

MJA *Careers*

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Careers in public health medicine

DOCTORS who are interested in approaching health care from a preventive, population level may find a career in public health rewarding.

While clinicians consult patients one-on-one, public health specialists consider health care from a broader perspective. For instance, while GPs immunise children in their local area, public health physicians may design immunisation programs state-wide, promote the benefits of immunisation and monitor the uptake of programs.

Public health training (see Box, page C3) offers a wide range of job opportunities including work in epidemiology, academia, government departments, non-government organisations or area health services.

Associate Professor Leena Gupta, president of the Australasian Faculty of Public Health Medicine, says her career in public health has been varied and satisfying.

“Public health medicine really combines the best things that you get from clinical training, using a population health approach, together with a very evidence-based, somewhat academic approach, to dealing with health problems”, she says.

Professor Les Irwig, Professor of Public Health at the University of Sydney, says many doctors are drawn to public health for the opportunities it provides to make a difference at the population level.

“I think a lot of the people who go into public health are socially motivated and see that they have a broader societal role that they want to fulfil”, he says.

He says the specialty is well suited to



doctors with a passion for looking at health problems more broadly, and an “inventive mind” to be able to apply relevant research techniques to the health problems they’re investigating.

Strong communication skills are also an essential attribute for any doctor considering a career in public health medicine, adds Professor Gupta.

“You have to be able to communicate at various levels, such as with individual members of the public, with the media, through writing policy documents, advocacy work and communicating risk in an environmental situation”, she says.

An understanding and interest in the social determinants of health is also crucial to being a good public health physician, says Professor Gupta.

Professor Gupta says she enjoys the diversity of public health. She worked as Director of Sydney South West Area Health Service for 11 years, and will return to the role next year after 4 years of part-time work.

Her work has included investigating and responding to outbreaks (including pandemic influenza), undertaking environmental health projects and managing a multidisciplinary team of up to 30 staff. She also enjoys being able to advocate on public health issues and contribute to policy development at a state-wide level.

“For example, I’m on a ministerial advisory committee on hepatitis so through that I contribute to hepatitis policy in NSW. It’s a different way of working to clinical medicine but through committees or other structures you can contribute a lot to policy”, she says.

Professor Gupta says contributing towards changes at the population level makes her job very satisfying.

“Particularly with things like immunisations: if you look at the use of the cervical cancer vaccine in schools, we’re already starting to see a change in the epidemiology of cervical cancer as a result of that program. Another example is investigating outbreaks. If you’re able to

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LML Medical Recruitment
Healthcare Australia

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prevent an outbreak you make a difference not to just one or two people, but to hundreds of people.”

Additionally, the impacts of public health interventions are often measured, so public health physicians can see the impact they are having.

Professor Gupta and Professor Irwig agree that their medical training and clinical experience continually inform their public health work.

Professor Irwig now works as a research epidemiologist but worked in clinical practice part time for the first 15 years of his career.

“The clinical background helps with understanding and identifying what problems need to be addressed”, he says.

Professor Irwig says many doctors successfully combine public health research with clinical work or work as a public health physician. There is also scope to work part time within the specialty, as well as substantial international work opportunities.

By Sophie McNamara

Training options in public health medicine

Several Australian universities offer various graduate programs and short courses in public health, which cover topics such as research techniques, biostatistics, epidemiology and international health.

In addition, The Australasian Faculty of Public Health Medicine, a faculty of the Royal Australasian College of Physicians, offers a 3-year training program in public health medicine. Applicants must have a minimum of 2–3 years clinical experience after completing their medical degree. Additionally, they must have completed, or be enrolled in, a Masters of Public Health. (The Masters degree needs to be completed before trainees can progress to the second year of advanced training.)

Professor Gupta says that while the Masters programs provide theoretical public health knowledge, the Faculty training program provides the practical

skills required to be a public health physician at a specialist level.

The Faculty program is workplace-based training and as such applicants need to secure their own public health position.

The curriculum is extensive, and includes learning objectives ranging from working in partnership with Indigenous Australians, to designing effective research studies, to communicating effectively using mass media.

