

MJA *Careers*

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The beating heart of surgery

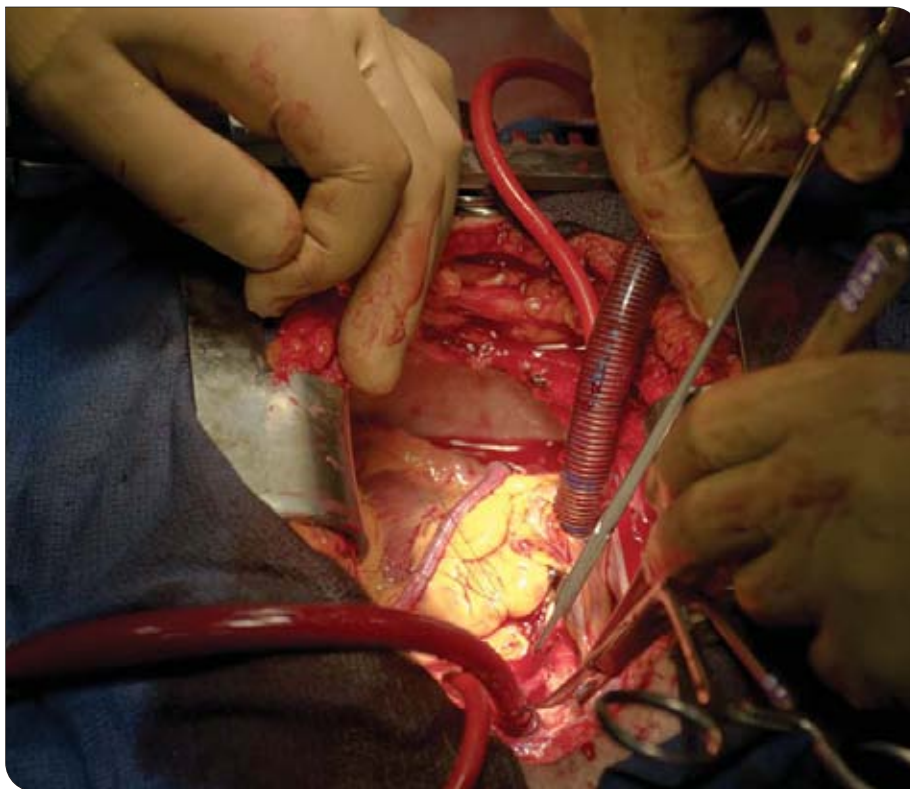
FOR a small group of highly skilled surgeons, a regular day at work involves plunging a knife into a patient's chest, stopping the heart from beating, and replacing blocked arteries with new vessels from elsewhere in the body.

Cardiothoracic surgery focuses on high-risk, high-precision procedures that have the potential to transform lives for patients with heart and lung diseases. Cardiac surgeons typically perform 1–2 heart operations each day, whereas thoracic surgeons may do 2–3. Doctors considering the specialty therefore need to have a passion for surgery and be comfortable spending a lot of time in the operating room.

But it's not just "cutting and sewing", says Professor Julian Smith, a cardiothoracic surgeon who is professor of surgery at Monash University.

"There's also a lot of medicine involved in the specialty. There is an emphasis on procedures, but there's still a demand for surgeons who have a very good understanding of the underlying disease processes", he says.

Professor Smith, who is also president of the Australasian Society of Cardiac and Thoracic Surgeons, says the specialty demands a lot of other competencies in addition to technical skills. During demanding, lengthy procedures, the cardiothoracic surgeon is usually the leader of a multidisciplinary team of about 8–9 people including surgeons, nursing staff, an anaesthetist and a perfusionist.



"There is a lot of interaction with multiple care providers, and the surgeon takes most of the responsibility for care of the patient, so they need to be a leader and a communicator. You also need to have a certain confidence in your abilities", he says.

Doctors who choose to specialise in cardiothoracic surgery also need to be comfortable with the risks involved. "It's an

environment where patients could die as a result of the surgery. It's rare but there's always that possibility."

For doctors who do pursue the specialty, Professor Smith recommends it as an incredibly rewarding career, which offers a variety of clinical and research opportunities. The specialty has a strong record in research, and research is a required part of the training

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program. Cardiothoracic surgeons are also well remunerated, with income typically ranging from about \$300 000 to \$500 000, depending on the volume of procedures and the amount of work in the public and private sectors.

