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MJA Careers

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Working as an anaesthetist

A CAREER as an anaesthetist involves far more than simply 'putting patients to sleep' during surgery. Professor Kate Leslie, president of the Australian and New Zealand College of Anaesthetists (ANZCA), says there is a popular misconception that anaesthetists simply administer anaesthetic at the start of surgery and then leave the operating theatre. In reality, anaesthetists are involved in preoperative assessment of patients, are continually present in the operating room and also provide postsurgery care such as pain management.

There is substantial scope to subspecialise, in areas such as obstetrics or neuroanaesthesia, or airway management. Many anaesthetists are also involved in intensive care medicine and pain medicine, which have emerged as distinct specialties.

"Anaesthetists actually initiated acute pain services, which are now virtually universal in public hospitals in Australia", says Professor Leslie.

She says that anaesthetists are increasingly leading patient care not only in the operating room itself but also more broadly across the hospital.

Anaesthetist Professor Guy Ludbrook, head of acute care medicine at the University of Adelaide, South Australia, says many anaesthetists also take on broader leadership roles such as working with, or leading, committees on health service delivery.

"That's something that a lot of anaesthetists have been involved with over the years, and a bit of an unsung role for anaesthetists", he says. Professor Ludbrook adds that anaesthetists are well placed to understand

health systems because they see patients across the hospital.

Many anaesthetists take this interest in health systems into research work, such as looking at how to best manage the patient's journey through the hospital system or looking at new systems for working up patients for surgery.

There is also a strong record in clinical research in anaesthesia.

"ANZCA has an active research grant program that hosts a multicentre trial group, which is one of the most successful in the world", says Professor Leslie.

The ANZCA trials group, which began in 2005, has conducted several major multicentre trials, including the B-AWARE trial which looked at a technique to reduce awareness during anaesthesia.

Professor Ludlock says anaesthesia research has had major impacts on health care education and training.

"Anaesthesia's been at the forefront of simulation training for many years. It really has been instrumental in setting up care simulation settings in many countries".

Despite the wide range of roles in anaesthesia, working as an anaesthetist does still involve 'putting patients to sleep'.

Professor Paul Myles, director of anaesthesia and perioperative medicine at the Alfred Hospital in Melbourne, Victoria, describes administering anaesthetics as an "extraordinary concept".

"To see the immediate loss of consciousness, fine-tuning of physiology and pharmacology — with immediate feedback of what is happening — and the smooth

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wake-up with a comfortable and relieved patient being delivered to the recovery room. Now that's miraculous!"

Professor Myles says the aspect of his work that he enjoys most is the "immediate manifestations of what we do".

Professor Leslie agrees she likes seeing the immediate effects of her work as well as helping patients at one of the most vulnerable times in their lives, such as when they're having surgery or giving birth.

She also enjoys the teamwork involved, especially because anaesthetists work with a wide range of surgeons and other specialists.

"After 25 years in the specialty it's the teamwork that's most important to me", she says.

Professor Leslie says that the ability to work well in a team is an important attribute for junior doctors considering a career in anaesthetics, along with good communication skills, strong technical skills, and leadership potential.

"Doctors also need good situational awareness to be able to scope out what's going on in a crisis situation and make the right decisions", she says.

Compared with many other medical specialties, anaesthesia offers quite flexible working conditions. The sessional nature of the work makes part-time work possible, so the specialty is suited to doctors with child care responsibilities. The profession is more gender balanced than many other specialties, with women comprising about 40% of ANZCA trainees and 25% of qualified anaesthetists. Working hours vary, but most anaesthetists are involved in after-hours work.

Anaesthetists work in a wide range of settings, from large metropolitan trauma centres to smaller hospitals and day surgery clinics and offices. About 20% of Australia's anaesthetists work in regional or rural areas, according to ANZCA. The profession is also evenly split in terms of the proportion working in public or private settings. About one-third of anaesthetists work in the public sector, one-third in private settings, and one-third in a mix of the two.

The job also offers good prospects for international work. Professor Myles says being an anaesthetist makes it quite simple to work overseas, such as in the UK or other parts of Europe, the US or Canada.

"Working in a public hospital and university environment provides the added bonus of having sabbatical leave built into the job, to pursue special academic interests or pick up new techniques overseas", he adds.

