

MJA Careers

THE MEDICAL JOURNAL OF AUSTRALIA

Getting people back on their feet

If you like the idea of helping to restore quality of life to a patient after a stroke or other serious illness, then a career in rehabilitation medicine may be for you.

ARE you interested in restoring quality of life to someone who's had a serious event like a stroke or a head injury? Do you work well within a team? Do you enjoy working in a hospital environment? Then a career in rehabilitation — or "rehab" — medicine may be for you.

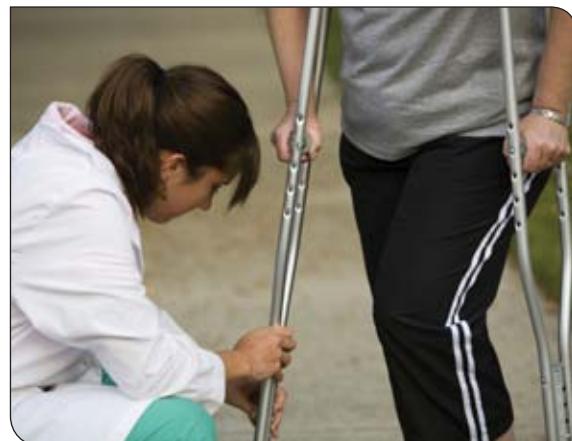
And you'll have plenty of work. Not only is Australia's population ageing, but there's an increasing awareness by the Australian Government of the importance of rehabilitation, and increased funding going into rehab beds and services, says Dr Stephen Buckley, immediate past president of the Australasian Faculty of Rehabilitation Medicine (AFRM), a faculty of the Royal Australasian College of Physicians (RACP).

The goal of rehab medicine is to get people back on their feet; to assist them in restoring as much function — physical, mental, social and vocational — as they can, so they can live as independently as possible, says Dr Buckley. It's a broad area, he says, ranging from treatment following acute sports and musculoskeletal injuries to the management of people with disabilities following major illness such as stroke, traumatic brain injury, spinal cord injury, and multiple fractures.

Most employment opportunities are

in the public sector as staff rehabilitation specialists, typically in specialised rehab units associated with (and usually located outside of) major teaching hospitals.

Rehab physicians work closely with a team that includes occupational therapists, physiotherapists, speech



pathologists, psychologists, social workers and nursing staff.

About 10–15 per cent of rehab medicine is within the private sector — in private hospitals and clinics, generally in the area of sports or musculoskeletal injuries, where these injuries are covered by private health funds or WorkCover.

Graduates of the AFRM may also find

employment as hospital staff geriatricians, as there are many similarities and areas of overlap between rehab medicine and geriatrics, Dr Buckley says.

Dr Buckley says there is strong demand for rehab physicians — graduates are generally able to find positions without difficulty, especially outside of the metropolitan areas, where demand is strongest and there are fewer trainees applying to fill places.

And demand for rehab services is going to remain strong as the population continues to age, he says. In addition, there's an increased acknowledgement by governments for the need to expand rehab services. "This year, the federal government allocated an additional \$1.6 billion to the states for subacute services, of which rehabilitation services make up about 70 per cent", he says.

So what type of doctor is likely to be attracted to a career in rehabilitation? "Doctors who enjoy prolonged contact with patients and their families, who enjoy working with a team of other health professionals, and who get satisfaction out of helping people regain function and quality of life after a serious illness", says Dr Buckley.

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Locums

Hospital Appointments

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GP Opportunities/University/Overseas Appointments

Marketplace (Real Estate/Services/Holidays)



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Money and Practice

MJA Careers looks at issues that affect the bottom line of your practice

Are you fully insured?

Doctors need more than just professional indemnity insurance to practise effectively — they need personal insurance to cover them in the event of illness, disability or death. But what type do they need, and how much is enough?

HEAVEN forbid you should fall ill or become disabled. But it can and does happen — even to doctors. And when it does, it can be a huge emotional and physical strain, not to mention a financial catastrophe.

Hence the need for personal insurance. The idea is simple — you pay a regular sum of money to someone who undertakes to cover your financial needs should you suffer an accident, illness, disability or death.

