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Big income gap defies explanation

IF A FEMALE general practitioner in Tasmania was disappointed with her income, perhaps a “career move” to consider would be to become the trophy wife of an orthopaedic surgeon in Queensland — provided he lives in a good area and does plenty of on-call clinical work — or she could consider retraining as one herself.

If that strategy is neither palatable nor practical, or Queensland doesn’t have any available single orthopods, and GPs in Tasmania earn about 15% less than those on the mainland.

The report, released by the Melbourne Institute at the University of Melbourne, also shows a considerable gap between the earnings of male and female specialists working in the same field, with females earning about 17% less.

The analysis is based on data collected from the national longitudinal survey of doctors called Medicine in Australia: balancing employment and life (MABEL), in which doctors self-report their incomes.

Higher earning doctors in more affluent areas were less likely to declare their incomes, so the gap is likely to be even greater.

Based on the report’s findings, the average annual pre-tax personal earnings for GPs are $177,883, and for specialists $316,570. This is based on responses from 2619 GPs and 3018 specialists in the latter half of 2008.

And for those disgruntled Tasmanian women GPs, for whom fanciful solutions are perhaps worth pondering, diagnostic radiographers, obstetricians and gynaecologists, orthopaedic and other surgeons and intensive care specialists are among the top earners.

Heading for the sun may also be worth considering, with specialists in Queensland earning on average 15% more than those in New South Wales. Those in Western Australia may still be a good catch, earning 7% more, while self-employed specialists earn 27% more than those in salaried hospital-based positions.

Psychiatrists, paediatricians and anaesthetists are among the lowest earners but, overall, specialists receive a greater proportional increase in their income from on-call and after-hours work than GPs.

There is more grim news for GPs. The report also suggests that earnings are not proportional to hours worked, so for every 1% increase in hours worked, earnings increased by just 0.44%. The report found GPs and specialists worked an average of 39 hours and 45 hours a week respectively, and both worked on average 51.6 weeks per year. GPs who completed their basic medical degree in Australia also earned on average 4.7% less than those who completed their degree overseas.

Factors that do contribute to a higher income include working for a bigger practice, in a place with a lower GP density, and in a regional or rural area where average earnings are 11% higher. Self-employed GPs also earn on average 28% more than those who are salaried or on contracts, reflecting their managerial responsibilities and capital investments into the practice.
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Military medicine makes its mark

LIEUTENANT COMMANDER Alison Thomas has never been seawise, which is a useful thing when you are a doctor in the Navy. But she has seen plenty of people with motion sickness — the backs of helicopters, or fixed wing aircraft, on ships large and small.

When she first arrived she had “been like a giant outback” her knee stayed down.

Lt Cdr Thomas is a general practitioner with an FRACGP and a diploma in aviation medicine, who now works in Canberra in the Directorate of Military Medicine. She joined the Navy in 1992, and was posted to HMAS Albatross, Nowra, south of Sydney. Then she went to HMAS Cerberus on the Mornington Peninsula for her first posting. She then moved to HMAS Melville in the Middle East, and later to HMAS Melbourne.

In 2003, she joined the Navy full-time, and went on to complete her postgraduate training. It was in her third year of postgraduate training that she joined the Navy full-time. Although there was a service obligation attached to remaining, Lt Cdr Thomas felt it was not one compared with the monetary and other rewards, and she gladly stayed on longer than required.

The Navy paid L Cdr Thomas for her two years at medical school, two years of postgraduate training, and it was in the third year that she joined the Navy full-time, moving to a main training base, HMAS Cerberus on the Mornington Peninsula for her first posting. She then moved to HMAS Albatross, Nowra, south of Sydney to practice aviation medicine with the fixed wing aircraft. Part of her training included a stint in the UK.

Lt Cdr Thomas says being a doctor at sea is a bit like medicine and rural practice. “You’re miles and miles from anywhere, in a complicated environment, and you have to do your best,” she says.

“My feet are never on the ground. It’s never an issue being a woman at sea, nor was being surrounded by men, day in, day out, when on deployment. Men say what they think, it was not a complicated environment, and I never felt gender was a concern. And when you’re all surrounded by men and everyone looks the same anyway.”