Training as an anaesthetist

The Australian and New Zealand College of Anaesthetists offers a 5-year hospital-based training program. Trainees are supervised by a fellow of ANZCA and are provided broad clinical experience. Compulsory units include obstetric anaesthesia, pain medicine, intensive care and neuroanaesthesia.

Junior doctors can enrol as a trainee after their first year as a hospital intern, but cannot begin the program until after their second year of postgraduate medical training. President of ANZCA, Professor Kate Leslie, says it's preferable if junior doctors have experienced a term in anaesthesia before they apply.

The training program offers some flexibility, such as the possibility of part-time training, interrupted training or overseas training.

Professor Leslie says it is competitive to be selected for a registrar position in anaesthesia. "There are many more applicants than posts", she says.

However, once trainees have been awarded the Fellowship of ANZCA, career prospects are strong. "Our workforce studies have shown that there's a developing shortage of anaesthetists as the demand for our services grows", says Professor Leslie.

More information is available on the ANZCA website: (www.anzca.edu.au/trainees).

General practitioner registrars can also study anaesthesia through the rural stream of the Royal Australian College of General Practitioners and Australian College of Rural and Remote Medicine. For more details, see: www.racgp.org.au/jcca

By Sophie McNamara

Case Study: Anaesthetist

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

Anaesthetist Professor Guy Ludbrook is Deputy Head of the School of Medicine and Head of Acute Care Medicine at the University of Adelaide, South Australia. He practises as an anaesthetist, with a special interest in neuroanaesthesia, at Royal Adelaide Hospital and a number of other hospitals, and sits on several state government committees on health planning. At the federal level, he chairs the Therapeutic Goods Administration Advisory Committee on Medical Devices. In addition to his medical degree and anaesthetics training, he has also completed business courses at the London Business School and Harvard Business School.

"**Anaesthesia is applied physiology and pharmacology in real time** — that's what initially attracted me to the profession. The drugs we use are very potent and work very quickly, and have a profound effect on patients' physiology. You see massive changes that have to be managed carefully, and this is happening in front of your eyes. So if we want to treat someone's high blood pressure, we treat it there and then. It's a different paradigm to general practitioners, for example, who see someone's hypertension, prescribe medication and notice the difference over weeks or months. For us, it's happening in real-time. That's actually really exciting and really interesting and, on occasion, really scary.

Anaesthesia is a very unique blend of a whole lot of activities. One of the bigger focuses these days is around acute hospital medicine, which involves assessing and managing patients before surgery to optimise their care, as well as postoperative follow-up. Patients presenting for surgery increasingly have many chronic diseases, compared with the relatively fit patients who turned up 10–20 years ago. Anaesthesia is much more complex than it was before so, by necessity, we're involved in advanced preoperative assessment. We can't just see patients at the operating room door.

> **Anaesthesia in Australia and New Zealand has the highest standards in the world.**

I still find it extremely satisfying to provide anaesthesia and bring patients out the other side without any adverse effects. I still get enormous satisfaction from putting an epidural in during labour, for instance, and turning what's a difficult experience into a nice one. But, over time, I've grown to appreciate the importance of being engaged in other areas, such as optimising the preoperative care of chronic illnesses and planning systems to ensure we can provide the best treatment for a patient, in terms of drugs, workforce, etc.

I'm involved in a number of committees at the state government level. I sit on the state Clinical Senate, which advises SA Health on issues such as health planning and systems management, and other groups relevant to sustainable health care delivery. For example, we're currently looking at new systems for working up patients for surgery and how to best manage the patient journey through the hospital.

Anaesthesia in Australia and New Zealand has the highest standards in the world. Although we mustn't change that, we need to be cleverer and more innovative about using new techniques and approaches, given scarce resources. Sometimes, we struggle with getting the balance right between effective use of resources and providing best care. We have an ageing population who are getting sicker, but we have finite resources. So trying to balance those two factors is one of the most interesting, but also one of the biggest, challenges.

I spent a month at London Business School at their Senior Executive Program in late 2008. It was an extremely challenging course of 14-hour days, 6 to 7 days a week, but it was one of the most spectacular pieces of education I've ever had. We learnt about topics such as leadership, strategic planning and change management. It certainly had an enormous effect on how I think about delivery of health care and anaesthesia. It made me think about how we can apply some very important business principles to health care, which we don't always do very well.