Well, the idea may be simple, but — with five or six different types of insurance products on the market, each with their own purpose and each designed to cover a different contingency — the process of choosing personal insurance is anything but. Which do you need? And how much of each?

The best strategy is to work out what you think you need, and then work backwards to arrive at the cover that will fill that need, says Andrew Graham, a Brisbane-based financial adviser who regularly advises doctors on their personal insurance needs. It's better to take this approach than to make a guess and buy a little of each type, hoping it will be enough (and secretly hoping you'll never need to make a claim anyway), he says. There's no one-size-fits-all combination of products, he says. "Each person has different needs, so every person needs a different combination of types of insurance and levels of cover", he says.

But working out what you do need requires a basic grasp of what each product does. So let's consider each product briefly in turn.

Income protection insurance covers 75 per cent of the insured person's income in the event he or she becomes medically unfit for work. In the case of someone who is salaried, this is usually his or her salary plus superannuation. In the case of a self-employed doctor with his or her own practice, it's usually gross practice income minus expenses. Each policy has a waiting period after an injury or illness of between 14 days and 2 years,

depending on the policy. A shorter waiting period is better, but the premium is higher. The benefit period — the period over which payments are made — also varies, from 2 years up to the age of 70. The longer the benefits period, the higher the premium. One advantage of income protection insurance is that the premiums are tax deductible.

Life insurance (also called term insurance) is a lump sum that pays out on your death. The amount of cover you need depends on a range of things, such as whether you have financial dependants and how much debt you have. It's intended to pay debts and cover expenses associated with your funeral, plus money for your family to cover expenses. As insurance products go, it's cheap and recommended for anyone with dependants.

"Work out what you think you need, and then work backwards to arrive at the cover that will fill that need."

Trauma insurance is a lump sum that's paid out if you suffer one of a list of eligible illnesses, which includes common conditions such as heart attack, stroke or cancer. You have to fit the particular definition of each illness; for example, to be classified as suffering a heart attack, you have to be able to demonstrate certain electrocardiograph changes or raised cardiac enzyme levels. Trauma insurance is designed to give you a lump sum to meet medical expenses, to cover you financially for a period while you recover, to meet any other expenses or pay down debt, or simply take a holiday. It's more costly than life insurance (as the chances of having an illness are greater than those of dying).

Total and permanent disability insurance (TPD) is a lump sum that's paid out in the event of you being medically

certified as totally or permanently disabled. It's often bundled with life insurance but may be bought as a stand-alone product. It's designed to cover medical costs, costs of rehabilitation, and loss of income should you be permanently incapacitated. Like life insurance, it's often obtainable through your superannuation fund, though there may be tax implications on making a claim if bought through super. One point to note about TPD: policies differ in how they define disability. Some pay out only if you're unable to work in your own occupation; that is, the occupation you are suited to because of your education, training or experience. Other policies are less specific and only pay out if you can't work in any occupation. So in an "any occupation" policy, if you are a surgeon, for example, the policy may not pay out if you can conceivably work as a GP. An "own occupation" policy is more specific, but usually more expensive.

Business expenses will be an optional policy for some doctors — possibly taken as an alternative to income protection. It pays the fixed ongoing expenses of a practice — such as rent, phone, and staff wages (though not usually a locum) — so that the practice can keep operating until you're ready to return to it. There's usually a waiting period before benefits are paid of 14 days to 2 years. Benefits are paid for up to 2 years.

So to sum up: the idea is to work out what costs and liabilities you need to protect yourself, your family and your practice from, in the event of illness or accident. Then select those products that will meet these needs, and how much you need of each.

You can do this yourself and buy directly from a life insurance company (such as ING, MLC, Zurich or AMP), but it makes more sense to do it via an intermediary such as a broker or financial planner. Although you'll pay for the service (some charge a flat fee, others a commission on products they sell), what you are really paying for is advice to help you get the most appropriate level and type of cover, so you don't pay for more than you need but don't leave yourself underinsured.