What can the defence forces offer medical students and graduates?

The armed forces take on medical students who are at any stage of their 4-year postgraduate medical degree, or who have demonstrated strong academic performance in their undergraduate medical degree, with an obligation to remain in the service for the number of years they are sponsored, plus one. The only issue being a woman at sea, nor was being surrounded by men, day in, day out, when on deployment.

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full-time surgeons, but the benefits of the reserve-based system work both ways. If we want someone to go overseas, perhaps for 2 weeks, or 2 months, we approach a surgeon to see if he or she is available. But if they have other commitments at the time, we just move on to ask the next one. Compensation payments are made to the employer so a locum can be employed, and many employers are supportive, regarding the experience as positive for the doctor, who comes back with a fresh take on their work.

Lt Cdr Keogh says there are about 200 doctors of all kinds in the reserve, and the scheme has proved popular, particularly with doctors who are interested in humanitarian work, who send to join later in their careers when they are financially stable and keen to "give something back."

For those who are unsure about a career in the defence forces, he also accepts to "try before you buy," according to Lt Cdr Keogh.

The big picture

Major General Paul Alexander is the Surgeon General for the Australian Defence Force, responsible for health service delivery to the 70,000 people. He is the first to acknowledge the defence forces have a problem attracting doctors, partly because the culture is misunderstood. And like so many medical careers based outside big cities, they are also struggling to retain those who have fulfilled their return of service obligations.

But in the next 6 to 12 months, new programs will be implemented, with important changes to career opportunities. Expanded career paths, training and greater flexibility are part of the strategy to make it more viable for young doctors to stay on, who now find they must leave if they want to specialise or undertake training that is not available within the existing career framework.

However, Maj Gen Alexander believes that many aspects of working within the defence forces suit the fundamental character of doctors, where strong ethics, teamwork, courage and initiative are integral. Doctors who are willing to voice opinions, who see their role as one beyond narrow patient care, and who are willing to become involved in broader matters, while still being perceptive, capable of responding to challenges and able to react thoughtfully to short notice are valued within the defence forces.

It is also important to be able to work independently, and accept that sometimes working conditions might not be comfortable – such as on board a pitching and rolling ship – or roughing it in the scrub with soldiers.

For Maj Gen Alexander worked full-time with the Army before deciding to go into private general practice as a partner in Queensland. But 2 years ago, he was asked to return to the defence forces, a pull he couldn’t resist, with the brief to oversee integrated health reforms.

Until 2001, Maj Gen Alexander worked full-time with the Army before deciding to go into private general practice as a partner in Queensland. But 2 years ago, he was asked to return to the defence forces, a pull he couldn’t resist, with the brief to oversee integrated health reforms.

continued from page C3
Christobel Saunders
Professor Surgical Oncology

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

I was keen to have a career in academic surgery, including research and teaching, but with the independence of an academic position. A clinical position was created over the two main teaching hospitals in Perth, giving me a wide view of cancer services. There was no previous surgical oncology research hub in Perth, so it was a challenge to set up. Now, I still get a huge buzz from research and teaching, and enjoy the university atmosphere. I find the clinical work of managing mainly breast cancer and some melanoma patients very fulfilling. Also, being able to slowly build up a fantastic research unit, and the opportunity to influence cancer care both at a state and national level.

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

Professor Mike Baum from London — without a doubt the most influential mentor and inspiration — a giant among clinical researchers and a man of profound humanity.

What have been the biggest surprises in your working life?

Moving to Australia — I did not have hugely high hopes when I had to leave London, but I have fallen in love with the country, especially the wide red land and blue sea of WA.

Lowlights: Trying to carry on (and in fact overcompensate) with work after the sudden death of my husband, while trying to be a good mother to my sons who were 15 at the time. Most other things pale in comparison and are not worth worrying about.

Are any career tips or suggestions for young doctors or others interested in this field?

Try to develop a passion for an area, find a mentor, and work hard at it to achieve your dreams. I would love to see more young doctors considering a career in academia.

What are you reading now, for business and pleasure?

For work – cancer journals (lots of them).— by Hywel Williams.