One of the things that has given me the greatest satisfaction in my career is the work we are doing around perioperative models of care, thinking about how the system can work better in terms of working up patients for surgery. Anaesthetists from hospitals in Western Australia and SA have been working together in a kind of think tank. It's very satisfying. Not only has it helped us gain a lot of information, but the engagement that has come from working together is also very helpful.

As Head of Acute Care Medicine at the University of Adelaide, I'm involved in innovation, research and teaching related to acute care medicine. It's a new department at the university, and it's about understanding the principles common to intensive care, emergency medicine and anaesthesia. This department has a focus on teaching medical students and junior doctors to prepare them for their clinical work, including theoretical and simulation-based teaching on how to deal with common issues on the wards.

I've got a PhD in pharmacology, so I've got a particular research interest in that area. One of the growing areas in anaesthesia is looking at the best use of medicines. My other major research interest is looking at systems and models of care. If we can improve discharge times, or introduce new techniques or drugs that mean patients get home earlier, it's not just good for the patients but also for the system."

As told to ***Sophie McNamara***

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Money and Practice

MJA *Careers* looks at issues that affect the bottom line

Collaborating on best patient care

DR ANDREW Pesce is nonplussed about some of the opposition among the medical profession to collaborative arrangements with midwives.

He has collaborative arrangements with five midwives as part of his busy obstetrics practice in Sydney (for more details, see Box 2, pC7).

Dr Pesce, the immediate past president of the Australian Medical Association, sees the arrangements as part of providing care to the community — some patients want a midwife to look after them and the arrangements guarantee obstetric care is available if needed. "That's what being a doctor is all about", he says.

He says he is not doing it for financial reasons and, with his books already full, he isn't doing it to attract more patients.

"Women value continuity of care and these arrangements provide that", Dr Pesce says.

Melissa Maimann, one of the midwives who has a collaborative arrangement with Dr Pesce, is "very happy" with it. Dr Pesce and Ms Maimann believe they were the first private obstetrician and midwife in Australia to negotiate such an arrangement.

Ms Maimann has been a privately practising midwife for 4 years and, with the new arrangements, she can now access the Medicare Benefits Schedule (MBS).

MJA Careers spoke to Dr Pesce and Ms Maimann the day after one of the women in their care gave birth to her first baby — in a waterbirth.

Nita Psenicka and new baby Brody. Brody was the first baby delivered under Dr Pesce and Ms Maimann's collaborative arrangement.

BOX 1: Collaborating with nurse practitioners and midwives

COLLABORATIVE arrangements were introduced by the Australian Government late last year as part of legislation providing limited access to the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS) for eligible midwives and nurse practitioners (NPs).

Midwives and NPs have to demonstrate collaboration in order to access MBS item numbers and the PBS.

The aim is to provide clinically relevant, safe and high-quality health care through an arrangement between a midwife or an NP and a specified medical practitioner. The agreement should outline consultation, referral and transfer of care arrangements for patients.

Full details of the arrangements are available at the Department of Health and Ageing website (www.health.gov.au/internet/main/publishing.nsf/Content/midwives-nurse-pract-collaborative-arrangements).

Other information is available from the AMA (ama.com.au/node/6071), the Royal Australian College of General Practitioners (www.racgp.org.au/practicesupport/cca), and from medical indemnity insurers such as MIGA (www.miga.com.au/content.aspx?p=188).

Ms Maimann says some women who would otherwise have had a home birth have been happy to give birth in hospital because the collaborative arrangements mean they will be cared for by people they know and trust.

"It's been excellent for the women involved. I wouldn't choose to work any other way", Ms Maimann says.

Dr Pesce and Ms Maimann say one of the impediments to the success of collaborative arrangements is that they are not accepted in some hospitals.

A recent story in *MJAInSight* (www.mjainsight.com.au) also highlighted the reluctance of some obstetricians to sign formal collaborative agreements.

The collaborative arrangement experience of working with a nurse practitioner (NP) has not been quite as positive for Dr Patrick Byrnes, a general practitioner in Bundaberg, Queensland.

Under the new collaborative arrangements, eligible NPs now have access to the MBS and the Pharmaceutical Benefits Scheme (PBS).

Dr Byrnes says the fee structure for chronic disease management under the MBS has proved to be not viable.

Dr Byrnes conducted a study on his NP experience on behalf of the Department of Health and Ageing before the new collaborative arrangements were introduced.