Andrew Graham is a financial advisor with PIR (Australia), trading as Insurance4Doctors

Q&A



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

Dr Tanveer Ahmed is a psychiatrist and opinion columnist for the *Sydney Morning Herald*. He is a former SBS television journalist who has covered a broad range of foreign affairs and business stories. He sits on the Advertising Standards Board, the national regulatory body for the advertising industry, and is a former national representative for junior doctors within the Australian Medical Association. He is a regular commentator on social, economic and political matters throughout the entire spectrum of media and has appeared on a range of television and radio programs, including the Seven Network's *Sunrise*, the Nine Network's *Sunday*, and the ABC's *Lateline*, *7:30 Report* and *Q&A*.

Name Tanveer Ahmed

Job title Visiting Medical Officer Psychiatrist in Tamworth, New South Wales

Time in position 3 months

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

The initial appeal was that somebody was willing to give me a job, as it was my first job as a consultant. Now, I like the variety of general adult psychiatry that rural experience offers and quite enjoy flying to work.

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

Passing specialist exams after failing. Advocacy for junior doctors within the AMA. Writing and publishing widely using my experience as a doctor.

What have been the biggest surprises in your working life?

How merely keeping your head down and doing a good job can lead to a host of new opportunities that you never knew existed.

What do you hope to be doing — or have achieved — in 5 years' time?

Working part-time as a psychiatrist, teaching trainees, writing books and achieving a greater involvement in broadcast media.

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

I can't think of one, but several supervisors and some people outside medicine who helped me realise that being a training doctor is not your career, but merely a stepping stone to it. I often felt trapped otherwise.

What interests do you have outside medicine?

Too many — lots of media, professional speaking, politics, fatherhood

Any career tips or suggestions for young doctors (or others) interested in this field?

There are a host of things you are useful and capable of outside the narrow confines of public hospital training in either medicine or surgery.

What was your first paid job?

Pizza Boy for Dominos — my car smelt of pizza for a year!

Greatest indulgence during working hours?

Occasional long lunches.

What are you reading now, for business and pleasure?

Nudge, The brain that changes itself, Prospect magazine (UK)

If I could change one thing in the world of medicine (or research) it would be...

Easier international mobility between English-speaking countries.

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Older doctors, for example, GPs who've been in the workforce for some years, often find it an attractive specialty career, he says.

However, it's not among the most financially remunerative of the specialties, he admits, as it's not a procedural specialty, and most positions are as salaried hospital staff positions in the public sector.

Also, it may not suit some doctors with a particular interest in diagnostics, since by the time a rehab physician is involved with a patient, that patient's condition is already diagnosed; "although often a rehab physician will pick up other conditions that have been overlooked, or diagnose a condition that has appeared since the initial diagnosis and treatment", he says.

To become a rehab specialist, you need to apply to join the AFRM's vocational training program in rehabilitation medicine.

Training comprises 4 years of clinical experience in an approved rehabilitation medicine training program, as well as an integrated component of formal education, which includes the completion of a

series of training modules in behavioural sciences, clinical research, administration and management of rehabilitation services, and clinical neuropsychology.

Number of rehabilitation physicians:

420 Australia-wide

Salary range:

\$150,000–\$325,000

Standard hours per week:

Typically 40

On call:

variable, usually minimal

Applicants must hold a primary medical degree from a medical school that has been formally reviewed and recognised by the Australian Medical Council (AMC) or the Medical Council of New Zealand (MCNZ), or have successfully completed the AMC/MCNZ assessment pathways. They must have current medical registration with a Medical Board in Australia or New Zealand.

They need to have completed at least 2 postgraduate years, acquiring broad

general medical and surgical experience and a satisfactory level of clinical competence in medicine.

Trainees who obtain satisfactory supervisors' reports and pass written and clinical examinations will graduate with an FAFRM (Fellowship of the Australasian Faculty of Rehabilitation Medicine).

There is also a 3-year training course in paediatric rehabilitation, which is offered as a separate specialty training program for graduates who have done paediatric training within the RACP.

Unlike many other specialties, there are enough training places in the AFRM to accommodate most doctors who wish to train in rehab medicine. Dr Buckley says that to meet the increased demand for training positions, the AFRM has expanded training places from about 40 a year 6 years ago, to 120 a year currently.

He says that if someone located in an area outside of the major cities is interested in training in rehab medicine, the AFRM may be able to help design a flexible program to meet his or her situation.

