Other doctors may not know exactly what they do, but sexual health physicians love the diversity of their work.

“Other doctors may not realise that our practice is very similar to that of other physicians, but with an additional bonus of an eclectic mix of other specialties, such as gynaecology, psychiatry, dermatology, urology and public health,” he says.

“It’s the mix of acute medicine, public health and dealing with very vulnerable populations that makes it a particularly rewarding specialty to work in.”

Professor Hillman says sexual health medicine is a specialised form of general medical practice. While the specialty plays a strong role in preventing and managing HIV infections, it also focuses on healthy sexual relationships, including freedom from sexually transmitted infections (STIs), unplanned pregnancy, and coercion and psychological discomfort associated with sexuality.

The potential scope of practice is huge, encompassing individual care, microbiology, immunology, sexuality and population dynamics, Professor Hillman says.

“There are amazing opportunities to make a real difference in very disadvantaged communities — both in Australia and overseas.”

Emerging issues

This fast-paced specialty is at the cutting edge, with new treatments able to dramatically improve the lives of patients.

Like many sexual health physicians, Dr Melanie Bissessor, who practises at Melbourne Sexual Health Centre, enjoys the challenge of keeping pace with new advances.

“The microbiological diagnosis of most STIs is now made by molecular methods in the laboratory as well as by rapid point-of-care tests made at the time of initial consultation”, Dr Bissessor says.

“Keeping up to date with the influx of new tests and ensuring their validity and appropriate use, while at the same time making sure adequate patient education is provided and safer sex practices are reinforced is challenging.”

Professor Hillman says time pressure can be an issue.“In a short consultation, you have to rapidly gain the confidence of complete strangers and help them disclose some of the most intimate and private aspects of their lives.”

Associate Professor Richard Hillman

The mix of acute medicine, public health and dealing with very vulnerable populations makes it a particularly rewarding specialty to work in.
I enjoy assessing and treating the combination of physical and psychological components of male sexual dysfunction and getting into the psyche of my patients and their partners.

Dr Michael Lowy

continued from page C1

delivering very bad news (such as newly diagnosed HIV infection), you may also have to deal with issues such as the disclosure of sexual abuse.”

Misconceptions

One misconception is that the discipline is all about STIs. While most sexual health physicians work in this area, some specialists, such as Dr Michael Lowy from Sydney Men’s Health, specialise in men’s health conditions.

“My particular interest and training involves male sexual dysfunction, which includes problems with libido, ejaculation and erection issues”, Dr Lowy says.

“Relationship counselling is an integral part of this area of medicine as sexual and relationship difficulties with couples are often closely connected.”

Dr Lowy is able to spend a lot of time with his patients. “I enjoy assessing and treating the combination of physical and psychological components of male sexual dysfunction and getting into the psyche of my patients and their partners”, says Dr Lowy, who completed a postgraduate degree in psychological medicine.

Karen Burge

Training in sexual health

Doctors can apply to join the three-year program as advanced trainees after completing the RACP basic training or with an appropriate Fellowship from another medical college (for a list of accepted Fellowships, go to www.racp.edu.au/page/australasian-chapter-of-sexual-health-medicine). At least two years of the program will be spent in sexual health work.

Some trainees will be given exemption from all or part of the third year to recognise prior learning, but will be required to undertake their placements in an area with which they are less familiar. For example, an infectious diseases physician with HIV experience would be required to spend two years in sexual and reproductive health clinics. The RACP does not restrict the number of places offered in the sexual health training program, but numbers depend on available clinical placements.

The inside story

Professor Richard Hillman suggests aspiring trainees gain broad experience in sexual health to help them better understand the field as well as enhance their chances of being accepted into the sexual health training program.

He says they could consider a family planning certificate, a subject or two in public health medicine at university, and a rotational term in a sexual health clinic.

Dr Melanie Bissessor says a registrarship in a sexual health clinic or a GP clinic with a high caseload of STI/HIV patients would provide “an invaluable insight into the field”.

