

# MJA *Careers*

THE MEDICAL JOURNAL OF AUSTRALIA

## Doctors go to Bollywood

**WHEN** doctors Sanjay Patole and Ajay Rane managed to reduce a roomful of their staid medical colleagues to tears they knew they had done a good job.

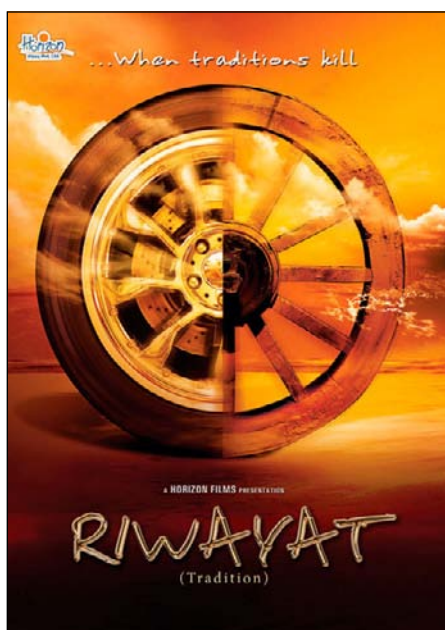
Their film, *Riwayat*, depicting the realities of infanticide and feticide in India, is an enormous gamble for two novice filmmakers, who decided that a Bollywood approach to the most serious of social issues was the best means for change.

Both doctors were shocked by the hardened attitudes in India to the widespread practice of terminating pregnancies once a fetus was determined by ultrasound to be female (rather than male) — an evolution of the long-standing practice of killing baby girls straight after birth.

Professor Rane, head of obstetrics and gynaecology at James Cook University in Townsville, Queensland, and Associate Professor Patole, from the University of Western Australia who is also a senior neonatologist at Perth's King Edward Memorial Hospital, were spurred into action after reading *The Lancet's* cover story on infanticide and feticide in January 1996, which suggested that 100 million girls were missing from the world because they had not been born, or had been killed.<sup>1</sup>



**"Every day, this subject is in the news. Who's going to come and see a film about that?"**



It did not sit well with the two doctors, who spent their professional lives ensuring all babies had the best start possible.

"I've probably delivered about 10,000 babies, and Sanjay spends weeks keeping one tiny 500 g baby alive," Prof Rane says.

"Yet in India, it takes just five seconds to break a girl's spine moments after birth."

The problem is not confined to India. Prof Rane says 25,000 couples of Indian descent from the United Kingdom go to India each year for gender identification of fetuses. He estimates it's probably double that number from the United States.

On annual trips to a charity hospital in Chennai, India, Prof Rane found that few people would acknowledge the scale of the problem.

"People would insist it didn't happen much in their area, but the 100 million figure in *The Lancet* was based on census data. I felt the scale was being ignored, rather than people accepting it," Prof Rane says.

"The practice is just tradition. It has nothing to do with religion or caste. It happens to both rich and poor. It's just as rife among the wealthy, and doesn't matter if people are literate or illiterate."

Although Drs Patole and Rane worked

*continued on page 7* ▶

### In this issue

- C1 Bollywood doctors tackle serious topic
- C3 Q&A with Dr Amanda Caswell
- C4 Medicos of merit: Queen's Birthday Honours
- C4 Reminder on new registration requirements
- C5 One Day goes to the UK with Dr Paul Nisselle

### Careers

- C11 – C12 Hospital Appointments
- C12 GP Opportunities
- C12 Consulting Rooms: Suites & Sessions
- C12 – C13 Overseas Appointments
- C15 Marketplace

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## Q&amp;A

**MJA Careers profiles interesting and important jobs and the people who do them.**

**Going back to where you start your career is not something everyone considers but, for this doctor, it's been the right move.**



<b>Name</b>	Amanda Caswell
<b>Job title</b>	Clinical chemistry registrar
<b>Time in position</b>	18 months

**What aspect of this job appealed to you most strongly when you applied or were appointed? And now?**

The opportunity to return to the place where I did my internship and residency many years previously, although now in the role of a chemical pathology trainee. And now? The same really — except that in addition to renewing old acquaintances, I've met a lot of great new people too.

**Career highlights? Any lowlights/disappointments you'd like to share?**

After never really finding my niche in medicine during my residency years, I was able to make a career of medical journalism. The highlight was my time as features editor at GP newspaper *Australian Doctor*. The lowlights? Just the usual disappointments of the young and idealistic — the bottom line is The Bottom Line. The workplace is not your family and you have to look after yourself.