The study highlighted billing problems, which were not resolved when the new arrangements were put in place. Under current item numbers for chronic disease management, it is more cost-effective for a GP to use a practice nurse than to share care with an NP.

Dr Byrnes says Medicare allows NP and doctor items to be charged on the same day, only if the doctor adds value. He says these fees favour acute presentations.

"If the NP refers to the doctor within the practice then that not only delivers better care but value adds as a doctor item can be charged as well as an NP item."

Dr Byrnes says he has noticed some benefits of having a collaborative arrangement with an NP, in particular the workload reduction for GPs and the fact the practice can offer more patient education.

He advises doctors considering an arrangement with an NP to make sure the agreement specifies what the doctor and the NP expect of each other in areas of responsibility and in the nature, content and timeliness of communication. He emphasises the need for good communication with the NP on what to do if a simple presentation turns out to be more complicated.

"Be open to learning from them as well as teaching. Accept the expertise and competence of the NP but be prepared to ask for evidence for anything that you are not comfortable with."

He also strongly advises that agreement is reached on how to manage disputes over money, autonomy and professional responsibility.

Both Dr Pesce and Dr Byrnes emphasise the need for trust and respect on both sides for collaborative arrangements to work.

By Kath Ryan

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BOX 2: Collaborative arrangements in practice

WOMEN who use the public hospital system can be seen by as many as 12 doctors and 30 midwives during their pregnancy, birth and postnatal experience, and they are often given different opinions, which can cause distress.

It is one of the reasons why obstetrician Dr Andrew Pesce likes collaborative arrangements — they give women the opportunity to have a midwife and obstetrician they trust and who will be with them throughout their pregnancy.

In his agreement with midwife Melissa Maimann, pregnant women book their care with Ms Maimann and then see Dr Pesce in the first trimester. An individualised plan of care is agreed between the woman, Ms Maimann and Dr Pesce. Ms Maimann provides the woman's care and orders relevant tests and ultrasounds in accordance with best practice and agreed plans. Both practitioners copy each other in on all requested pathology and ultrasounds.

Later in the pregnancy, the woman will see Dr Pesce between 32 and 36 weeks. Birth plans are discussed closer to the time of birth with Dr Pesce and Ms Maimann.

When labour starts, the woman contacts Ms Maimann who attends her at home for an assessment and remains with her during the labour and birth. Births take place at a major tertiary referral hospital with waterbirth facilities.

Dr Pesce makes it clear in his arrangements that he is to be contacted when the woman goes into labour, even though this is not essential under the Australian College of Midwives' Guidelines for Consultation and Referral.

His reasons are simple — he needs to be within 20 minutes of the hospital and "not open a bottle of wine". He contacts the midwife in instances where he is first to be aware of a woman going into labour.

Ms Maimann notifies Dr Pesce when the second stage of labour commences. Dr Pesce also insists on being called when the baby is born so he can "stand down".

"Women have appreciated the continuity of care, knowing an obstetrician they have met previously will be involved should medical assistance be required", Dr Pesce says. "Feedback from women thus far has been outstanding."

Fees are written into the agreement so that the woman is fully informed of out-of-pocket costs. Dr Pesce says he is satisfied that remuneration for his input is fair, and that his private patients are not subsidising the women cared for in the collaborative agreements.

BOX 3: Managing legal risks

LEGAL concerns are often cited as a reason why doctors avoid collaborative arrangements.

Australia's biggest medical indemnity insurer, Avant, says it supports the Australian Government's scheme for midwives and nurse practitioners (NPs) to work in collaborative arrangements with medical guidance and supervision. Its position is that an arrangement with a midwife or an NP is a matter for individual medical practitioners.

Avant answers queries from both practitioners who do and those who do not wish to be involved in a collaborative arrangement.

Alison Biscoe, national director of Avant Law, says doctors do not need to notify Avant if they make a collaborative arrangement with a midwife or an NP, unless additional income or activities move them into a different risk category or billings band.

When in doubt, doctors should discuss new arrangements with their insurer.

It is also essential that doctors check both registration details and indemnity cover of a midwife or NP before making a collaborative arrangement.

Ms Biscoe says, from a risk management perspective, Avant recommends doctors, midwives and NPs first discuss how the arrangement will work and document the nature of the arrangement, including issues such as:

- agreed scope of practice of the midwife or NP
- communication protocols between health care practitioners and patients
- protocols for referrals and emergency care arrangements
- prescribing arrangements
- quality assurance reviews.