Dr Melanie Bissessor

Registrar Q+A

Dr Carole Khaw is a senior registrar in her final year of advanced training in sexual health medicine, working part-time at Clinic 275, STD Services at the Royal Adelaide Hospital. She is also a clinical skills lecturer at the University of Adelaide.

Why did you choose to become a sexual health physician?

I had worked in private practice in primary care for many years and felt I needed a different challenge. I’d always had an interest in sexually transmitted infections and the fascinating field of HIV medicine. I also had some primary care experience in other important aspects of sexual health medicine. This specialty provided me the opportunity to consolidate my knowledge.

What do you like about the training program?

The training program is robust. I have enjoyed the opportunities to formally learn a diverse range of new skills and also consolidate knowledge in areas like biostatistics, epidemiology, health promotion and laboratory methods. The training program also provides opportunities for research and for presenting at national sexual health conferences.

What are the main challenges?

From a training perspective, a challenge has been the formal study requirements. There were several areas of formal study (university courses) and three research projects to complete. From a personal perspective, I went back into training while working full-time, studying and raising a family (I have two wonderful children and a supportive partner). So the challenge has been that of time management and balance.

How much is the training costing you?

I pay an annual RACP training fee and this varies depending on whether you are in part-time or full-time training. As I work in the public sector, I get a professional development allowance that helped pay for the university courses, which cost from $1500 to $3000.

What’s next for you?

I hope to contribute to the field by improving the teaching of sexual health medicine at the undergraduate and postgraduate level. I would also like to help improve public awareness of sexual health. To achieve this, I hope to continue working part-time as a clinician at my current workplace, working as a university medical educator and becoming involved in more research.
Experience a range of working environments, cultures and practices. Travel and broaden your experiences.

### O&G VMO
- **Northern NSW**  
  From 24/12/2012 to 26/12/2012 $2,000 p/d  
- **Northern NSW**  
  From 28/11/2012 to 30/11/2012 $2,000 p/d  
- **Mid North Coast NSW**  
  From 24/12/2012 to 28/12/2012 $2,000 p/d

### ANAESTHETICS VMO
- **North East Vic**  
  From 05/12/2012 to 06/12/2012 $2,000 p/d  
- **North East Vic**  
  From 03/12/2012 to 04/12/2012 $2,000 p/d  
- **Northern NSW**  
  From 02/01/2013 to 07/01/2013 $2,000 p/d

### ORTHOPAEDIC SURGEON VMO
- **Northern NSW**  
  From 14/12/2012 to 18/12/2012 $2,000 p/d  
- **Southern NSW**  
  From 31/12/2012 to 07/01/2013 $2,000 p/d

### FACEM
- **ACT**  
  From 30/12/2012 to 02/01/2013 $2,600 p/d  
- **Southern NSW**  
  From 06/12/2012 to 09/12/2012 $250 p/h  
- **Metro NT**  
  From 17/02/2013 to 24/02/2013 $2,500 p/d

### GENERAL MEDICINE VMO
- **Far West NSW**  
  From 26/11/2012 to 01/12/2012 $1,800 p/d  
- **TAS**  
  From 07/01/2013 to 28/01/2013 $2,000 p/d

### GP
- **TAS**  
  From 19/12/2012 to 10/01/2013 $1,500 p/d  
- **Northern NSW**  
  From 10/12/2012 to 21/12/2012 $2,000 p/d  
- **TAS**  
  From 21/01/2013 to 10/02/2013 % of billings
- **Northern QLD**  
  Permanent position starting 31/01/2013

### GENERAL SURGERY VMO
- **TAS**  
  From 03/12/2012 to 06/01/2013 $2,000 p/d  
- **NSW Hunter**  
  From 07/01/2013 to 19/01/2013 $2,000 p/d

### PSYCHIATRY VMO
- **New Zealand**  
  Permanent position starting ASAP

For further job opportunities visit our website or give our team a call.
LOCUM with Wavelength and WORK when and where you want