**What have been the biggest surprises in your working life?**

Discovering that the discipline of chemical pathology existed and how much fun studying biochemistry could be.

**What do you hope to be doing – or have achieved – in five years' time?**

Combining my two passions of communicating and chemical pathology.

**The person/people who have had the greatest influence on your career – mentors, sources of inspiration or unexpected opportunities?**

I only wish I had had a wise mentor in my early post-grad years when I became very disillusioned with medicine and doctors, and myself.

**Any career tips or suggestions for young doctors interested in this field?**

Have a solid grounding in basic chemistry/biochemistry. I didn't.

**Greatest indulgence during working hours?**

Googling my way to answers to questions from left field — maybe to decipher a scrawled acronym on a request form. Or tracking down a lab that can do a highly specialised test. Or understanding the biochemistry behind an obscure metabolic disease to help make sense of a patient's results.

**What are you reading now, for business and pleasure?**

I'm still studying. My latest favourite find is the Clinical Practice series (with podcasts) in *The New England Journal of Medicine*.

**If I could change one thing in the world of medicine it would be...**

Medical education would be less segmented. Teachers and textbooks would be able to draw on all disciplines and present pathophysiology as a "big picture".

## MJA Careers

**THERE'S** more to medicine than hard-core clinical content. Welcome to *MJA Careers*, a new section for doctors looking not only at jobs, but life beyond work.

We're interested in the people, places and opportunities that shape medical careers.

*MJA Careers* seeks to:

- ▶ Highlight interesting and important jobs
- ▶ Consider both conventional and unusual career paths
- ▶ Identify and explore training opportunities
- ▶ Examine the nuances of what it means to work in diverse fields of medicine

Each issue will contain a mix of features, columns and profiles of positions to stimulate an interest in the broad range of medical careers. Whether you're a student or approaching retirement, we'll be looking at strategies to enhance your working life.

We're also trying to make it easier for job seekers by bringing together the best medical jobs in the country — and overseas — in a central location as a service to time-poor doctors. We've also refined and enhanced the look of the classifieds, which are now available as an e-mag at [www.mjacareers.com.au](http://www.mjacareers.com.au).

We invite your involvement. If you would like to contribute ideas or written material, we welcome your input. You may have a colleague whose interests outside work are unusual, or some thoughts on aspects of work, training or career development that may be of interest to a wider audience.

Submissions are also welcomed for upcoming training courses and conferences. Please contact us.

*MJA Careers* is edited by Linda Drake

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## Contributions recognised

**PAST** and present contributors to the *Medical Journal of Australia* (MJA) have been recognised in this year's Queen's Birthday Honours for their diverse contributions to medicine and society.

Among them is former editor of the MJA, **Dr Jill Forrest**, awarded a member of the Order of Australia (AM), for her contribution to medicine as an academic, researcher and educator; and to music, as a composer and carillonneur.

Dr Jill Forrest (photographer Ted Sealey)



Dr Forrest was an assistant editor of the MJA from 1977–1981, and joint editor from 1990–1993.

Originally from Bathurst, she was inspired by the local carillon she heard as a child to start lessons in the instrument in her 40s at the University of Sydney, 17 years after graduating from medicine.

**Dame Valerie Beral** has been made a companion of the Order of Australia (AC) for service to medicine and women's health through significant

advances in cancer research and epidemiology. Professor Beral, who lives in Oxford in the United Kingdom, launched the Million Women Study, which is a national UK study of women's health.

Other valued past and present contributors to the MJA received awards. Among doctors awarded officers of the Order of Australia (AO) were:

**Prof Patrick McGorry**, VIC  
*mental health*

**Prof Gordon Parker**, NSW  
*psychiatry*

Recipients of the member of the Order of Australia (AM) included:

**Dr Alex Wodak**, NSW  
*drug dependency treatment*

**Dr Ingrid van Beek**, NSW  
*public health*

**Dr Saul Wiener**, VIC  
*allergist*

**Prof Geoffrey Riley**, WA  
*medical education*

**Dr Andrew Penman**, NSW  
*cancer services*

**Prof Alan Isles**, QLD  
*paediatric respiratory medicine*

**Andrew Dix**, NSW  
*medical administration*

**Emeritus Prof Felix Bochner**, SA  
*clinical pharmacology*

**Prof Louise Baur**, NSW  
*paediatric obesity*

**Prof Peter Collignon**, ACT  
*infectious diseases*

In all, 47 doctors and medical researchers were honoured in this year's Queen's Birthday Honours.