For further information on the training program of the AFRM, visit the AFRM website: <http://afrm.racp.edu.au/>



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NSW (KD201010-1)
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MEDICAL REGISTRAR
TAS (MC261010-1)
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 ASAP – 31 Jan 2011
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ACUTE CARE SERVICES

Alice Springs Hospital (ASH) is the major acute hospital for Central Australia that services the Red Centre of Australia. ASH is a 189 bed teaching hospital affiliated with Flinders University in South Australia, University of New South Wales, Sydney University, The University of Queensland and Charles Darwin University in Darwin. ASH is accredited with the Australian Council on Healthcare Standards and has links to external research organisations such as Menzies School of Health Research and the Centre for Remote Health. All Hospitals in the Northern Territory form part of the Acute Care Services Network, which seeks to integrate services across the Territory.

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For further information please contact: Dr Peter Lynch, Director of Medical and Clinical Services on (08) 8951 7998 or email: peter.lynch@nt.gov.au

An interest in working in the field of Indigenous Health is highly desirable. Salary and conditions are as per the relevant Medical Officers (Northern Territory Public Sector) Workplace Agreement. Information on Alice Springs Hospital and the Department of Health and Families can be obtained from the websites www.health.nt.gov.au/Hospitals/Alice_Springs_Hospital and www.health.nt.gov.au

Closing date: 10 December 2010

APPLICATION INFORMATION

All applications should address the selection criteria and provide a current CV and contact details for 2 referees (preferably an email address). A full job description can be obtained by visiting www.nt.gov.au/jobs

Further information about these positions can be obtained by FREECALL 1300 659 247 or email

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HOSPITAL APPOINTMENTS



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Duties/Abilities: The Visiting Physician will be a member of the Department of Medicine and will provide general medical services, including the care of inpatients and outpatients, participate in the general medical on-call roster, participate in the teaching and training activities of the Department, which includes resident and intern training, physician training and teaching in the Graduate medical course of the University of Queensland and provide supervision and support to senior medical officers, registrars and junior medical officers working in the Redland and Wynnum Hospital.

Enquiries: Dr Snigs Mandal (07) 3488 3544.

Senior Staff Specialists or Staff Specialists (Paediatrics)

Paediatric Department, Redland Hospital, Cleveland, Metro South Health Service District.

Remuneration value up to \$363 660 p.a., comprising salary rates: \$81.25 - \$86.15 p.h. (L25 - L27) or Remuneration value up to \$337 316 p.a., comprising salary rates: \$67.94 - \$78.92 p.h. (L18 - L24), employer contribution to superannuation (up to 12.75%), annual leave loading (17.5%), fuel card (minimum 40 hrs p.f.), communications package, professional development allowance, professional development leave 3.6 weeks p.a., professional indemnity cover, private practice arrangements plus overtime and on-call allowances. (Several part time positions, hours negotiable. Applications will remain current for 12 months.) JAR: H10MSB10533.

Duties/Abilities: Provide high quality health care to patients requiring service of a Specialist Paediatrician. Provide clinical supervision and support, as appropriate, to registrars, principal house officers and junior medical officers working within the Redland Hospital. Redland Hospital has a 6 cot, level 2 nursery; a seven bed paediatric inpatient unit; and an outpatient facility providing for neonatal follow up, general paediatric clinics and developmental paediatrics. There are two Visiting Medical Officers, two Staff Specialist and six Principal House Officers.

Enquiries: Dr Scott Burgess (07) 3488 3012.

To apply for the positions grouped above:

Application Kit: (07) 3136 5616 or (07) 3136 5601 or www.health.qld.gov.au/workforus

Closing Date: Monday, 29 November 2010.

You can apply online at
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Country NSW	From 4/11/2010 To 5/11/2010	\$2,000	p/d
Northern TAS	From 26/11/2010 To Ongoing	\$2,000	p/d

O&G VMO

Country NSW	From 14/01/2011 To 17/01/2011	\$2,000	p/d
Northern TAS	From 23/11/2010 To 6/12/2010	\$2,000	p/d

GENERAL MEDICINE VMO

Country NSW	From 21/12/2010 To 4/01/2011	\$2,000	p/d
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Minlaton Medical Centre currently has 3 full time Doctors providing General Practice services to the surrounding rural community. The centre also provides a 24 hour Accident and Emergency service.