<table>
<thead>
<tr>
<th>ANAESTHETIST</th>
<th>O&amp;G CONSULTANT</th>
<th>ED CMO</th>
<th>ENT SURGEON</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW (ref: 24185)</td>
<td>WA (ref: 28104)</td>
<td>NSW (ref: Young)</td>
<td>NSW (ref: 23940)</td>
</tr>
<tr>
<td>$2000 per 24 hour period</td>
<td>$2200 per day worked</td>
<td>$1500 per day</td>
<td>$2500 per day worked</td>
</tr>
<tr>
<td>Call Claudine 02 8353 9020</td>
<td>Call Amber 02 8353 9011</td>
<td>Call Charlotte 02 8353 9037</td>
<td>Call Nicole 02 8353 9012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENERAL MEDICINE</th>
<th>PAEDIATRICIAN</th>
<th>ED SMO</th>
<th>ENDOCRINOLOGIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>QLD (ref: 21894)</td>
<td>QLD (ref: 28162)</td>
<td>QLD (ref: 29612 )</td>
<td>TAS (ref: 21510)</td>
</tr>
<tr>
<td>April to May 2013</td>
<td>1 to 31 January 2013</td>
<td>17 Dec till 31 Jan 2013</td>
<td>17 Dec – mid May 2013</td>
</tr>
<tr>
<td>$2000 per day</td>
<td>$2000 p/d (less Super &amp; Tax)</td>
<td>Rates dependent on exp.</td>
<td>$2000 per day worked</td>
</tr>
<tr>
<td>Call Claudine 02 8353 9020</td>
<td>Call Amber 02 8353 9011</td>
<td>Call Andrew 02 8353 9057</td>
<td>Call Carly 02 8353 9016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PSYCHIATRIST</th>
<th>ED REGISTRAR</th>
<th>ED SMO</th>
<th>ICU REGISTRAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW (ref: 29496)</td>
<td>NSW (ref: Orange)</td>
<td>QLD (ref: 29607)</td>
<td>NSW (ref: SP01112-1)</td>
</tr>
<tr>
<td>ASAP till late January</td>
<td>14-20 Dec + 11-15 Jan</td>
<td>27 Dec till 20 Jan 2013</td>
<td>8 Nov – 26 Dec</td>
</tr>
<tr>
<td>$2000 p/d + travel/accom/car</td>
<td>$110-$145 per hour</td>
<td>Rates dependent on exp.</td>
<td>$130-$145 per hour worked</td>
</tr>
<tr>
<td>Call Lisa 02 8353 9034</td>
<td>Call Charlotte 02 8353 9037</td>
<td>Call Andrew 02 8353 9057</td>
<td>Call Carole 02 8353 9017</td>
</tr>
</tbody>
</table>

Work & benefit
Locum with Wavelength and receive $500 credit on your Wavelength Visa Card for every 5 locums completed.

Refer & earn
Send us the details of someone you know seeking a new medical role, and if we place them get $500 credit on your Wavelength Visa Card.

Visit wave.com.au/mja to find out more.

wave.com.au
Specialists in medical recruitment
Dr Darren Russell is Director of Sexual Health at Cairns Base Hospital, Adjunct Associate Professor at James Cook University School of Medicine and Clinical Associate Professor in population health at the University of Melbourne. He is also past-president of the Australasian Chapter of Sexual Health Medicine and the Australian Federation of AIDS Organisations.

In 1990 I wanted more experience in palliative care and HIV medicine because they were two areas I hadn’t covered well in my medical training. I called Dr David Bradford — who was chief venereologist in Victoria and probably had the biggest HIV clinic in Melbourne — to ask if he could suggest a course. He didn’t know but asked if I wanted a job in his HIV clinic (Lygon Medical Service in Carlton). He’d been advertising for 18 months but no one wanted it. I asked why and he explained that it was an HIV clinic, clients were injecting drug users, sex workers, marginalised people with a terminal illness or at risk of getting one and, at that stage, they were nearly all going to die. The condition is infectious and we take all our own bloods as well as doing minor surgery and it doesn’t pay very well. How could I resist? I started work there in November 1990.

HIV is my main focus. I try to get the best outcome for people with the least side effects. I also work in screening and treatment for sexually transmitted infections, hepatitis C, sexual dysfunction, reproductive health and medical abortion.