## National board urges doctors to brush up on new registration basics



**WHILE** most doctors would be aware national registration came into effect on 1 July, not all would be aware of their obligations to the new board.

The Medical Board of Australia now controls registration of all medical practitioners throughout the country.

Chair of the Medical Board of Australia, Dr Joanna Flynn, says doctors should be reminded the national scheme not only involves new registration standards from 1 July, but also new obligations.

"The Board encourages all members of the profession to make sure they are familiar with the national code of professional conduct, *Good Medical Practice – A Code of Conduct for Doctors in Australia*.

"They also need to be familiar with the registration standards, and other codes, guidelines and updates," Dr Flynn says.

All material relevant to the new

standards can be found at [www.medicalboard.gov.au](http://www.medicalboard.gov.au).

Requirements are detailed for continuing professional development, rules regarding recent practice, professional indemnity insurance and English language standards.

There are new legislated powers to allow the board to check the criminal history of registered medical practitioners. Also, at annual renewal, medical practitioners must provide information of any charges for offences punishable by 12 months' imprisonment or more, and any convictions or findings of guilt for offences punishable by imprisonment.

The functions of the new board cover:

- ▶ registration of medical practitioners
- ▶ development of professional standards for medicine

- ▶ handling notifications and complaints about medical practitioners
- ▶ assessment of international medical graduates who wish to practise in Australia.

Meanwhile, state and territory registration medical boards and councils will become committees of the national board, and will be delegated powers to continue to deal with registrations and notifications locally as part of the national scheme. The exception is NSW, where health care complaints will come under different arrangements.

Doctors are encouraged to contact the board's helpline on 1300 088 590 if they have not received a letter inviting them to register with the new board, or for any other questions relating to the new system.

# One Day

WHAT do doctors do all day? One Day gives a glimpse into the hectic whirl of one doctor's life:



**DR PAUL NISSELLE** (AM) moved to London a year ago, where he is senior consultant, educational services, Medical Protection Society.

But it's not all work either. He finds time to explore London's rich cultural life and to seek out music recitals. Still, life is so busy he needed two days to tell us about it.

Paul started his medical career as a Melbourne GP. After 18 years, he moved into the medical indemnity industry where he has held senior positions, particularly in clinical risk management.

He has served on the Councils of the RACGP, AMA (Federal) and AMA Victoria, and has held Ministerial appointments (to Victoria's Health Services Review Council and WorkCover).



If you or someone you work with would like to take part in One Day, please contact us. [ldrake@ampco.com.au](mailto:ldrake@ampco.com.au)

6.30	Depart home near the Putney Bridge tube station (London) for Kings Cross Station. Can get a seat at this time of morning
7.35	London–Leeds train — Check emails, work on train, read journals. WiFi provided free on the train. But it's slow, and occasionally drops out
9.45	Arrive Leeds
10.00	Educational services team meeting. A great bunch of people to work with
13.00	Planning content for e-learning platform for website. I need to produce 20, interactive e-learning modules for the Medical Protection Society's website by the end of the year. A daunting challenge
16.00	Depart Leeds for Newcastle — more emails, more writing (articles, content for e-learning modules, workshop planning), more phone calls
19.00	Dinner with co-presenters for tomorrow's GP conference
23.00	Reasonably early to bed. Perhaps stayed a bit too long at the bar
24.00	Overnight, Station Hotel, Newcastle

## Day 2

9.00	MPS GP Conference, Newcastle
10.00	Presentation — The importance of being open: a culture of candour
14.00	Newcastle–London train. More quiet time for reading, writing, planning
19.30	Concert, Barbican Hall, London London Symphony Orchestra Rachmaninov piano concerto no. 3 — one of my all-time favourite piano concertos ... Poulenc: Gloria
23.30	Home

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**insight**  
What's shaping medicine now

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Job title	Location	Date	Pay rate	Reference no.
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Anaesthetic Registrar	Coastal NSW	12-31 July	\$115ph	BP-1002
Paediatrician	Coastal NSW	2-10 October	\$2200 per day	BP-1003
Intensive Care Registrar	Coastal NSW	November - January	\$115ph	BP-1004
ED CMO	Regional NSW	12 July-31 August	\$145ph	BP-1005
O & G Specialist	Regional NSW	15 July-19 July & 22 July-26 July	\$2000 per day	BP-1006