Trainees in the Faculty program are also able to complete 1 year of their training program overseas, provided they have adequate supervision, preferably by a Faculty fellow.

More information is available at: www.racp.edu.au/page/racp-faculties/australasian-faculty-of-public-health-medicine.

C3

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Case Study: Public Health Specialist

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



After completing his medical degree in South Africa, Professor David Durrheim studied public health medicine in the UK. An interest in tropical medicine saw him complete a Masters of Public Health and Tropical Medicine, followed by a doctorate in public health at James Cook University in north Queensland. Currently, he is Director of Health Protection in Hunter New England, NSW, and a conjoint Professor of Public Health Medicine at both Newcastle University and James Cook University. In 2009, he became the first Australian appointed to the World Health Organization's Strategic Advisory Group of Experts (SAGE) on immunisation.

"After completing my medical degree I began studying neurology in Africa, but soon realised that the benefits that we could offer the community through public health medicine were much greater. We were spending vast amounts of money sending patients with extremely poor neurological prognoses for very expensive diagnostic testing. I realised that these resources could run vaccine programs for the entire region for months. The appeal of preventing disease, rather than attempting to cure or manage it, persuaded me to pursue public health.

I studied public health in London with a focus on returning to work in South Africa. The trigger for coming back (to head up communicable disease programs in rural Mpumalanga province) was the election of the democratic government under President Nelson Mandela in 1994. There were wonderful opportunities to achieve immediate and quite extensive public health gains. There was investment in setting up immunisation programs, providing sanitation and water infrastructure to rural communities, designing surveillance systems to detect outbreaks and training of district staff. It was incredibly exciting to be involved in that renaissance in South Africa.

The philosophy of public health is based on prevention and social justice, which pushes all the right buttons in me. Prevention is certainly better than cure; it's more cost-effective and a lot more satisfying. It's particularly rewarding to work on diseases where vaccines directly prevent many childhood deaths and morbidity.

In my role with SAGE, I'm involved in several vaccine working groups, including one considering the best use of vaccines during humanitarian emergencies and another focusing on unreached kids. It's marvellous that 100 million children a year enjoy the full benefits of vaccine programs preventing 2.5 million child deaths each year, but 23 million kids aren't fully vaccinated before their first birthday. We are working on innovative ways to reach those children. A recent highlight is the work on rotavirus vaccine. Now that an affordable and safe vaccine is available, the possibility of preventing approximately 500 000 deaths due to this disease every year is becoming a reality. This is immensely satisfying to witness.

I'm an incorrigible optimist. Some of the world's public health challenges are huge, but I prefer to work towards addressing those challenges. It's not helpful to throw your arms in the air and be defeated by the magnitude of the problem.

**It's fabulous working
with highly motivated,
multidisciplinary teams**

I've been fortunate to work with WHO in the Pacific, supporting Pacific island countries to develop simple systems to detect outbreaks, which would otherwise have devastating impacts on their communities. It's about making sure that we have effective but resource-appropriate solutions as this will have an immediate benefit on the health of Pacific islanders, but also because global surveillance is only as strong as the weakest district, so this will benefit the entire global village.

As Director of Health Protection in Hunter New England, much of the work is focused on preventing or containing public health threats. This includes responding to communicable disease notifications and disease outbreaks; ensuring high quality immunisation and environmental health programs that reach the entire community, but particularly those most at risk; and conducting emergency preparedness and response.

One of the most rewarding parts of my job is being able to invest in the development of other operational public health researchers. It's fabulous working with highly motivated, multidisciplinary teams, and several members of my staff have completed, or are in the process of completing, postgraduate research degrees on valuable research topics. I'm involved in teaching at both Newcastle University and James Cook University.

My work has an important advocacy component. For instance, during the H1N1 pandemic, at the University of Newcastle we were fortunate to get an NHMRC grant to look at what Australians would like to do when a vaccine became available. We found that Australians would generously support sharing vaccines with people at high risk in neighbouring developing countries, even if it meant some healthy Australians missed out. This information was provided to the Commonwealth to inform the Australian contribution to the region. Additionally, key work we are leading with Aboriginal researchers around Australia will hopefully have an important impact on future pandemic planning in Aboriginal communities.