"All parties to a collaborative arrangement owe an independent duty of care to the patient", Ms Biscoe says. "An important matter is ensuring that the patient understands the care plan and the respective roles and responsibilities of the health care providers."

She says all health care providers involved in an arrangement should satisfy themselves that the patient consents to the collaborative arrangement and understands how it will operate, regardless of who discusses these matters with the patient.

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Queensland Government

Careers with Queensland Health

Senior Staff Specialist or Staff Specialist (Geriatric Medicine)

Geriatric and Rehabilitation Services, Rockhampton Hospital Campus, Central Queensland Health Service District.

Remuneration value up to $407 558 p.a., comprising salary between $176 377 - $187 000 p.a. (L25–L27) or Remuneration value up to $376 256 p.a., comprising salary between $147 491 - $171 318 p.a. (L18-L24), employer contribution to superannuation (up to 12.75% and annual leave loading (17.5%) private use of a fully maintained vehicle, 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 (L25-L27) (Applications will remain current for 12 months) JAR: H11RK06583.

Duties/Abilities: Provide high quality clinical services to older people with medical and rehabilitation needs and promote and lead the delivery of holistic health care for older people within the District.

Enquiries: Dr Beres Joyner (07) 4932 5131.

Application Kit: (07) 4920 7000 or www.health.qld.gov.au/workforus

Closing Date: Monday, 15 August 2011.

Visiting Medical Officers

Maryborough Offender Health Service, Offender Health Services Directorate, Division of the Chief Health Officer.

Remuneration rates: $127.25 - $136.90 p.h., plus employer contribution to superannuation (up to 12.75%), annual leave loading (17.5%), professional indemnity cover and access to professional development assistance (VMO1-VMO3) (Two positions, 30 hrs p.f. Applications will remain current for 12 months.) JAR: H11HL06394.

Duties/Abilities: Provide primary medical care to the offenders in the Maryborough Offender Health Service, within Maryborough Correctional Centre.

Enquiries: Lesley Maher (07) 3239 0208.

Application Kit: (07) 3170 4545 or www.health.qld.gov.au/workforus

Closing Date: Monday, 25 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.
A non-smoking policy applies to Queensland Government buildings, offices and motor vehicles.

BlazeQ011903

OVERSEAS APPOINTMENTS

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SPECIALIST **APPOINTMENTS**

Head of Orthopaedic Surgery

The Northern Hospital

Permanent Full Time* | Ref No. 27460

The Northern Health Orthopaedic Surgery Unit:

- Based at The Northern Hospital with Day Surgery & Consulting also at Northern Health's other campuses.
- Affiliated with the University of Melbourne.
- Provides elective and trauma surgery to a population of 500,000+
- Provides accredited training to Orthopaedic Registrars, supported by HMOs with case conference/teaching/audit program and clinical research.
- *Applications also considered from Orthopaedic Surgeon VMOs able to provide a large fractional commitment.

Please Contact Mr Neil Strugnell, FRACS, Clinical Services Director, Surgery on 8405 2084 or email: neil.strugnell@nh.org.au for more information.

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Northern Health

Applications Close: 01/08/2011

View Position Descriptions and Apply Online at **www.nh.org.au**

MDI RADIOLOGY www.mdi.net.au

RADIOLOGIST WANTED

MDI Radiology, a growing imaging practice, has branches throughout the South Eastern Melbourne suburbs.

Our Radiologist owned and run business requires a dynamic, Australian accredited radiologist, with a drive for quality radiology, high end referrer service and patient care and a team approach to consultative patient management.

The successful candidate will have experience in all aspects of radiology, including interventional investigations and have an MRI fellowship and/or recognized clinical MRI experience.

All our comprehensive sites have a full range of the modalities, with up-to-date equipment and fully integrated RIS/PACS.

Enquiries to either:

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

SPECIALIST ANAESTHETIST

Applications are invited from suitably experienced and qualified Specialist Anaesthetists.

With a population of over 33,380, Warrnambool is a popular seaside resort and is located 264 kilometres southwest of Melbourne. Warrnambool and it's surrounding area boasts excellent sporting, education, social and cultural facilities, also including a variety of excellent restaurants and cafes. There are several thriving industries within and surrounding Warrnambool which have expanding workforces. In addition, Warrnambool is a preferred coastal retirement centre. There is consequently a rapidly growing local and regional population.