Job title	Location	Date	Pay rate	Reference no.
GP Locum	Sydney Metro	Full time ASAP	70% of billings (busy practice)	BP-1007
RMO	ACT	ASAP	\$100ph	BP-1008
ED RMO	NSW	July ongoing	\$115ph	BP-1009
FACEM	Regional NSW	July ongoing	\$250ph	BP-1010
Paediatrician	S.E QLD	Long term	Great relocation package	BP-1011
Rehab Physician	S.E QLD	Long term	Great relocation package	BP-1012

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continued from page 1 ▶

at opposite ends of Australia, held fulltime senior academic posts, and had almost no filmmaking experience between them, they were not stymied by what others might consider to be insurmountable obstacles.



Dr Sanjay Patole

“We had the same vision,” Prof Patole says. He then wrote the script which is based on the paths of three women who were or had been pregnant with a female fetus. Both doctors

were unshakeable in their conviction that a film was the way to go, despite their demanding workloads.

“If you really, really love something, you find the time,” Prof Patole says.

He concedes he was continually stressed, and his wife would urge him to stop thinking so hard about it; yet she remained supportive throughout, as did his parents in India.

For Prof Rane, too, family support was critical. His wife, a GP in rural Queensland, understood only too clearly the importance of women’s health issues in remote areas.

Colleagues in Perth and Townsville were also unanimous in their support, both intellectually and practically. Both doctors made repeated trips to India; there were 14 in two years for Prof Patole. He sometimes left Perth for Mumbai on Thursday, arriving back for work on Monday.

“And then there were the frustrations of arriving in India where there were the normal undisciplined ways of work from the filmmakers. The clocks were ticking, particularly in terms of finance,” Prof Patole says.



Dr Ajay Rane

Drs Patole and Rane footed the production bill themselves. They knew external funding would be impossible to secure, considering the combination of subject matter and their inexperience in filmmaking. They were

also determined to go with a full-scale Bollywood extravaganza after briefly considering a documentary or regional language film, because of the limited audiences the latter would reach.



“If we made a commercial Bollywood film with all the trimmings of song and dance and enshrined into it — every step of the way — the vexatious issues of infanticide and feticide, we could show the hypocrisy of the situation. Although we deliberately kept it commercial, it’s not at all macabre or gruesome,” Prof Rane says.

“We just wanted to clearly and honestly touch people’s hearts,” Prof Patole says. “It could have been shocking, but that was not the intention. We wanted it to be simple and sensitive.”

Prof Patole says he took very seriously the need to refine the script, conscious that after 20 years away from India he may not be fully aware of the social or legal situation. He was concerned that if the tone was wrong, it might cause problems instead of solving them.

His involvement extended to selecting locations, costumes and working on dialogue and, in the most dramatic scenes, ensuring that there was not only deep emotion but medical aspects were also dealt with accurately.

Prof Patole grew up in Mumbai, and with a brother involved in the film industry, it was relatively straightforward to open doors and secure the top singers and actors who are integral to the film. Indeed, Prof Patole had once considered film school too, but was strongly drawn to medicine from an early age.

Prof Rane concedes Prof Patole was “the boss” when it came to making the

film, and their “dramatically opposite” characters have underpinned their friendship since Prof Rane arrived in Townsville in 1997.

“He was the first person I met. I’m loud and gregarious, but he’s quite serious and highly intelligent,” Prof Rane says.

After six years in Townsville, Prof Patole moved to Perth.

Their friendship has now also survived the years it’s taken to make the film but, for Prof Rane, who says it was a novel experience, his career as a filmmaker is over.

“No, I would not do it again, unless, it’s something close to my heart. But I certainly have no regrets regarding the time or money it’s taken.

“We’re academics. There’s been a lot of heartache and a huge financial cost. All we want in return is to save just one life. That’s reward enough.”

While there has been much support from colleagues, they harbour no illusions about the financial success of the film. There has been some support from within India, including from the President of India, Pratibha Patil, but they do not expect the film to be picked up by a mainstream distributor there.

“Every day this subject is in the news. Who’s going to come and see a film about that? If you see and hear about it every day, then it also tends to normalise it,” Prof Patole says.

But the hope is that it will be seen internationally and, judging from the reactions of international audiences so far, the doctors feel that their efforts are being appreciated and they have gone some way towards demonstrating the contradiction of attitudes towards women in India.