I love the variety. I think that's something about public health that makes it really special. I've probably got the ideal sort of job at the moment — delivering quality public health programs, coupled with really exciting research projects, and work within the region and globally. My work involves frequent international travel.

Would I recommend a career in public health to a junior doctor? Without a doubt. It's the most exciting specialty in medicine. The specialty is well suited to people who enjoy working in teams and across disciplines. A strong sense of social justice is a valuable foundation. I don't think you could ever get bored in public health."

As told to Sophie McNamara



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Money and Practice

MJA Careers looks at issues that affect the bottom line

Improving cash flow with



ECLIPSE

C6

WITH all the major health funds now signed up, there is only one more hurdle before the ECLIPSE billing system becomes a “must have” for specialist practices.

Medicare Australia’s ECLIPSE (Electronic Claiming and Lodgement Information Processing System) is a function of Medicare Online developed for in-hospital patients. It provides a secure link between medical practices, hospitals, health funds, Medicare and the Department of Veterans Affairs. It allows practices to submit and process in-patient medical claims simultaneously with Medicare and private health funds. (See Box, page C7)

One of the biggest advantages of ECLIPSE, according to practice managers and software vendors, is the faster payment of claims, with some payments going into practice accounts within 48 hours.

Since ECLIPSE was launched in 2004, the number of specialist practices signing on was initially a trickle, with just 1180 specialist practices signed up by November 2010. However, by March this year, that number had grown to 3737 of the 9864 specialist practices in Australia.

Colleen Sullivan, of the Australian Association of Practice Managers, is a strong supporter of online claims and is a member of Medicare Australia’s ECLIPSE Reference Group.

She says two of the largest private health funds — Medibank Private and MBF — are now using ECLIPSE and this will make a big difference to the practice take-up rate.

“Medibank Private and MBF not being part of the system was one reason why a lot of specialist practices had held back from introducing ECLIPSE”, Ms Sullivan says.

With the last two big funds now offering ECLIPSE, specialists just need the medical software industry to fully implement ECLIPSE to get the full benefits.

Some specialist practices have also been frustrated by the slow response of some medical software vendors to incorporate full ECLIPSE capabilities into their software. And some software vendors are charging practices extra to include ECLIPSE in their software and to train staff.

Ms Sullivan is disappointed that the software industry has been dragging its

feet on ECLIPSE. The industry plays a big role in the success of online claims, meaning practices can be left behind if new functions are not included.

And she should know. The practice Ms Sullivan is involved with — a four-specialist ophthalmology practice in Brisbane — is still waiting to have ECLIPSE fully upgraded on its own software.

“We need to be pushing our software vendors to include ECLIPSE functionality in their online claiming capability.”

Ms Sullivan encourages specialist practices to persevere as she says the ECLIPSE system has lots of advantages for practices with patients who are treated in hospital.

She says ECLIPSE not only improves the cash flow in a practice, but also keeps reports and records of all patient activity so both the doctors and the practice can keep track of income.

However, she does warn doctors that there can be staff resistance to ECLIPSE when it is first introduced.

“Staff will often say ‘but we have always done it this way’ and practices have to overcome this negative attitude”, Ms Sullivan says. “But usually, once staff are

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Main features of ECLIPSE

MEDICARE Australia advises practices to ensure all relevant provider and patient details are recorded with Medicare and with private health insurers when using ECLIPSE.

A Medicare spokeswoman says doctors may also need to check what contractual arrangements are necessary with private health funds, hospitals and other health providers when setting up the ECLIPSE system.

The main features of ECLIPSE, listed on the Medicare Australia web site (<http://www.medicareaustralia.gov.au/provider/business/online/eclipse/index.jsp>) include:

- Online patient verification
- In-patient medical claiming to both Medicare and private health funds
- Online eligibility checking for patients with both Medicare and health funds
- Remittance advice to match ECLIPSE claims with back account deposits
- Claim status checking
- Online security through the public key infrastructure encryption

The website also lists all health funds currently involved in the ECLIPSE system.