Most cardiothoracic surgeons work in both public and private hospitals. Because of the reliance on intensive care and other medical services, cardiac surgery is usually only performed in capital cities or major regional centres. Thoracic surgery, which is not as reliant on intensive care, is more often available in smaller regional centres.

Professor Smith acknowledges that some aspects of the specialty may turn off potential recruits, particularly the 6-year training program. "It is a long training program in a demanding specialty. We need to ensure that registrars are well equipped to be independent surgeons doing pretty demanding and responsible surgery", he says.

There is also a perception among young doctors that increased rates of stenting (a procedure performed by cardiologists) mean that there's less work for surgeons. Professor Smith says that while the volume

of coronary artery bypass graft surgery has diminished slightly, it "hasn't fallen away to prohibitive levels". Cardiac surgeons are in fact increasingly operating on people with stents, who have developed more advanced disease or problems with their stents since they were inserted.

Professor Smith says that, although work hours are long, it's a misconception that the specialty involves substantial after-hours or emergency work. "If you're working in a non-transplant, non-trauma setting, the amount of after-hours work is not too bad compared with other specialties", he says.

One popular belief which is reflected in reality is that the specialty is very male-dominated. Professor Smith estimates that there are about 125 cardiothoracic surgeons in Australia, and only about 5%–10% of these are women. The job is not well suited to part-time work, so may not be the best specialty for people with primary child-raising responsibilities. "It is possible to do it part time and raise a family, but it's not ideal because of the need to maintain skills and provide continuity of care", he says.

Training

The Royal Australasian College of Surgeons (RACS) offers a 6-year training program in cardiothoracic surgery, with graduates awarded Fellowship of the RACS in cardiothoracic surgery. Postgraduate Year 2 is the earliest that doctors can apply to the program. Entry into the program is competitive, with 30–50 applicants typically vying for around 6–10 training positions. Upon completion of the program, the job market is also tight, and most graduates choose to do an overseas fellowship before accepting a local consulting job.

Professor Smith says there are several excellent fellowship programs in North America and Europe, specifically at Brigham and Women's Hospital in Boston, Toronto General Hospital, and the Mayo School of Graduate Medical Education in Rochester, Minnesota. More information about the RACS surgical training program can be found at <http://www.racs.edu.au>.

By Sophie McNamara

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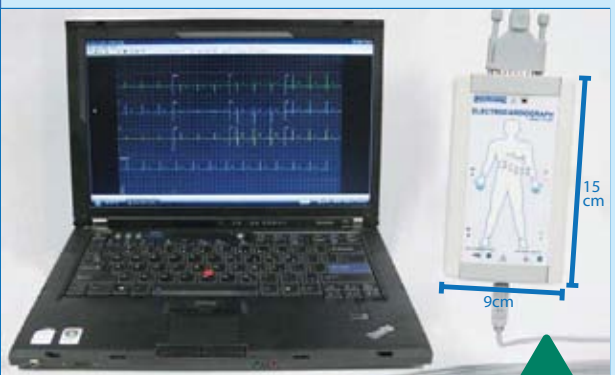
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Case Study

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



Heart transplants, the impact of stenting ... and smelly bits.

Mr Michael Rowland reflects on his career in cardiothoracic surgery.

MR MICHAEL ROWLAND received his medical degree from the University of NSW in 1986. He trained in cardiothoracic surgery under the guidance of the late Victor Chang at St Vincent's Hospital, Sydney, and also studied at Cambridge University's Papworth Hospital in the UK. He currently holds a variety of public and private posts, including head of thoracic surgery at the Northern Hospital, Melbourne, and cardiothoracic surgeon at Melbourne Heart and Lung Surgery. He is chairman of the Board of Studies of Cardiothoracic Surgery at the Royal Australasian College of Surgeons.

"Like many young doctors my choice of specialty was influenced by a mentor-like figure. There were two surgeons who inspired me — one was Victor Chang, who I worked with at St Vincent's Hospital in Sydney. The other is less well known, the quiet achiever of the group: Dr Alan Farnsworth, who also works at St Vincent's. He's extraordinarily good at what he does and has inspired many people.

At university, I was always more interested in the cardiovascular and respiratory systems than other parts of the body. From a more pragmatic perspective, there are very few smelly bits in the chest. That may sound flippant, but when you're

... "if your heart says that's all you want to do, then go for it".

working with it every day, it adds up. When I was working around the smelly bits as a younger surgeon, I didn't enjoy it much.

