A career as a gastroenterologist offers a blend of procedural and physician skills.

Gastroenterologist Professor Finlay Macrae says the location of the digestive system in the body was a key reason for his decision to specialise in gastroenterology when he was a junior doctor in the 1970s.

“One part of the attraction was the central location of the organ in the body and the professional relationships with a number of other disciplines which that allowed”, says Professor Macrae, who is head of colorectal medicine and genetics at The Royal Melbourne Hospital.

Gastroenterologists work with a range of medical and other health workers including cardiologists, respiratory physicians, neurologists, gynaecologists, dietitians, psychologists and surgeons.

“They all have interactions with what we do, which adds to the interest of the specialty”, he says.

Gastroenterology registrar Dr Payal Saxena says there is also considerable teamwork between gastroenterologists. She says she has particularly enjoyed her training because her colleagues have all been fun and sociable. “We have a lot of meetings but it’s never taxing because everyone’s so pleasant”, she says. (For more of Dr Saxena’s story, see page C2.)

The variety of gastroenterology is commonly cited as a key attraction of the specialty. Gastroenterologists manage disorders affecting all the organs of the alimentary canal, as well as the liver, pancreas and gallbladder. Gastroenterology also includes a variety of pathology, ranging from genetic disorders to malignancies to autoimmune diseases.

Professor Michael Grimm, president of the Gastroenterological Society of Australia (GESA), says this diversity is one of the main reasons he would recommend the specialty to junior doctors.

“Clinically it’s fascinating because of its breadth, whether it’s liver disease, peptic ulcers, swallowing disorders or gut diseases. It’s very broad.”

The specialty allows doctors to sub-specialise in areas such as hepatology, inflammatory bowel disease or endoscopy”. But, on the other hand, if you’re interested in a wide range of eclectic stuff, you can retain those generalist interests”, says Professor Grimm.

Professor Macrae says that gastroenterology also offers an appealing mix of “intellectual physician skills and technical skills”.

The role of endoscopy in managing gastrointestinal diseases continues to increase, with new interventions and technologies under development.

Clinically it’s fascinating because of its breadth, whether it’s liver disease, peptic ulcers, swallowing disorders or gut diseases.

Gastroenterology trainees are encouraged to undertake a supervised research project, and a significant number of gastroenterologists combine clinical and research careers.

The majority of gastroenterologists work in full-time clinical practice, mainly in metropolitan areas, although there is a need for more gastroenterologists in rural and regional areas.

Securing a position in a public hospital can be challenging;
however, there is substantial scope for gastroenterologists to work in community-based private practices.

Gastroenterologists can also make an impact on population health or policy, through organisations such as GESA, involvement in government advisory committees or through the impact of their research, says Professor Macrae.

The specialty remains male dominated; however, there are a number of prominent female gastroenterologists, including a past president of GESA, Professor Barbara Leggett, from Royal Brisbane Hospital.

Training

Junior doctors considering a career as a gastroenterologist first need to complete basic physician training through the Royal Australasian College of Physicians (RACP). This is a 36-month (or full-time equivalent) program that includes terms in various physician specialties, followed by a rigorous clinical and written exam.

Registrars can then commence their advanced training in gastroenterology. The 24-month core curriculum provides registrars with broad experience in managing a wide variety of gastrointestinal disorders, as well as in using endoscopic procedures and gastrointestinal and hepatic imaging. Registrars are also required to complete another 12 months to finalise their specialist training. During this period they are encouraged to pursue a specialised area of gastroenterology and hepatology, in some cases as a prelude to commencing a higher research degree.

Professor Michael Grimm, president of the Gastroenterological Society of Australia (GESA), says that it can be competitive to secure a position in gastroenterology training. “Generally people who get into their first year of training have not just done well enough in the physician exams but also have another string to their bow that sets them apart”, he says.

Part-time training has historically been difficult, but Professor Grimm says GESA recognises the increasing demand for this flexibility and is considering ways of accommodating it.

More information is available on the RACP website (http://www. racp.edu.au/page/specialty/ gastroenterology).

Doctor Q&A

Dr Payal Saxena, final year advanced trainee in gastroenterology, based at Bankstown Hospital, Sydney.

Why gastroenterology?

During basic physician training I ended up with heaps of gastro terms. I hadn’t asked for any, it just happened. During a gastro term in Wagga, some friends suggested I see what scopes were all about. And I initially thought “no way, gross”, but when I saw it in theatre I got really interested. You’ve got a camera, pictures on the big screen and you don’t have to scrub up. I really enjoyed it. I did more gastro terms, and it just got more and more interesting.

Have you enjoyed the advanced training?

I’ve loved it, I love my job. Gastroenterology has a great deal of variety. There’s never a boring day. As you progress through your training there are so many things that you can learn about in great detail. There’s general outpatient gastroenterology, there’s a lot of acute inpatient medicine, hepatology and, with the procedural side of things, there’s general endoscopy as well as advanced procedures.

Are you planning any overseas work?

As well as endoscopy and gastroenterology, I’m also very interested in innovation and design of endoscopic technology and equipment. Next year I’m off to Johns Hopkins University in Baltimore, US, to work with some of the gastroenterologists who have pioneered some newer endoscopic techniques. I’ll be doing a 2-year fellowship that will involve both research and training, some of it in procedures that are not yet well established in practice. I’ll be looking at new equipment and technologies that will improve our job and the care we can provide to our patients.

Do you plan to subspecialise?