Hospitals are also encouraged to sign onto the ECLIPSE system to help make patient payments and claims easier for patients, medical practitioners and the hospital.

trained and have used the system they do realise it makes account keeping much easier and definitely improves cash flow.”

Jeff Greenwood, IT manager for Clinical Computers, a software company that specialises in medical billing systems, says the difficulty of introducing ECLIPSE to a practice depends on the practice's current software.

However, in most cases if the practice is already using Medicare Online, the basic building blocks of the program are already in place, Mr Greenwood says.

Software vendors have to undergo a comprehensive Medicare testing procedure when Medicare Online or ECLIPSE functionality is added to software, Mr Greenwood says. Each practice then must

get its own public key infrastructure, to provide the security and confidentiality that is essential with all online transactions.

“In our case, ECLIPSE is just an add-on to our existing program”, Mr Greenwood says.

Ms Sullivan says Medicare and the health funds do not charge to register with or use ECLIPSE, however it is important to check with the software vendor if they make any charges to the practice. “Most software vendors do not add any charges and this is an important question to ask them”, Ms Sullivan says.

A Medicare Australia spokeswoman says some software vendors could tailor ECLIPSE software solutions for individual practices, such as adding a

billing component to existing practice management software.

“The training and support for these systems is provided by the software vendor with assistance available from Medicare Australia”, the spokeswoman says.

“A network of Medicare business development officers visits specialist practices across Australia on a daily basis to provide training and support. The level of training required depends on the practice management software used.”

Greg Brownbill, business development manager of Zedmed medical software, says most specialist software can incorporate ECLIPSE, and training staff is straightforward, particularly for those who have used Medicare Online.

Mr Brownbill says his experience with ECLIPSE is that claims associated with gap funding payments can be “a bit awkward”. He says the most streamlined claims to private health funds are those made at a fee level agreed when a doctor has an arrangement with the fund.

Ms Sullivan says ECLIPSE has a fast turnaround time for both paid and unpaid accounts. Practices which lodge claims for practitioners who have an agreement with a fund have the fastest turnaround time, with payments made to the doctor's account in less than 48 hours in some cases.

“This is a major benefit for the cash flow for the practice”, she says.

For most practices the benefits of ECLIPSE will outweigh any problems.

Ms Sullivan says ECLIPSE gives a clear record of what has been billed, what has been paid and where it was paid, reinforcing the financial management of money coming in and going out of a practice. “An ECLIPSE printout provides a detailed record of where all the money has gone”, which is particularly important in larger practices with several specialists.

If a claim is rejected, the practice is notified immediately with an explanation. Under a manual system, practices could wait weeks before receiving notification that a claim was rejected.

Ms Sullivan says with the accuracy of information, faster payment of claims, no batching of claims to be sent to Medicare and immediate notification of rejected claims, it was hard to see any reasons why practices would not use ECLIPSE.



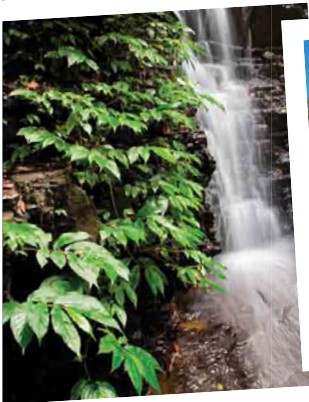
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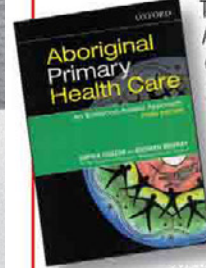
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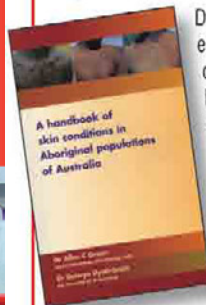


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Closing date: 22 July 2011

APPLICATION INFORMATION

Applicants 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 recruitment@nt.gov.au

Information on the Territory and its great lifestyle is available at

www.theterritory.com.au

Note: The preferred or recommended applicant will be required to hold a current Working with Children Clearance notice / Ochre Card (application forms available from SAFE NT @ www.workingwithchildren.nt.gov.au) and undergo a criminal history check. A criminal history will not exclude an applicant from this position unless it is a relevant criminal history.