The very first time I saw a beating heart I was a medical student doing an anaesthetic term. It was totally mesmerising to see this incredibly beautifully designed piece of muscle performing this intricate movement that is life giving, life sustaining — and doing it independently.

I also clearly recall the first time that I actually put a knife into a living patient as a surgical trainee. It's a very intellectually, psychologically stimulating — and at the same time, scarring — moment.

The concept of plunging the knife in continues to remind me of the need to remain in touch with the human side of the specialty. If you get too robotic and arrogant and automated, you lose touch with the human who is your patient. To lose your humanity makes you a poorer surgeon. But at the same time, you can't get too emotional during the process, because you've got a very challenging job to do. It's a psychological battle that all surgeons go through. Some of them lose the battle and become arrogant and out of touch.

Cardiac surgery appeals to me because it's high-stakes, challenging work. It's also one of those specialties where we're mostly building

something new or replacing something, whereas most other treatments, particularly in surgery, involve a problem that needs to be cut out or removed. Cardiac surgery is a more constructive rather than a destructive specialty.

About 80% of the work is procedural, and when a cardiac surgeon operates, it's usually a 3–6-hour prospect. The longest procedure I've done was almost 12 hours. That can be physically challenging, particularly as I get a bit older. It can also be psychologically challenging, because every time you operate, literally someone's life is at risk.

One particularly rewarding case happened when I was a registrar doing transplant training. I was involved in the heart transplant operation for a man in his early twenties. Postoperatively he initially had many problems — at one stage his heart stopped beating. We were doing some pretty dramatic stuff in intensive care and it reached the point where I wasn't sure we could bring him back. I was on the phone to the supervising surgeon, explaining that we were probably going to lose him when, like something you see in a movie, he suddenly came back. Even though it happened 18 years ago he still sends me a Christmas card each year saying how well he is. It was a team effort, but I don't think you can put a dollar value on the sense of satisfaction something like that brings.

The specialty's relevance is being challenged by newer procedures that don't involve a surgeon, such as stents and other percutaneous techniques. Many younger surgeons are justified in worrying that their prospects of achieving a long, successful, happy career is being threatened.

When a young doctor comes to me and says he or she want to be a cardiothoracic surgeon, I do point out the harsh realities. But I also say, "if your heart says that's all you want to do, then go for it". It can be an extremely rewarding career.

Lately there's been a re-evaluation of the role of surgery and the ways can we reduce the trauma involved. At the group practice where I work in Melbourne we're introducing a minimally invasive technique for mitral valve surgery. We're also about to start using a robot for some mitral valve surgery operations. This isn't a world first, but in Australia the use of robots in surgery is currently limited.

My most significant area of interest is in administration and education. The college is being challenged to do a better job, so I saw an opportunity to contribute. I enjoy interacting with both established colleagues and young surgical trainees. It's pro-bono work, so I see it as a way for me to give back to the community. ■

Running a successful surgical practice

IN a surgical practice, marketing, communication and the quality of staff can make the difference between success and just getting by.

Nigel Flowers, the managing director of Flowers Financial Group, says marketing and establishing an online presence have become increasingly important to maintaining a successful surgical practice in the past 10 years.



Nigel Flowers

Marketing directly to patients as well as to general practitioners and other stakeholders is a key part of building the business.

"Patients are now often telling their GPs which surgeon they want to be referred to", says Mr Flowers, whose company deals mainly with medical practices, particularly surgical practices.

Patients want to know more about the person who will operate on them and they are driving the demand for informative, professional websites, Mr Flowers says.

"The key thing is that with all the training to become a surgeon they do not get trained to be business people"

But he warns surgeons not to try to do their own marketing, rather to outsource it to experts.

"The key thing is that with all the training to become a surgeon they do not get trained to be business people", says Mr Flowers.

Successful surgical practices know the importance of good communication with patients, staff, GPs, hospitals, anaesthetists and other stakeholders.

Two surgical practices that have made communication a big part of their business

are the Western Australian Plastic Surgery Centre (www.plasticsurgerycentre.com.au) in Perth and BrizBrain and Spine (www.brizbrain.com.au) a neurosurgery and spinal surgery practice in Brisbane.

