on a pier.

Practice manager, Malcolm Brand, says most of the 39 people who work at the general practice in Sandringham look forward to the staff Christmas party and make an effort to go.

“Most of the staff really like to let loose”, he says. “We walk around in uniforms for the whole of the year, so it’s an opportunity to show ourselves as we may not normally be seen. Some of the young students rage on a bit and encourage the oldies and it all works pretty well.”

At this year’s Christmas party, the staff — who range in age from 21 to nearly 70 years — will dance the night away. The dress code is dancing attire (“disco, flamenco, ballroom, rap, belly — whatever takes your fancy”) and the theme is “dancing with the stars”.



Mr Brand says every year someone dresses as Santa and staff sit on his knee and say whether they’ve been good or bad. “I have been Santa’s helper”, he says. “I had to wear an elf suit that someone had

Dr Nick Kokotis, one of the practice principals, and his wife Sonoko, ham it up at a Bluff Road Christmas party.

in their cupboard, which was completely ridiculous.”

Typically, one of the practice’s six associate owners gives a speech, where they thank staff, recognise their achievements, and highlight “all the weird things” that have happened during the year. There’s also a Kris Kringle present exchange. “It’s all done in good humour”, Mr Brand says. “One year somebody gave me a wine transfusion kit, where you had to drink the wine from transfusion apparatus.”

Mr Brand says there was a time when the associates tried to personalise gifts, and buy something different and appropriate for each member of staff. But this became too difficult as staff numbers grew, and there were concerns about all gifts not being equal. Instead, staff now receive a gift voucher, which comes in a card with a personalised message written from an associate.

Between the gift vouchers and the party, the practice spends \$8000–\$9000 on generating Christmas cheer. “I think we’re very lucky that our owners wish to reward their staff”, Mr Brand says. “We’re very privileged”.

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I think we’re very lucky that our owners wish to reward their staff, Mr Brand says. “We’re very privileged”

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Expressions of Interest



Medical Panels Victoria

The Convenor of Medical Panels is seeking expressions of interest from medical practitioners who wish to be appointed as a Panel Member to the panel by the Governor in Council. Appointments are for a three year term commencing 1 July 2013.

The Medical Panels are constituted under the *Accident Compensation Act 1985* and the *Wrongs Act 1958* to provide independent and conclusive medical opinions on medical questions pertaining to medical disputes.

Opinions are provided by an individually constituted Medical Panel, comprising members selected by the Convenor or Deputy Convenor to respond to a medical referral.

Panel members must be qualified medical practitioners who are able to provide independent, high quality medical assessments, conjointly (in cooperation with other Panel members) and develop a comprehensive Medical Panel opinion and reasons.

Fees payable to Panel members reflect the responsibility and professional standing of the appointment.

For further information or to submit an expression of interest please contact the Medical Panels office on 8256 1555 or see www.medicalpanels.vic.gov.au/EOI

Dr John Malios
 Convenor
 Medical Panels
 GPO Box 2709
 Melbourne 3001

Z0240924



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We are currently seeking dynamic leaders for the following positions as Senior Medical Administrators for the WA Country Health Service:

1. **Director of Medical Services - Kalgoorlie, Goldfields region (601248)**
2. **Director of Medical Services - Broome, Kimberley region (200999)**
3. **Director Medical Services - Port Hedland, Pilbara region (613110)**

This role provides a high standard of medical leadership; drives clinical governance and continuous quality improvement; provides administrative leadership; and supports the Regional Director in implementing strategic directions; and ensures regional health network performance.

The Goldfields region is located in the south eastern corner of Western Australia. Come and enjoy the Goldfields lifestyle - friendly people, a great sense of community combined with excellent facilities and great opportunities!

The Kimberley region is situated in the most northern and tropical region of WA and provides a laid back lifestyle envied and sought by hundreds of thousands of visitors each year.

The Pilbara region provides both a relaxed and active lifestyle with amazing travel opportunities and variety of aquatic leisure activities.

Qualifications and Experience:

Applicants must have a primary medical degree registrable with the Medical Board of Australia, with post graduate qualification in health administration desirable. Successful applicants will demonstrate considerable experience in a senior management role in the health sector and extensive medical practice. Experience in rural health service delivery is desirable.

Applicants are requested to view the position description and follow the instructions to apply online at www.wacountry.health.wa.gov.au > work with us > medical careers > medical vacancies

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North QLD	permanent - start 31/01/2013	% of billings

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Coastal NSW	From 24/12/2012 to 26/12/2012	\$2,000 p/d
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Coastal NSW	From 19/12/2012 to 23/12/2012	\$2,000 p/d
Southern NSW	From 31/12/2012 to 07/01/2013	\$2,000 p/d

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Mid North Coast	From 10/12/2012 to 21/12/2012	\$120 p/h
NSW Metro	From 17/12/2012 to 11/01/2013	\$95 p/h

GENERAL MEDICINE VMO

NSW Far West	From 26/11/2012 to 01/12/2012	\$1,800 p/d
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TAS	From 07/01/2013 to 28/01/2013	\$2,000 p/d