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SPECIALIST APPOINTMENTS



Careers with Queensland Health

Senior Staff Specialist or Staff Specialist
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Internal Medicine Services, The Prince Charles Hospital, Chermside, Metro North Health Service District.

Remuneration value up to \$388 164 p.a., comprising salary between \$176 377 - \$187 000 p.a. (L25-L27) or Remuneration value up to \$358 430 p.a., comprising salary between \$147 491 - \$171 318 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, professional development leave 3.6 weeks p.a., professional indemnity cover, private practice arrangements plus overtime and on-call allowances. (Applications will remain current for 12 months) JAR: H11PCH06232.

Duties/Abilities: Play a key role in the delivery of high quality General Medicine and Geriatric Medicine within The Prince Charles Hospital and to participate, if requested, in the provision of services in Clinical Service Networks within the Metro North Health Service District. Active participation in clinical teaching, research activities and quality assurance is also required.

Enquiries: Dr Chris Davis (07) 3139 4720.

Application Kit: (07) 3170 4255 or (07) 3170 4256 or www.health.qld.gov.au/workforus

Closing Date: Monday, 18 July 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.
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Dr. Gary Lawler
Director Radiologist
(03) 9508 2800

OR

Dr Andrew Baldey
Director Radiologist
(03) 9543 1112

Applications (with CV attached) via email to Clinton Athaide.

Clinton Athaide
General Manager
(03) 9508 2800
Mobile: 0412 171 461
Email: clinton.athaide@mdi.net.au



Government of Western Australia
Department of Health
South Metropolitan Area Health Service

Consultant Geriatrician

Medical

Fremantle Hospital and Health Service, Fremantle, Western Australia

Fixed Term Full Time

Web Search No: FH111835

Level/Salary: AMA Year 1-9 \$256,164 - \$326,268 p.a (Inclusive of Professional Development and Private Practice Income Allowances)

This is a fixed term appointment for 5 years.

WA Health is committed to eliminating all forms of discrimination in the provision of our service. We embrace diversity and strongly encourage applications from Aboriginal and Torres Strait Islander peoples, people from culturally diverse backgrounds and people with disabilities.

WA Health supports flexible working practices within the context of quality health service. WA Health is committed to a smoke-free environment across all buildings, grounds and vehicles

Position Profile: Fremantle Hospital and Health Services seeks an experienced Consultant Geriatrician to join our team of six Consultants. The Department includes a dedicated Supervised Care Unit, Rehabilitation (including Rehabilitation in the Home program) and Orthogeriatric Service. This position involves the provision of inpatient and outpatient services – ACAT/community referrals; appropriate teaching, educational, research, quality improvement and management related activities. There is a close liaison with other hospital specialties, especially the Department of Psychogeriatrics. There is an active medical undergraduate and postgraduate teaching program with a Professorial University of WA School of Medicine providing a strong academic presence in the Division of Medicine.

Qualifications and Experience: Eligible for registration with the Australian Health Practitioner Regulation Agency with appropriate post-graduate qualifications (Fellowship of the Royal Australasian College of Physicians or equivalent recognised fellowship).

Selection Criteria & Application/Credentialing form: Available by contacting – email - pam.stewart@health.wa.gov.au or phone +61 8 9431 2670.

For Further Job Related Information: We encourage you to contact Prof David Bruce, Head of Department, Geriatric Medicine on +61 8 9431 2275 or email david.bruce@uwa.edu.au

For more information about Fremantle Hospital and Health Service, visit www.fhhs.health.wa.gov.au

Application Instructions: Written applications:

- Complete the Application and Credentialing Form
- Include your statement addressing the selection criteria
- Provide current Curriculum Vitae, detailing personal contact details, qualifications and experience
- Provide the names and addresses of two professional referees.
- Send to: Mrs Pam Stewart, Administrative Officer, Fremantle Hospital, PO Box 480, Fremantle, Western Australia, 6959, facsimile +61 8 9431 2481 or e-mail: pam.stewart@health.wa.gov.au

EMAILED, LATE APPLICATIONS, OR ADDING ADDITIONAL ATTACHMENTS WILL NOT BE ACCEPTED AFTER THE CLOSING TIME AND DATE OF THE VACANCY.