Narelle Supanz, practice manager for the Western Australian Plastic Surgery Centre, says surgical practices have different dynamics to other types of practices.

Ms Supanz, who is also vice-president of the Australian Association of Practice Managers, says a surgical practice has to deal with a large number of stakeholders, including hospitals and anaesthetists, so good communication is vital.

At the centre, communication is facilitated through an informative website. Surgeons also provide medical education opportunities for GPs, nurses, hospitals, insurance companies, emergency departments and occupational health practitioners, particularly in the field of hand injuries, which is one of the practice's specialities.

The centre has nine surgeons and 24 staff, dealing with five teaching hospitals and 12 day surgeries and private hospitals.

At BrizBrain the excellent reputation of the neurosurgeons, developed through a high level of patient care and successful

outcomes, is used as a self-marketing model, says practice general manager Mark Higginbotham.

Both Ms Supanz and Mr Higginbotham emphasise that having the right staff and working environment for surgeons is essential to success. The two practice managers agree that it is important to let surgeons be surgeons by employing well trained and trustworthy staff to deal with all administrative matters.

Mr Flowers recommends finding people with experience in the health system if



Left to Right: Brigid Corrigan, Plastic Surgeon, Narelle Supanz, Practice Manager, and Rohan Page, Plastic Surgeon

possible. "Staff who deal well with patients are a priority but knowing how the health system works is important", he says.

Ms Supanz says the surgical model of practice means each surgeon has his or her own secretary, who must be trusted to not only manage patients and bookings, but also financial transactions.

"A surgeon usually develops a strong bond with their secretary and a good secretary can second guess what a surgeon wants", Ms Supanz says. "If the relationship doesn't work, then the practice will not flow well."

Mr Higginbotham says excellent working conditions are used to attract the right staff. Conditions include 5 weeks' annual leave, regular updates of the computer and phone systems, modern and well equipped offices, corporate uniforms, regular staff dinners and cultural events, and flexible working hours.

"The surgeons recognise how important staff are to the success of the practice", he says.

BrizBrain has five neurosurgeons and 17 staff across three sites in Brisbane, close to the hospitals where the surgeons operate. The surgeons also regularly consult in regional areas of south-east Queensland and northern NSW.

Ms Supanz emphasises the importance of all surgeons in the practice having a shared philosophy. For example, the Western Australian Plastic Surgery Centre does not agree with payment plans for cosmetic surgery.

“We don’t agree with that because it adds financial pressure for the patient”, she says.

Mr Higginbotham adds that having all the practice surgeons included in decision making about the growth of the practice is vital to success.

For example, at BrizBrain the surgeons do regular reviews of cases to ensure best practice and patient outcomes. The practice also offers opportunities for young neurosurgeons.

“Young, up-and-coming neurosurgeons have the chance to work with successful, experienced neurosurgeons, accelerating their professional development by being able to draw from the wealth of clinical and surgical experience”, Mr Higginbotham says.

Online billing

Although optimal patient care is the primary focus for all practices, financial and management issues can make or break a business.

Surgeons have been slow to take advantage of online billing systems, which can reduce costs and provide more secure financial records, Ms Supanz says.

In contrast to general practice, which has taken advantage of online billing, surgeons continue to maintain systems that could leave them vulnerable to fraud.

She says Medicare Australia’s ECLIPSE

(electronic claim lodgment and information processing service environment) system (<http://www.medicareaustralia.gov.au/provider/business/online/eclipse/index.jsp>) provides online claiming for both Medicare and private health funds as well as a detailed account of all payments to individual surgeons.

Some surgeons were lax in seeing the necessity to cross-balance payments received via the practice management software with what had actually been banked in their bank account, Ms Supanz says.

Online billing and linking practice and finance software creates a much clearer record of all transactions for individual surgeons.

“Surgical practices are still well behind in regards to methods of payment. From the patient’s perspective, electronic claiming provides an easy and convenient option”.

ECLIPSE allows patients to make payments and health fund claims at the practice, rather than having to make Medicare and health fund claims separately.

Practice finance

Young surgeons just finishing training need to think about planning, building and protecting their business “from day one”, Mr Flowers says.

Unlike several other branches of medicine that have been corporatised, surgeons still operate mainly as individual business



structures, and need to have a business plan in place early on.

A surgical practice should aim for expenses to equal 30% of turnover, which can be difficult when starting out.