“On the one hand, we worship them; with thousands of female goddesses. We elevate women to high positions, such as the President, and we value mothers and wives. Yet we also have no hesitation to kill them,” says Prof Rane.

Riwayat is reviewed by Dr Caroline de Costa on page 56 of the Journal.

1. Jha P, Kumar R, Vasa P, et al. Low male-to-female sex ratio of children born in India: national survey of 1.1 million households. *The Lancet* 1996; 367: 211-218

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Start 19 Jul to 25 Jul 10	\$2200pd	NSW	125415
Start 26 Jul to 30 Jul 10	\$1800pd	Western NSW	125305
Start 9 Aug to 23 Aug 10	\$2000pd	NSW	125423

### O&G CONSULTANT

#### REF

Start 5 Jul to 9 Jul 10	\$2000pd	Queensland	125488
Start 22 Jul to 26 Jul 10	\$2000pd	NSW	125496
Start 16 Aug to 22 Aug 10	\$1800pd	Western NSW	125381
Start 26 Aug to 31 Aug 10	\$2000pd	NSW	125427
Start 16 Sep to 21 Sep 10	\$2000pd	NSW	125429
Start 23 Sep to 28 Sep 10	\$2000pd	NSW	125430

### GENERAL SURGEON

#### REF

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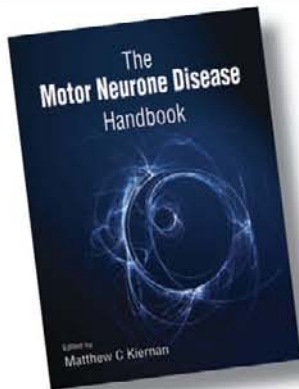
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Remuneration value up to \$429 905 p.a., comprising salary between \$169 593 - \$179 807 p.a., employer contribution to superannuation (up to 12.75%), annual leave loading (17.5%), private use of a fully maintained vehicle, communications package, professional development allowance and 3.6 weeks p.a. leave, professional indemnity cover, medical managers allowance, private practice arrangements plus overtime and on-call arrangements. (L25-L27) (One position. Applications will remain current for 12 months.) JAR: H10MSL06141.

**Duties/Abilities:** The Executive Director and Director of Medical Services reports to the District Chief Executive Officer (DCEO) for the overall service management of Logan and Beaudesert Hospitals as well as the administration of the Medical Administration for Logan-Beaudesert health services within the Metro South Health Service District. You will provide effective strategic leadership, direction, and financial management of Logan and Beaudesert Hospitals and as a member of District Executive ensure that clinical and financial governance arrangements are in place to meet performance targets, imperatives and standards. You will also ensure the effective delivery of health services consistent with the identified needs of the client group and the approved service profile of the Hospital. You will develop and maintain strong relationships with key stakeholders - community councils, local communities, and private service delivery partners. As Director Medical Services, provide medical administration for Logan-Beaudesert health services.

**Enquiries:** Dr David Theile (07) 3176 7744.

**Application Kit:** (07) 3121 1411 or [www.health.qld.gov.au/workforus](http://www.health.qld.gov.au/workforus)

**Closing Date:** Monday, 19 July 2010.

#### Staff Specialist or Senior Medical Officer (Anaesthetic)

Medical Services, Thursday Island Hospital, Torres Strait - Northern Peninsula Health Service District.

Remuneration value up to \$420 804 p.a., comprising salary between \$141 819 - \$164 728 p.a. (L18-L24) or Remuneration value up to \$358 502 p.a., comprising salary between \$122 784 - \$141 819 p.a. (L13-L18), employer contribution to superannuation (up to 12.75%), annual leave loading (17.5%), private use of fully maintained vehicle or equivalent motor vehicle allowance, communications package, professional development allowance and 3.6 weeks p.a. leave, professional indemnity cover, locality allowance, inaccessibility incentive half paid at completion of each six months service, private practice arrangements plus overtime and on-call allowances. (Applications will remain current for 12 months) JAR: H10T005403.

**Duties/Abilities:** Provide high quality clinical services as a member of a multidisciplinary team delivering integrated primary and secondary level health services in a culturally appropriate manner. The position is actively involved in the implementation of the chronic disease strategy and the provision of professional development support to health staff working in the community. The successful applicant must have vocational registration as a GP the ability to gain the credentials by Queensland Health to perform paediatric and adult Anaesthesia on Thursday Island

**Enquiries:** Dr Oscar Whitehead (07) 4069 0250.

**Application Kit:** (07) 4050 6753 or [www.health.qld.gov.au/workforus](http://www.health.qld.gov.au/workforus)

**Closing Date:** Monday, 12 July 2010.

#### Senior Staff Specialist or Staff Specialist

Obstetrics and Gynaecology Unit, Division Family Health Services, Mackay, Mackay Health Service District.