Closing Date: 4pm Monday 25th July 2011

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or email: gmc@gundagai.net

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Contact: Dr Maxine Percival – 02 6752 2644
or email enquiry to themanager@listerpl.com.au

OVERSEAS APPOINTMENTS

Consultant in Paediatric Respiratory Medicine and Long Term Ventilation

Full Time (10 PA) post at Alder Hey Children's NHS Foundation Trust

This is a substantive full time post in Paediatric Respiratory Medicine and Long Term Ventilation. Alder Hey Children's NHS Foundation Trust is one of the largest and busiest children's hospitals in Europe. The Trust has a world class reputation for providing care for sick children and a proud history of medical achievement and clinical innovation. We have strong research links with the University of Liverpool, with a number of academic appointments within the respiratory team. A new state of the art hospital is planned to open in 2014.

The Trust serves not only the children Liverpool, but is the tertiary referral centre for children from Merseyside, Cheshire, parts of Lancashire, Cumbria, Shropshire and North Wales..

The appointee will join an enthusiastic and friendly team of consultants, nurse specialists, physiotherapists and secretaries based in the purpose-built respiratory unit. They will share consultant responsibility for children receiving long term ventilation and those being assessed for sleep-related breathing disorders with a consultant who works part time in Intensive Care. This is an exciting area that is rapidly developing.

Alder Hey Children's NHS Foundation Trust- situated 4 miles from the city centre and within easy reach of the motorway network.

Applications are invited from those already on the General Medical Council's Specialist Register, holding their CCST/CCT or within six months of the appropriate CCST/CCT award at time of interview.

For further information please contact
Dr Selby/Dr Couriel on 0151 252 5165.

For further information and to apply please log on at
www.jobs.nhs.uk and search for RM480E.

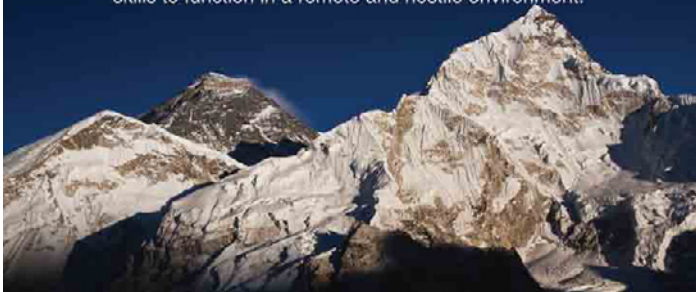
Closing date: 10 July 2011.

The Trust is committed to carefully screening all job applicants to ensure the safeguard of children and to an environment that promotes equality and embraces diversity. The trust operates a flexible working policy. Job share would be considered.

CONTINUING MEDICAL EDUCATION

Expedition Medicine Courses 2011/12

These intensive, residential courses cover not only the essential aspects of expedition medical practice such as wilderness emergency response and environmental medicine, but also the field and technical rescue skills to function in a remote and hostile environment.



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There are 2 courses available this year: **Mountain Medicine and Winter Skills** at Guthega in the Snowy Mountains (9-16th September) and our perennially popular **Mountain Medicine and Rescue Course** on the sun drenched sea cliffs of Freycinet, Tasmania (26th November - 3rd December).

In 2012 we will also be offering a **Mountain and High Altitude Medicine Course** as part of the Annapurna Sanctuary trek in Nepal, and a course in **Remote Medicine** as part of a 4WD trip through the Kimberley.

Our courses are suitable for doctors, nurses and paramedics, are accredited by the Australian College of Rural and Remote Medicine, and approved for the Emergency Medicine Procedural Training Grant for rural doctors.

For further information contact Dr Edi Albert: edi@wildernesseducationgroup.com
or visit: www.wildernesseducationgroup.com.

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