He says the peak earning time for surgeons is usually between 35 and 50 years of age, when their skills are at their best. However, this is the same period when most people are raising a family and have a mortgage.

Mr Flowers says young surgeons should get good advice on the best ways to minimise their tax and invest in other areas to ensure they have financial security later in life, when they may no longer be able to operate and their income is not as high.

“Always plan for the worst”, he says. “Having the right structure in place that secures assets and provides for the future should be the aim.”

By Kath Ryan

C6



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CARDIOLOGIST

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A well established and technologically advanced private cardiology clinic situated in the Newcastle area, just 1.5 hours from Sydney, requires a full or part time locum. This clinic is supported by both a comprehensive non-invasive and an invasive laboratory, as well as on-site hospital and coronary care.

The position involves consultations with or without an invasive component. FRACP essential.

Commencement date and remuneration negotiable. Accommodation provided in the short term.

For more information please contact:
Dr Geoffrey Oldfield on (02) 4902 5125
 or email CV to gaylen@oldfieldcardiology.com.au
www.pendleburyclinic.com.au

Director of Surgery



Ballarat Health Services
 Putting your health first®

Full Time Equivalent and/or VMO

• Metropolitan lifestyle in a regional setting

An opportunity is available to enjoy a clinical and academic career whilst providing clinical leadership for a high quality and comprehensive surgical service at Ballarat Health Services.

BHS is the largest health service in the Grampians region and throughout regional Victoria, offering most surgical specialties. BHS performs 11,100 surgical procedures a year in 6 main operating theatres and a Day Procedure Centre supported by 8 accredited specialist surgical registrars.

The successful applicant will lead the surgical service, delivering direct high quality surgical care within their area of expertise. An in-hours sessional and operating list allocation would be available and participation in the relevant specialty surgical on-call roster is required. Surgical sub-specialty interests will be favourably considered.

BHS is experiencing exciting growth and continues to expand its regional teaching role. You would be joining a progressive health service that will encourage you to develop your interests, and will build a supportive network around you both regionally and with metropolitan referral centres.

With a population of over 90,000, the City of Ballarat has a thriving music and artistic community, first class education facilities and sporting interests catered for. Ballarat is less than 1.5 hours from Melbourne CBD and an international airport.

A primary medical qualification fully registrable with the Medical Board of Australia and FRACS or equivalent are required, as is wide academic and clinical experience.

A generous remuneration package is available, including rights of private practice, superannuation, continuing medical educational allowances, study leave and assistance with relocation expenses.

For further information please contact:

Mr Philip Reasbeck, Executive Director Medical Services
 on +61353204278 or pgr@bhs.org.au

Applications must address the key selection criteria, include at least three professional referees and be submitted via the BHS website.

www.bhs.org.au

HOSPITAL APPOINTMENTS



ST ANDREW'S HOSPITAL
MEDICAL & SURGICAL EXCELLENCE

CASUAL MEDICAL OFFICERS

St Andrew's Hospital operates an adult Emergency Service from 8am to 10pm seven days a week.

We are looking for Medical Practitioners who would enjoy the challenge of working in such an environment.

Successful applicants will need to have recent experience in acute care, be currently registered in Australia and have an unrestricted Provider Number.

For more information please contact:
Dr Steven Schueler, Director of Emergency Service
St Andrew's Hospital Inc
350 South Terrace, Adelaide SA 5000
Tel: 08 8408 2265 • Fax: 08 8408 2200 • Email: sschueler@stand.org.au

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Careers with Queensland Health

Senior Staff Specialist or Staff Specialist (General Medicine)

Medicine Department, Redland and Wynnum Hospitals, Cleveland and Lota, Metro South Health Service District.

Remuneration value up to \$376 360 p.a., comprising salary between \$169 593 - \$179 807 p.a. or salary rates: \$81.25 - \$86.15 p.h. (L25-L27) or Remuneration value up to \$347 616 p.a., comprising salary between \$141 819 - \$164 728 p.a. or salary rates: \$67.94 - \$78.92 p.h. (L18-L24), employer contribution to superannuation (up to 12.75%), annual leave loading (17.5%), private use of fully maintained vehicle or fuel card (part time positions for minimum 40 hrs p.f.), communications package (conditions apply), professional development allowance, professional development leave 3.6 weeks p.a., professional indemnity cover, private practice arrangements plus overtime and on-call allowances. (Full time or part time position, hours negotiable. Applications will remain current for 12 months.) JAR: H11MSB04146.