South West Healthcare, Warrnambool Hospital campus, is currently undergoing a major capital redevelopment which will increase its bed capacity from 155 to 178. South West Healthcare is the major clinical and specialist referral centre for south west Victoria. South West Healthcare hosts a rural clinical school of the Deakin University Medical School.

South West Healthcare provides a comprehensive range of specialist services. The Warrnambool Hospital campus treats in excess of 15,000 inpatients and 24,000 Emergency Department patients per annum; is a designated Regional Trauma Service and has a 6 bed Critical Care Unit. A 60 bed private Hospital, St John of God Healthcare, is also located in Warrnambool.

A primary medical degree, fully registrable with the Medical Board of Australia, the qualification of FANZCA or equivalent and appropriate experience are essential.

Attractive remuneration and conditions; together with the mode of appointment; will be negotiated with the successful applicant(s), who will join seven (7) other Specialist Anaesthetists in providing services to South West Healthcare.

Enquiries regarding this appointment may be directed to Dr. Peter O'Brien (Director of Medical Services) telephone (03) 5563 1605 or email pobrien@swh.net.au or Dr. Angela Dawson (Director of Anaesthesia) on (03) 5563 1666 or email adawson@swh.net.au.

South West Healthcare

WARRNAMBOOL CAMPUS
RYOT STREET WARRNAMBOOL 3280
www.southwesthealthcare.com.au

OVERSEAS APPOINTMENTS

St Helena Island wants a new General Practitioner

1 year fixed term contract with possibility of further 1 year extension

The St Helena Government is looking to recruit a new General Practitioner to join their small medical team.

Candidates are encouraged to apply if they have:

- M.B.; ChB or B.M.; B.S.; B.A.O.; B.C.H. (essential)
- 10 years postgraduate Primary Care (General Practice) experience (essential)
- Full G.M.C. registration or eligibility for same (essential)
- Experience of general practice/medicine (above junior level) including mental health, family planning, obstetrics, gynaecology, and geriatrics (desirable)
- DA, ACLS, ATLS, PALS (desirable)

Enquiries: Miss Jean Caldwell, at jcaldwell@nico.org.uk
Application Pack: download from www.nico.org.uk/recruitment
Closing Date: 29th July 2011

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HOSPITAL APPOINTMENTS

Critical Care Medical Officer

Mater Private Hospital, Brisbane

A position has become available for a Critical Care Medical Officer (CCMO) to become part of our talented team providing exceptional care for a diverse range of post–operative and emergency admissions in one of Queensland's leading Intensive Care Units. The unit is accredited for both Core and Basic Intensive Care Training by the College of Intensive Care Medicine.

With at least 3 years postgraduate training and experience in airway management and cardiopulmonary resuscitation, the CCMO plays a pivotal role in the Medical Emergency Response Team covering the 300 bed Mater Private Hospital.

Mater Health Services offers flexible rostering and a range of attractive benefits including generous salary packaging options, subsidised car parking and onsite health and fitness club, and excellent professional development opportunities just to name a few.

Salary: $93 per hour plus super and benefits
Application closing date: Monday 1 August 2011
Job Reference Number: 11MD2481

For further information including a full position description please visit our website www.mater.org.au or contact Associate Prof Jeff Presneill, Deputy Director of Intensive Care on +61 7 3163 1781

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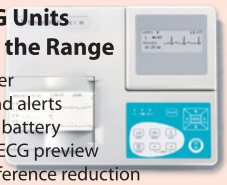

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2 Health Care Facilities - Lismore NSW & North Mackay QLD

45 McKenzie Street, Lismore NSW

- As new 66 beds health care and rehabilitation facility
- Superbly appointed with hydrotherapy pool and gym
- Multiple uses including Aged Care

Site area: 3,503 sqm*

*Approx

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Russell Allison 0418 858 898
Jason Degn 0439 034 044
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McN+ McGRATHNICOL

57 Norris Road, North Mackay Qld

- Purpose built 40 bed hospital, suit multiple uses including Aged Care
- Strategically located and partially tenanted
- Extensive areas for allied health/diagnostic/consultancy

Site area: 13,015 sqm*

*Approx

Knight Frank Mackay
07 4953 3311
Bill Doughty 0419 730 801

Knight Frank Brisbane
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