I love the patient group and the academic challenge of HIV. Often, finding the best drug regimen is a challenge. It’s a cerebral discipline and I like that. We have to think about what medications patients have been on, drug resistance, side effects, new therapeutic drug monitoring and genetic resistance assays. If you stop for six months, you’re out of date, so I like the pressure of having to keep up with cutting-edge stuff.

When I first started in the field, everyone died. It was awful. These were young, wonderful, delightful men about my age who could have been my peers, and they were dying of something we couldn’t stop. In 1996 highly active antivirals started to become available. Now, even though people are committed to a lifetime of medication, they will have a lifetime of medication. It’s just a wonderful thing to see people get on with their lives, work, have relationships, have kids and do normal things everyone else can do.

The stuff we can cure is really rewarding. There’s nothing better than a good case of gonorrhoea, because the bloke comes in with pus and stinging when he pees and a horrible, dramatic presentation, and you just give him an injection or some tablets and within hours it’s gone. There’s not much in medicine that you can treat that way. We can cure so many people with hepatitis C now, even though the treatments are still pretty awful. The long-term benefits for those individuals, both physically and mentally, are phenomenal.

I have four main mentors. Dr Bradford, who I mentioned before, is a delightful individual and also very knowledgeable. He taught me a lot about working with the affected community — not just being a doctor from a distance but being involved in the community to prevent and treat HIV. I worked at the Victorian Infectious Diseases Service at The Royal Melbourne Hospital and three outstanding clinicians there were: Dr Allen Yung, an old-style fever doctor who taught me about taking a good history, listening to the patient and doing a good examination; Dr Alan Street, an infectious diseases doctor with a top-notch intellect and knowledge about HIV and infectious diseases; and Professor Graham Brown who, as head of the unit at the time, showed me what a great medical leader can do.

I felt privileged to have been president of the Australian Federation of AIDS Organisations. It’s a community-based organisation and I felt very honoured as a doctor to be involved. Also, a couple of years ago the Royal College of Physicians in London gave me a Fellowship as a sexual health physician here in Australia and that was a great honour.

Sexual health medicine is a vital discipline that’s not well recognised. We often do the sort of stuff that other doctors don’t like doing. It is a great career if you are comfortable working with people at the fringes of society and if you’re not afraid to talk about taboo topics. We can’t be judgemental about things, even if we disapprove of people’s behaviour — that’s not our call.

“ We can’t be judgemental about things, even if we disapprove of people’s behaviour — that’s not our call.”

Interview by Karen Burge
Cycle of life

A Newcastle general practitioner gives his spin on the health and environment benefits of biking

Cycling is Dr Ben Ewald’s preferred way of getting around, but don’t expect to see him wearing lycra. “I don’t own a single bit of clothing that’s cycling specific”, he says. “It’s just part of my life. It’s normal transport.”

Dr Ewald, a general practitioner in Newcastle, is part of Newcastle Cycleways Movement, a cycling advocacy group that aims to improve conditions for cyclists.

The group has worked with Newcastle City Council to develop a cycling strategy, which was adopted in March this year. The strategy, which aims to make cycling a safe and attractive transport option, includes items such as providing inner-city bike lanes, bike rental schemes and publishing cycleway maps.

“I think cycling is the answer to a lot of different questions and that it’s something worth putting some energy into”, Dr Ewald says. “When I suggest to a patient with diabetes that they could get some exercise on the way to work, I want to know that it will be safe for them.”

Dr Ewald, who has been a regular cyclist since age 5, also established the Bike Doctor section on the Doctors for the Environment Australia website, where doctors compare notes about commuting on two wheels.

“I thought it would be interesting for doctors to share their stories about cycling to work, because it contradicts the image of the doctor driving up in a Mercedes”, he says. “The new image for the high-status professional should be to arrive on a bike and get some exercise on the way.”

As well as the health and environmental benefits, Dr Ewald says cycling is the most convenient and quickest way of getting to places. It also allows “transport equity” for people who are too young or poor to have a car.

“Bikes open up transport independence. Cycling really opens up the world for these people.”