Remuneration value up to \$395 098 p.a., comprising salary between \$169 593 - \$179 807 p.a. (L25-L27) or Remuneration value up to \$364 846 p.a., comprising salary between \$141 819 - \$164 728 p.a. (L18-L24), employer contribution to superannuation (up to 12.75%), annual leave loading (17.5%), private use of fully maintained vehicle, communications package, professional development allowance and 3.6 weeks p.a. leave, professional indemnity cover, locality allowance, private practice arrangements plus employer provided accommodation, reimbursement of relocation expenses where applicable, overtime and on-call allowances (Applications will remain current for 12 months) JAR: H10MK05563.

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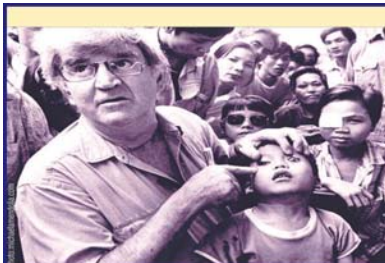
**Enquiries:** Dr Phillipa Cuttance (07) 4829 6445.

**Application Kit:** (07) 4965 9468 or [www.health.qld.gov.au/workforus](http://www.health.qld.gov.au/workforus)

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Department of General Medicine

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For further information regarding the position please contact Dr Gerry Fegan, Head of Dept, General Medicine on +61 8 9431 2143 or e-mail: [gerry.fegan@health.wa.gov.au](mailto:gerry.fegan@health.wa.gov.au)

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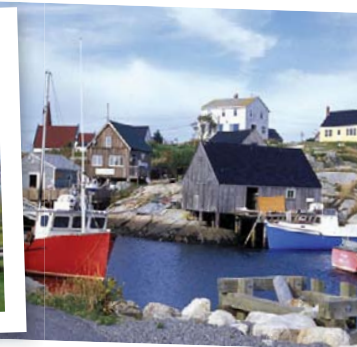
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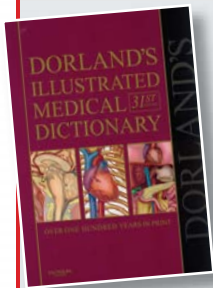
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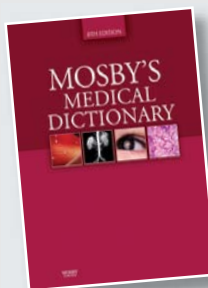
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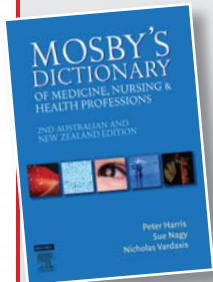
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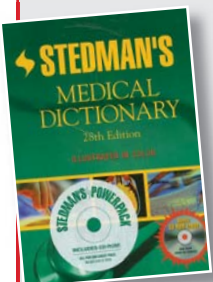
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<input type="checkbox"/>	8	18 Oct	05 Oct*	05 Oct*
<input type="checkbox"/>	9	01 Nov	18 Oct	18 Oct
<input type="checkbox"/>	10	15 Nov	01 Nov	01 Nov
<input type="checkbox"/>	11/12	13 Dec	29 Nov	29 Nov
<b>2011</b>				
<input type="checkbox"/>	1	03 Jan	20 Dec 10	20 Dec 10
<input type="checkbox"/>	2	17 Jan	03 Jan	03 Jan
<input type="checkbox"/>	3	07 Feb	24 Jan	24 Jan
<input type="checkbox"/>	4	21 Feb	07 Feb	07 Feb
<input type="checkbox"/>	5	07 Mar	21 Feb	21 Feb
<input type="checkbox"/>	6	21 Mar	07 Mar	07 Mar
<input type="checkbox"/>	7	04 Apr	21 Mar	21 Mar
<input type="checkbox"/>	8	18 Apr	04 Apr	04 Apr
<input type="checkbox"/>	9	02 May	18 Apr	18 Apr
<input type="checkbox"/>	10	16 May	02 May	02 May
<input type="checkbox"/>	11	06 Jun	23 May	23 May
<input type="checkbox"/>	12	20 Jun	06 Jun	06 Jun

\* Change due to Public Holiday