Duties/Abilities: 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. Provide supervision and support to senior medical officers, registrars and junior medical officers working in the Redland Hospital.

Enquiries: Dr Julieanne Graham (07) 3488 3493.

Application Kit: (07) 3136 5616 or (07) 3121 1411 or www.health.qld.gov.au/workforus

Closing Date: Monday, 16 May 2011.

Staff Specialist (Paediatrics and Children's Health)

Paediatrics Department, Institute of Women's and Children's Health, The Townsville Hospital, Townsville Health Service District.

Remuneration value up to \$356 985 p.a., comprising salary between \$141 819 - \$164 728 p.a. (f/t), or salary rates: \$67.95 - \$78.93 p.h. (p/t), employer contribution to superannuation (up to 12.75%), annual leave loading (17.5%), private use of fully maintained vehicle (f/t) or fuel card (p/t - minimum 40 hrs p.f.), communications package (conditions apply), professional development allowance, professional development leave 3.6 weeks p.a., professional indemnity cover, locality allowance, private practice arrangements plus overtime and on-call allowances. (L18-L24) (Full time or part time position, hours negotiable. Applications will remain current for 12 months.) JAR: H11TV03667.

Duties/Abilities: Provide specialist clinical service, including inpatient general paediatric care and outpatient clinics, to patients presenting or referred to The Townsville Hospital and Community Paediatric Service.

Enquiries: Dr Andrew White (07) 4796 1776.

Application Kit: (07) 4750 6771 or www.health.qld.gov.au/workforus

Closing Date: Monday, 30 May 2011.

Staff Specialist (Child Protection Paediatrician)

Paediatrics Ward, Institute Women's and Children's Health, The Townsville Hospital, Townsville Health Service District.

Remuneration value up to \$173 643 p.a., comprising salary rates: \$67.95 - \$78.93 p.h., employer contribution to superannuation (up to 12.75%), annual leave loading (17.5%), fuel card, communications package, professional development allowance, professional development leave 3.6 weeks p.a., professional indemnity cover, locality allowance, private practice arrangements plus overtime and on-call allowances (L18-L24). (Part time position, 40 hrs p.f. Applications will remain current for 12 months) JAR: H11TV03703.

Duties/Abilities: Provide a high quality child protection service for the Townsville Health Service District involving the forensic examination of children and involvement in the Suspected Child Abuse and Neglect team process. This position has very limited after hours Child Protection cover requirements. No General Paediatric cover is required, but can be negotiated if applicant wishes.

Enquiries: Dr Katrina Harris 0429 066 135.

Application Kit: (07) 4750 6776 or www.health.qld.gov.au/workforus

Closing Date: Monday, 30 May 2011.

You can apply online at
www.health.qld.gov.au/workforus

A criminal history check may be conducted on the recommended person for the job. A non-smoking policy applies to Queensland Government buildings, offices and motor vehicles.

OVERSEAS APPOINTMENTS

Consultant Psychiatrist

Various Specialties
Permanent Full and Part-time options available
Vacancy 15320. Closing 13/05/11

The Specialist Mental Health Division is seeking applications from Adult General Psychiatrists, part time or full time, to fill pending vacancies in the Adult Community, Acute Inpatient and Alcohol or Drug Services.

Specialist Mental Health Services in Canterbury are undergoing significant changes to enhance integration within the service and with the wider Mental Health Sector; there will be opportunities to be involved in planning and quality improvement. Appointees must be committed to providing a high standard of care and clinical leadership, teaching and supervision, and enjoy working in a multidisciplinary team.

Christchurch is a city with a population of 350,000 located on the east coast of the South Island of New Zealand, but close to the foothills of the Southern Alps with ready access to outdoor pursuits including skiing, mountain climbing, tramping and sailing. Despite our recent earthquake, Christchurch offers a wonderful lifestyle with moderate priced housing, a relatively low cost of living, easy access to schools, University and excellent cultural and sporting facilities

Initial enquiries should be directed to Sue Nightingale, Chief of Psychiatry, phone (03) 339 1133, email sue.nightingale@cdhb.govt.nz

Canterbury
District Health Board
Te Poari Hauora o Waitaha

To apply, please go to
careers.cdhb.govt.nz

C11

GP OPPORTUNITIES



Is this You? GPs wanted

life balance • competitive salary • cultural experience

Join our friendly, professional team in beautiful Katherine, Northern Territory, and help us make a real difference in Indigenous health outcomes.