Since having children, Dr Ewald has also realised that society’s dependence on cars restricts children’s freedom to explore their neighbourhood, whereas bicycles don’t usually pose a risk to children and other people on the road.

“There’s also a transport security argument, in the event of a fuel crisis. For instance, major instability in an oil-producing country could make fuel prohibitively expensive, causing huge disruption in car-dependent cities. “But if cycling is a safe option, then the transport system is more resilient to these types of shocks”, he says.

Dr Ewald takes his passion for physical activity off the road and into his working life. Through the University of Newcastle, where he works as a senior lecturer in epidemiology, he’s conducting a study testing a strategy to increase people’s activity levels.

The large randomised controlled trial is looking at whether general practice patients who are referred to an exercise physiologist are more likely to increase their activity levels. The study will use an objective measure of physical activity — patients will wear pedometers — rather than the unreliable measure of self-reported activity.

Dr Ewald says there is a tendency in general practice for doctors to ignore inactivity as a contributor to health problems because it is difficult to measure.

He would like to start using an objective measure of physical activity in his practice. “For instance, I could ask patients to wear a device to measure their activity for a week and then those results could become part of our health assessment as much as weighing them or measuring their blood pressure”, he says. “I think that’s the next frontier for doctors and physical activity.”

Dr Ewald has also been involved in another project at the University of Newcastle to monitor medical journalism.

The Media Doctor site, which ranks medical news stories using a standardised rating tool, aims to improve the way journalists report on new medical treatments.

A recent loss of funding means the site is winding up, but Dr Ewald believes it has had some impact on medical journalism.

“Every now and then we’d read a story that meets all our quality indicators”, he says. “I think we succeeded in changing the environment a bit.”

Sophie McNamara
**Behind the wheel**

Navigating the finances of car ownership

Tasmanian surgeon Dr Stephen Wilkinson is a closet car buff. He walks or runs to work most days to stay fit and to reduce his carbon footprint, and only clocked up around 3,000 km annually, so if you took a peek inside his garage you may get a surprise.

You’d find a Hummer that runs on biodiesel made from used cooking oil, a rare 1974 DeTomaso Pantera and a Nissan Skyline GTS, which he describes as “one of the most amazing performance vehicles ever released”.

“I inherited it from my son, who, unlike me, has matured. I use it if I have to travel between hospitals”, he says.

Regardless of what you choose to bang around town in — hard-wearing Hummer or humble Holden — car ownership has perks and pitfalls from a financial perspective.

We take a look under the bonnet at some of the nuts and bolts.

**The price tag**

It’s common for emotion to override commonsense when it comes to car ownership. Before you rush out and spend a fortune, it’s worth noting some of the negatives of luxury car ownership.

For starters, unless you buy a unique sports car or collectable, it will quickly decline in value. As a rule of thumb, a car will usually only be worth around 50% of its purchase price after 3 years.

Darren Johns, principal adviser at Sydney financial services firm, Align Financial, notes, for instance, that a car that costs $150,000 will lose around $20,000 in value each year — so consider that cost of ownership over and above petrol, servicing and insurance.

“Before they spend a lot on a vehicle, I ask doctors if that’s a price they are prepared to pay”, he says. “Some say yes, which is fine as long as they go into it with open eyes.”

The amount you spend will also affect the level of tax relief you’ll be entitled to on a car used for work purposes, according to Jarrod Bramble, a Newcastle-based partner at accounting and financial services firm, Cutcher & Neale.

Tax effectiveness is reduced once the purchase price exceeds a luxury car limit assigned each year by the Australian Taxation Office. In the 2011–12 financial year, this limit was $57,466.

Once you exceed that limit, the maximum GST credit you can claim on the purchase of the car is up to one-eleventh of the limit.

According to Mr Bramble, if you bought a car for $150,000, for instance, you’d only be entitled to an input tax credit of up to $5,224, but when you sold the car you’d be liable to pay one-eleventh of the full amount in GST if the disposal is a taxable sale.