In our time: speeches that shaped the modern world

Otherwise I have been inspired by many of the women with cancer I care for, and who have actually cared about me at some difficult times of my life. It drives my passion to improve cancer outcomes and care.

What interests do you have outside public health?

Travelling — especially in the remote bits of the world. I love walking, hiking, a bit of climbing and scuba diving. Then there’s cooking, and getting away to our shed in the country.

Any career highlights? Any breakthroughs or achievements you’d like to share?

Highlights include the huge satisfactions that come from patient care. Also, seeing young surgeons and registrars develop, and trying to provide them with a role model.

Research highlights include increasing Medicare numbers for breast MRI for high-risk women, publishing the TARGIT intraoperative radiotherapy trial in The Lancet this year, and seeing the clinical benefits of other treatments I have helped to research. Also receiving the National Breast Cancer Foundation’s Research Achievement Award this year, and the launch of my book Breast cancer: the facts — mentors, sources of inspiration or unexpected opportunities — by Hywel Williams.

We hope to finish building our holiday house in Gingin. The person/people who have had the greatest influence on your career — mentors, sources of inspiration or unexpected opportunities...

What is your next paid job?

As a nursing assistant at London’s West Middlesex Hospital, to pay my way through A-Levels.

What inspired you to enter this field?

My interest in cancer care started in my early career, as a nursing assistant at London’s West Middlesex Hospital, to pay my way through A-Levels.

What is your greatest indulgence during working hours?

Occasional lunch with my partner, an academic architect, who works just down the road; also, gossiping with the nurses and registrars in theatre.

Greatest indulgence during working hours?

Also, seeing young surgeons and students develop, and trying hard at it to achieve your dreams. I would love to see more young doctors considering a career in academia.

Work-life balance is so important.

Christobel Saunders helps breast cancer patients directly through her work as a surgeon and indirectly through her academic, research and committee roles.

But it hasn’t been a one-way street — her patients have also helped her through some difficult personal times, giving her a fresh perspective and driving her passion for improving cancer outcomes.

Cancer Centre — means more Australians can access better cancer care. Also, seeing young surgeons and students develop, and trying hard at it to achieve your dreams. I would love to see more young doctors considering a career in academia.

Work-wise I hope to still be leading a dynamic research team, which has found some novel and effective treatments for breast cancer. And I hope I am still operating and loving it.

Careers

Q&A

MJA Careers profiles interesting and important jobs and the people who do them
One Day

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

Christobel Saunders

8.00 Wake up, make a cup of tea and try to keep to a food intake with partner, children and dogs, while opening emails and trying to answer a slice of the 60 or so that come in each day. Then hang around in kitchen moaning that no one else washes up. (They do, sort of).

7.30 On theatre days arrive just before 7.30 am and run around making sure all is sorted for the list, including checking patients are ready, wheeling patients into theatre and helping (or maybe hindering?) the nurses as they set up.

If it’s not a theatre day, often start with a 7.30 am meeting – which could be clinical, multidisciplinary, cancer network related, or a teleconference.

8.00 Clinic days start at 8 am and finish about 20 cancer patients later.

10.00 Operating lists last all morning though, with up to five cases in a session.

11.00 Some days, have an hour teaching medical students.

12.00 Multidisciplinary breast meeting – about 20 cases discussed and treatment plans made.

13.00 Back or office at the other hospital and catch up on emails, helped by my lovely personal assistant Jacquie.

14.00 Meet with research staff – about 20 research projects are on the go, which range from local studies, such as looking at optical coherence tomography in breast cancer diagnosis, occupational causes of breast cancer, survivorship and shared care, to international trials, such as those of intraoperative radiotherapy or chemoprevention of breast cancer.

15.00 Try to get a bit of writing in for an hour – with at least four papers on the go at any one time.

16.00 Chair a Cancer Council board meeting after seeing the chief executive for half an hour to go over the day-to-day business of the council.

18.00 May have an evening educational meeting for other health professionals – often as chair. Alternatively try to go to gym where my personal trainer makes me sweat and groan for an hour.

19.30 Home – usually to my wonderful partner who has cooked a gourmet dinner to ruin the good effects of the gym.

20.00 Mindless TV for an hour on our huge sofa – with children and dogs.

21.00 Last catch up on emails.
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Careers

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