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We're an AGPAL-accredited Aboriginal Community Controlled Health Organisation with modern facilities and a multi-disciplinary Primary Health Care team. Our many well-resourced services provide over 17,000 episodes of care each year in areas including chronic disease management, eye and ear, child and maternal, and men's health. We offer a rich cultural experience, furnished house, vehicle, and much more. To join our team, or for more info, contact Dr Bruce Hocking, DMS, on (08) 8972 9104, bruce.hocking@wurli.org.au www.wurli.org.au



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Please phone Beth 0416 181 946.

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Please call Practice Manager on 02 9532 1166 or 02 9543 2270.

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C12

GP OPPORTUNITIES



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(Ref.:MEDGP 0587)

Medical Centre

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The practice offer

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Has excellent support staff and new facilities

The terms and remuneration are open to negotiation and are more than generous.

Our Client is looking for Doctors to ideally fulfill full-time capacity, but sectional or locum blocks are available to fulfill your role as a GP at the practice, to provide quality high care, primary health services to individuals.

You will be provided with your own fully equipped consulting room with all the necessary support staff.

Required Qualifications

You must hold a current full registration as a doctor in Australia

Experienced in General Practice

Experience in remote tropical environments desirable but not essential

Strong team focus

If you consider this opportunity worth pursuing and would like to explore the option of changing your current location of work and discuss our available General Practice (GP) positions, please apply in the strictest of confidence to David Rosenheim on +61 8 94405199 or email for further information in the strictest confidence.

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Mobile : 0424 933 177

Email : david.rosenheim@emagroup.com.au

CONTINUING MEDICAL EDUCATION

Dunedin Revision Course for Candidates sitting the RACP Written Examination University of Otago Dunedin New Zealand



14 – 25 November 2011

This revision course is for trainees who are intending to sit the FRACP Written Examination in 2012.

This is an intensive 2-week residential programme for individuals intending to sit the written component of the RACP examination, and comprises of 11 days of specialty-based revision with updates on "Leading Edge" topics and includes a half-day MCQ Mock Examination. Each day is fully structured with presentations given by senior specialty consultants. There are comprehensive handouts for each specialty.

Social events are scheduled. This includes a dinner and dance at Dunedin's famous Larnach Castle.

Basic Physician Training on DVD 2011

The Department of Medicine based at Dunedin Hospital, Dunedin, New Zealand, produces a weekly DVD specifically aimed at basic physician trainees, but is also suitable for physicians wanting up to date continuing medical education. Each session runs for approximately 2 hours. All medical specialties are covered. The sessions provide an update/review of the particular medical specialty followed by review of MCQ's in that specialty. For those interested in subscribing to this Lecture Series, DVDs will be issued regularly throughout the year. Excerpts of lectures can be viewed on our website.

Queenstown Course in Internal Medicine Millbrook Resort Queenstown New Zealand 18 - 21 August 2011

This course is designed to cater for the practicing specialist in Internal Medicine. The meeting is held biennially at the spectacular Millbrook resort, on the outskirts of Queenstown. The Resort hosts one of the finest golf courses in New Zealand. Queenstown is serviced by an International airport.

Places for the 2011 course are limited to 60 and early registration is encouraged. Registration forms are available on our website.

The proposed programme includes Cardiology, Endocrinology, Infectious Diseases, Nephrology, Neurology, Older People's Health

Enquiries:

Linda Cunningham

Postgraduate Education Coordinator

Department of Medicine

University of Otago

NEW ZEALAND

Email address: linda.cunningham@otago.ac.nz

Telephone: 64 3 474 0999 ext 8520 Cell: 64 27 553 4400

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Government of Western Australia
Department of Health
WA Country Health Service



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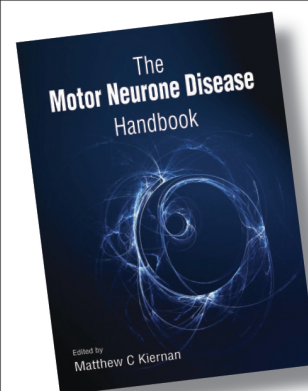
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C15

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