**Getting a loan**

There are benefits to financing your vehicle using a balloon or residual repayment option, according to John Fara, a director at small business accounting firm, Fiducia Advisors. This option reduces your monthly repayment amount, which helps if you plan to change your vehicle frequently or the budget is a little tight, but it means you’ll have a balance payable at the end of the loan.

Mr Fara suggests that you check up-front for early payout costs, as these can sometimes come as a shock.

He also suggests you check to see if you’ll be charged late-payment interest or penalties.

Also, the ATO has maximum percentages that they will allow as balloons or residuals for tax purposes, Mr Fara says.

According to Mr Bramble, with a balloon or residual loan, it’s worth checking ahead of time how much will be left to pay at the end of the finance

---

**Travel expenses: can you claim?**

Here are some examples of business-related trips for doctors.

- Travel between two places of employment for the same job, such as travel between two surgeries owned by the same company
- Travel from the doctor’s home to a patient’s home and then to the surgery.
- Travel between the surgery and the hospital.
- Travel from the doctor’s home to hospital where the doctor is on-call to receive emergency calls and to give immediate instructions on treatment before travelling to the hospital.

Source: Accounting and financial services firm, Cutcher & Neale

---

“I inherited it from my son, who, unlike me, has matured. I use it if I have to travel between hospitals”

Dr Stephen Wilkinson

---

continued on page C8
We prefer clients to pay cash up-front for a car or borrow via a line of credit because it’s cheaper and more tax efficient

Terry McMaster

contract. If it’s higher than 50%, you may be left with negative equity in the car, which means when you sell it, the amount you receive won’t cover your loan.

Buy or lease?
Terry McMaster, of McMasters’ Accountants, solicitors and financial planners, says GST has taken away many of the advantages of leasing.

“We prefer clients to pay cash up-front for a car or borrow via a line of credit because it’s cheaper and more tax efficient”, he says.

According to Mr Fara, a finance lease is just another form of finance, so you are essentially buying the vehicle.

The advantage of a finance lease is that you can claim the entire repayment as a tax deduction, and budgeting is easier because the interest rate is fixed and repayments run for a fixed term (usually 3–5 years).

However, he notes that the interest paid will add to the overall cost of the vehicle.

Expense claims
There are four methods of claiming car costs: keeping a logbook to estimate the proportion of business use; or three fixed methods for claiming costs: cents per km, 12% of the car cost, or one-third of running costs.

According to Mr Fara, each method gives a different result, and you can choose the method that returns the most benefit from year to year.

A logbook of odometer records must be kept for 12 consecutive weeks with written evidence of all car expenses for the year to determine a business use percentage.

For doctors with two practices or who also work in another location such as a hospital or university, their car may be considered a “tool of trade”, and this has significant tax benefits.

According to Mr McMaster, the trip from home to work each day would constitute a professional purpose if a doctor can show that they need to carry bulky medical equipment or potentially offensive or embarrassing items from home to their place of work.

Spin doctors
Do different types of doctors prefer different types of cars?

Professor Flavia Cicuttini, a Melbourne rheumatologist and Volvo driver, suspects they do.

She also suspects that greater happiness and life satisfaction and reduced divorce rates correlate with ownership of the more “boring” cars like Volvos.

“Then again perhaps Maseratis make up for these other things”, she says.

Tasmanian surgeon Dr Stephen Wilkinson says road safety concerns swayed him to buy a Hummer.

“I got it originally because as a trauma surgeon I was sick of seeing innocent people wiped out by drowsy drivers veering onto their side of the road”, he says. “I figured three-and-a-half tonnes of steel around us should be protective. I realise now that it was a panic decision and other options were possible.”

Dr Wilkinson thinks general surgeons have a tendency to choose 4-wheel drives to match their workplace style of having to deal with a wide variety of unexpected situations. “General surgeons are the 4-wheel drives of medicine.”

He also likes to get out and about in his 1974 DeTomaso Pantera. “It’s just something to look forward to in an otherwise arduous lifestyle”, he says.

Director of the emergency department at St Vincent’s Hospital, Sydney, Professor Gordian Fulde, who drives a third-hand convertible Audi (a gift from his wife), also cites lifestyle as a deciding factor.