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Southern NSW	From 06/12/2012 to 09/12/2012	\$250 p/h
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Metro NT	From 17/12/2012 to 23/12/2012	\$2,500 p/d
ACT	From 20/12/2012 to 25/12/2012	\$2,600 p/d
Metro NT	From 24/12/2012 to 30/12/2012	\$2,500 p/d
Southern NSW	From 24/12/2012 to 28/12/2012	\$250 p/h
ACT	From 16/01/2013 to 17/01/2013	\$2,600 p/d
ACT	From 02/01/2013 to 05/01/2013	\$2,600 p/d
Metro NT	From 24/01/2013 to 27/01/2013	\$2,500 p/d

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NSW Metro	From 28/12/2012 to 29/12/2012	\$140 p/h
NSW Metro	From 29/12/2012 to 29/12/2012	\$120 p/h
NSW Metro	From 30/12/2012 to 30/12/2012	\$120 p/h
NSW Metro	From 01/01/2013 to 02/01/2013	\$150 p/h
NSW Metro	From 07/01/2013 to 08/01/2013	\$140 p/h

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Coastal NSW	From 20/12/2012 to 24/12/2012	\$2,000 p/d
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North East VIC	From 27/11/2012 to 27/11/2012	\$2,000 p/d

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Brand new purpose-built consulting rooms adjacent to transport hub in heart of CBD with ample parking. The clinic is devoted to mental health and has 4 part-time mental health nurses, 3 part-time psychologists, and a drug and alcohol clinician.

It is adjacent to Frankston Healthcare, a 5 doctor medical centre, pharmacy and pathology collection centre. Frankston Healthcare doctors offer AOD treatment and pharmacotherapy, general medical care and Hepatitis C treatment in collaboration with Alfred Health; we are also involved in the Partners in Recovery of the Frankston Mornington Peninsula Medicare Local.

Full access to brand new computer, scanner, fax and Medical Director/Pracsoft software; video-phone instant access to GP's at Frankston Healthcare; reception services.

Contact Dr Robert Weiss, 03 9770 0023, rweiss@ozemail.com.au

General Physician with or without a special interest

Applications are invited from suitably experienced and qualified Full-time Specialist Physicians

Portland is a world where breath-taking coastal life marries the serenity of world class National Parks. The combination of coastal, rural and low density urban areas makes Portland a wonderful place to live, work and raise a family. Live by the sea, in town or on a farm — the choice is yours.

Portland District Health is a small rural hospital on the way up. We employ 410 staff; have 69 inpatient beds, a busy emergency department, modern and highly regarded operating suites and an eight bed day procedure unit. We provide safe and cost effective acute medical, general and specialist surgical services, low and intermediate risk maternity, geriatric, drug and alcohol services, hospital and community based allied health. We employ six full-time hospital medical officers and we have medical staff on site at all times. We see over 9000 presentations annually in our emergency department, a third of whom are Triage categories 1, 2 or 3. We have renal dialysis services and from early 2013 will start day chemotherapy services. We have over 30 visiting specialists who consult and operate from our specialist rooms on-site at Portland District Health.

We have recently appointed a Portland-based full-time physician who specialises in internal medicine, a full-time general surgeon and part-time Obstetrician all of whom has allowed us to enhance our existing services. To meet this growing need, we are seeking a suitably qualified full-time Specialist Physician to complement our existing Medical service.

Located half way between Adelaide and Melbourne, with direct flights to both cities from our local airport, Portland enjoys a contemporary popularity derived from tourism including Breakwater surf or river fishing with the harbour boasting one of the best boat ramps in Victoria. Water sports on offer include yachting, surfing, sail boarding, wave riding, canoeing and water-skiing with the avid motorcyclists catered for on forest routes through nearby mountain locations. Whales are part of our reality, and can be easily viewed during the annual migration to warmer waters. A short drive will take you to National Parks, including Mt Eccles National Park, Discovery Bay National Park, Cape Nelson State Park, head north-east to the Coonawarra Wine District. Heading east take in a coastal journey and the intrigue of the Shipwreck Coast towards the famous Great Ocean Road.

A specialist fellowship, full registration with the Medical Board of Australia, and appropriate experience are essential. Portland District Health also employs 6 Medical Officers who cover our emergency department and inpatient units.

Attractive remuneration and conditions; together with the mode of appointment; will be negotiated with the successful applicant. For further information please contact Dr Liz Mullins Director of Medical Services at Lmullins.pdh@swarh.vic.gov.au



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A ready made private practice is virtually guaranteed and every opportunity exists to pursue particular interests in your field.

The hospital will assist in terms of practice setup, consulting rooms, appointment and billing software and mailouts to the local GP referral base.

The hospital relies on a paediatric oncall roster to manage caesarean section cases and neonatal care. Two local private hospitals deliver over 1000 babies annually and a Level II Special Care Nursery supports stabilisation and ongoing care of neonates at The Bays. And then there is the lifestyle — wineries, golf courses, the beach, climate, schools — all only an hour from Melbourne CBD.

**For further information, contact Anita Woods,
Director of Nursing on 0403 500 574 or
anitawoods@thebays.com.au**



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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.

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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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