Adelaide Unicare www.adelaideunicare.com.au is a not-for-profit, controlled entity of The University of Adelaide. It has a mission to provide quality patient care and quality teaching and to facilitate research into General Practice. It currently operates 6 practices throughout urban and rural South Australia.

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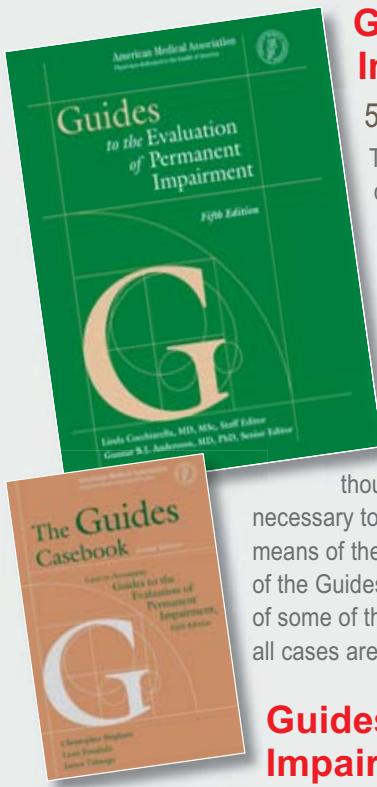
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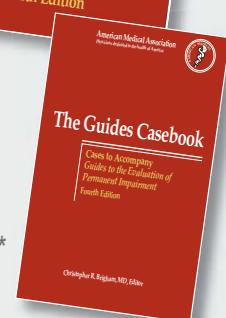
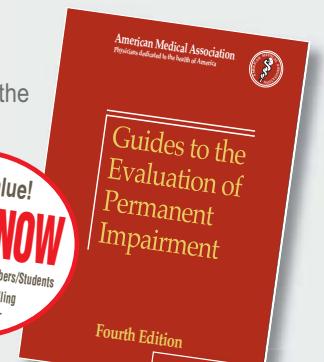
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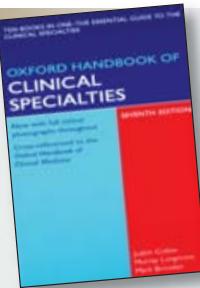
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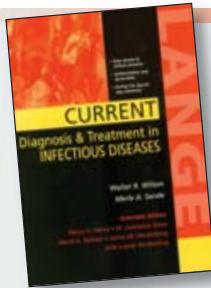
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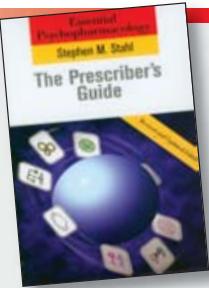
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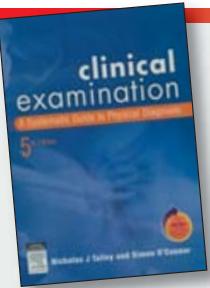


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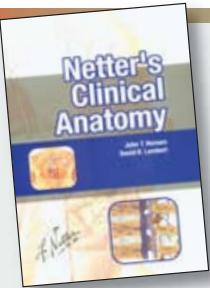
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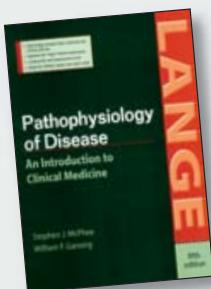


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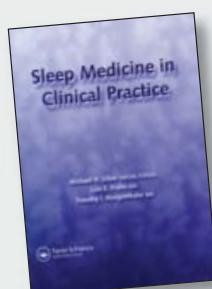


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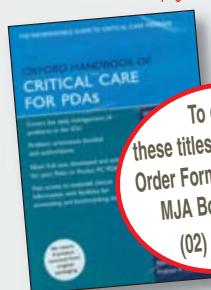
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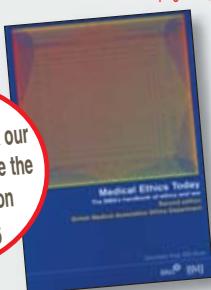
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