“I believe a sun roof or convertible is essential for Australia and for things like surfboards”, he says.

Doctors’ financial advisers have also spilled the beans on their clients’ motoring preferences and, although they didn’t want to be quoted, here’s what they said:

■ In general, most doctors are reasonably conservative in their choice of cars and are more likely to opt for a Magna, SUV, Subaru or Landcruiser than a Porsche.

■ Older doctors are drawn to Mercedes, BMW and Lexus, while their younger counterparts are more open to European alternatives, such as Audi and Volkswagen.

■ If you have to generalise, GPs favour Mercedes, while certain specialists, such as obstetricians and plastic surgeons, prefer sports cars.
LOCUM WITH US FOR LEADING PAY RATES AND FLEXIBILITY

Registars
Up to $2,600 a day

Consultants
Up to $2,500 a day

GPs
Up to $2,000 a day

Forming a part of Healthcare Australia, LML Medical Recruitment helps doctors of all levels and specialties find locum positions.

Join Australia’s leading locum doctor agency today and receive a dedicated consultant who will focus on finding your ideal role.

APPLY ONLINE www.healthcareaustralia.com.au

WORK WITH US TODAY
1300 889 133

HUNDREDS OF WISHES ARE WAITING!

Help grant the wishes of children with life-threatening medical conditions. Children like Eitan, who wished to be a fireman for the day...

DONATE TODAY!
Call 1800 032 260 or visit www.makeawish.org.au

Eitan, aged 4, diagnosed with rhabdomyosarcoma
Vinnies changes lives every day.

To donate call 13 18 12 or go to www.vinnies.org.au

St Vincent de Paul Society

good works
Wollongong Opportunity for a Registered Medical Practitioner

An opportunity exists to join IOH Injury & Occupational Health on either a full-time or part-time basis. IOH is a long established and highly respected leader in the provision of work injury prevention, treatment and rehabilitation services to organisations throughout NSW.

The successful candidate will work as part of our medical team which includes a sports physician, occupational physician registrars, surgeons and general practitioners. Our doctors work in a multi-disciplinary environment alongside physiotherapists, exercise physiologists, occupational therapists, psychologists, rehabilitation counsellors and safety trainers and consultants.

This position is based in our purpose-designed Wollongong clinic which is situated close to Wollongong golf course and beach. IOH operates from 8am to 5pm Monday to Friday excepting public holidays.

This position will be of particular interest to a graduate wishing to specialise in Occupational and Environmental Medicine (which is a faculty of the Royal Australasian College of Physicians). This speciality opens up numerous career opportunities, and IOH provides a supportive and clinically rich environment which assists doctors to achieve this specialty qualification.

I look forward to discussing this position further with interested doctors.
Dr John Hogg / jhogg@ioh.net / www.ioh.net

---

DERMLITE DL1
INTEGRATED IPHONE CONNECTIVITY
- The smallest dermatoscope currently manufactured
- Clips to your shirt
- Cross-polarised and non-polarised modes
- Glass faceplate with 10mm scale
- Recharges from any laptop or PC
- Takes superb images with your iPhone 4 (adapter inc)

Only $625* - Save $50

MACQUARIE MEDICAL SYSTEMS
Ph: 1800 810 074
sales@machealth.com.au

Handheld Pulse Oximeter
> 2 year replacement guarantee
> Interchangeable pediatric thimble
> 500 hour battery life & memory

Now Only $290*
Includes Adult & Child Probe!

Spirotube Spirometer
Special Price $1,195*
> Reusable turbine
> Run & Save data on PC
> Pulmonary function diagnostics
> Automatic internal calibration

Best Practice Compatible

Single Use Surgical Kits
> Save time & money with these pre-packed, sterilised kits, supplied on a convenient tray
> Ideal for Dermatologists & GP Clinics
> Kits for Punch Biopsy Available
> Kits with Dynek Sutures Available
> Stainless Steel Scissors & Forceps
> Starting from only $12.00*

40% OFF YOUR FIRST PURCHASE
Conditions Apply. Contact us for full terms.

* All items are subject to GST unless stated. ECG units are GST Free. Only $9.90 delivery fee across Australia. Sale prices end 31/08/2012.

---

WINTER SPECIALS

---

---

Specialist Appointments

---

---
Kimberley Aboriginal Medical Service Council
Broome, WA

Senior Clinician

The Kimberley Aboriginal Medical Services Council (KAMSC) has a unique full time opportunity for an experienced and enthusiastic Senior Clinician to join its professional, multi-disciplinary team, based in Broome.

This Senior Mental Health Clinical role will be responsible for overseeing the efficiency and effectiveness of Social & Emotional Well Being (SEWB) practice at KAMSC.

To be successful in this position you will be a qualified mental health professional with several years post-graduate experience and eligibility to practice in WA. Demonstrated skills and experience in the area of mental health/social and emotional well being and proven managerial experience are essential.

You’ll be rewarded with an attractive salary circa $90,000 (commensurate with experience) plus a fully maintained vehicle, generous leave conditions, relocation assistance, district allowance up to $2,920 and a remote allowance up to $13,000!

OH&S Coordinator

The Kimberley Aboriginal Medical Services Council (KAMSC) also have a fantastic opportunity for a professional OH&S/QA Coordinator to join their multi-disciplinary team based in Broome.

Reporting to the Corporate Services Manager, you will be responsible for the facilitation and implementation of a comprehensive Occupational Health & Safety framework throughout the organisation, while ensuring compliance with the OH&S Policy, Work Safe and all relevant legislation.

This is an excellent opportunity for a dedicated individual to take a hands-on role in driving a strong culture of workplace health and safety by developing strategies and implementing practical solutions.

The successful candidate will be rewarded with a competitive salary circa $78,897 plus generous leave conditions, relocation assistance, district allowance up to $2,920 and remote allowance up to $13,000!

To advertise in the MJA please phone: 02 9562 6666

MJA Healthcare Jobs


Start your search today

To advertise in the MJA
please phone: 02 9562 6666
Danila Dilba Health Service is a community managed not-for-profit organisation that is dedicated to providing culturally appropriate comprehensive primary health care services to the Biluru people residing in Darwin, Palmerston and surrounds.

Danila Dilba Health Services is a vibrant and exciting place to work and its employees are committed and passionate about what we do! If you are looking to make a positive contribution to Aboriginal health then this is the organisation for you!

Danila Dilba is seeking to recruit suitably qualified General Practitioners to work in our clinics and fill the following vacancies:

**GENERAL PRACTITIONER COORDINATOR**
Base Salary: $190,000
Plus superannuation - 6 weeks Annual Leave
No shift work, No weekends, No on-call
The position will be responsible for the supervision of all General Practitioners, Registrars and Medical Students within Danila Dilba Health Service. The position will also provide advice to senior management on clinical service improvements and public health issues, as well as ensuring that best practice clinical procedures are maintained.

**GENERAL PRACTITIONER**
Base Salary: $156,000
Plus superannuation - 6 weeks Annual Leave
No shift work, No weekends, No on-call
To participate in providing a range of culturally appropriate comprehensive primary health care services to clients of Danila Dilba Health Service. There is a significant primary care component as well as specific programs. There is also a requirement to participate in the development of services appropriate to meeting the needs of Danila Dilba Health Services. This position will be responsible for providing clinical services to clients in the acute setting while applying the principles of chronic disease management to appropriate cases.

For a copy of the relevant Position Description please email hr@daniladilba.org.au OR see our website www.daniladilbaexperience.org.au.

For information regarding these positions please contact Kane Ellis, Clinical Services Manager, on (08)8942 5444 or email kane.ellis@daniladilba.org.au

All applicants must address the selection criteria and submit with CV to the Human Resources Officer at hr@daniladilba.org.au or post to GPO Box 2125, Darwin NT 0801. Applications Close: Friday 30th November 2012.

Aboriginal and Torres Strait Islanders are strongly encouraged to apply
Including a gift to CARE in your Will can help future generations lift themselves out of poverty.

www.care.org.au  (02) 6279 0200  wills@care.org.au