I’m planning to subspecialise in advanced interventional endoscopic procedures. This year I’m doing the interventional endoscopy job at Bankstown, which I’m really enjoying. We do some procedures that aren’t provided everywhere else, such as radiofrequency ablation, which is a relatively new procedure, for Barrett’s oesophagus. We also do a lot of diagnostic and therapeutic endoscopic ultrasound and stenting. Some of these interventional procedures would have traditionally been done under radiology guidance or by surgeons. But now patients don’t have to have an operation, and it opens up a new side to our job.
Medical recruitment is our specialty

As part of the HCA group of companies, LML (Last Minute Locums) Medical Recruitment and On Call Locums help doctors and nurses of all grades and specialties find locum and permanent jobs throughout Australia and New Zealand. Below are just some of the fantastic jobs we currently have on offer:

Locum Consultant Positions

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<th>Position</th>
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Locum Junior Positions

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<tr>
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Permanent Nurse Positions

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<td>Midwives</td>
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Permanent Doctor Positions

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- Significant leadership opportunity
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- Scope to develop innovative clinical educational opportunities

With over 1200 beds and more than 4000 staff, Epworth HealthCare is Victoria’s largest not-for-profit private hospital group.

Epworth HealthCare has been a long-term leader in establishing robotic surgery in Australia, and continually seeks to set the benchmark in this area.

Expressions of Interest are sought from suitably qualified surgeons and gynaecologists, registered with the Medical Board of Australia, who have an interest in the development of robotic surgery at Epworth HealthCare.

Relevant experience and credentials in robotic surgery are essential.

Epworth HealthCare and Cleveland Clinic Fellowships 2012-2014

Epworth HealthCare, in conjunction with the Victor Smorgon Epworth Education & Research Foundation, invites applications from outstanding candidates to be considered for postgraduate specialist fellowships in:

- Cardiology
- Cardiothoracic Surgery
- Colorectal Surgery
- Endocrine Surgery
- Orthopaedic Surgery
- Urological Surgery

These prestigious Fellowships are provided in a partnership between Epworth HealthCare and the internationally renowned Cleveland Clinic in the USA.

Epworth also seeks Expressions of Interest from suitable applicants for potential Epworth Cleveland Fellowship opportunities in:

- Diagnostic Imaging
- Medical Oncology
- Neurosurgery
- Perioperative Medicine
- Rehabilitation Medicine
- Sleep Medicine
- Surgical Outcomes
- Vascular Surgery

The current round of fellowships will commence in mid-2012. The Fellowships will consist of one year based at Epworth HealthCare and one year at the Cleveland Clinic.

As part of the fellowship program, successful candidates will undertake a Masters degree by research at either Monash University or the University of Melbourne. The research degree must commence in the first year of the fellowship.

Successful applicants are likely to be at or near the end of Australasian specialist training programs, though applications from less experienced applicants may also be considered.

Epworth HealthCare and Cleveland Clinic Fellowship applicants will be evaluated on the basis of their academic credentials, professional experience, clinical ability, communication skills and personal qualities such as professionalism, motivation and integrity.

Candidates must be registered or registrable as a medical practitioner in Australia.

This appointment will be for a period of two years. Please note that Epworth HealthCare and the Cleveland Clinic reserve the right to make no appointment or to appoint by invitation at any stage.

The successful candidate will receive a competitive remuneration package. Relocation, travel and other assistance will be considered with individual appointees.

Applications should include a current CV, contact details of three referees and a brief letter outlining your career intentions.

Enquiries
Dr Peter Dohrmann,
Executive Medical Director, Epworth HealthCare
Email peter.dohrmann@epworth.org.au
Professor Graeme Young reflects on his career in gastroenterology

Professor Graeme Young is professor of gastroenterology and head of the Flinders University Centre for Cancer Prevention and Control. He is also director of development for the Flinders Centre for Innovation in Cancer, which aims to integrate patient care with research and education, and is due to open in early 2012. In 2007, Professor Young was awarded the South Australian of the Year in Health for his research into screening tests and his role in establishing the National Bowel Cancer Screening Program.

There were two pivotal decisions in my early medical career — one was to specialise in gastroenterology, and the second was to pursue an academic path and be involved in research and teaching as well as the clinical side of things.

My interest in gastroenterology began in the early 1970s while I was a registrar on a country rotation in Victoria. I was working with a general physician who introduced me to endoscopy. The technology was still in its early days and its capabilities appealed to me. I also liked the diversity of gastroenterology — it’s not a one-organ specialty. Gastroenterology offered this wonderful combination of the intellectual side of medicine, the thrill of solving the mystery of a disease, but also the hands-on, practical side of endoscopy.

In 1971, after I had completed my internship, I was called up to do National Service and was posted to Papua New Guinea (PNG) to be the doctor in the Recruit Training Battalion at Goldie River. With a little spare time on my hands, I looked for a project. The director of the Red Cross Blood Bank had been seeing side effects to leprosy drugs, which they suspected was due to G6PD (glucose-6-phosphate dehydrogenase) deficiency. He set me the challenge to devise a simple test for the deficiency. There was no laboratory equipment, but I was able to develop a simple test that could be read by eye, and we found that a surprising proportion of soldiers had this deficiency.

The thrill of discovery appealed to me and my other experiences in PNG helped me realise that an awful lot could be achieved in health care by careful organisation of the delivery process. That is why I am now involved in things that I believe, to a degree, can change the health of people globally.

Our research has helped guide how bowel cancer screening is done both in Australia and overseas

While pursuing research, I maintained a clinical role. Up until recently, about 20%–30% of my work has been clinical work and I have always done my equal share of emergency calls. Being in the military taught me that you have to be at the coalface to understand what the problems are and I have carried that throughout my medical career.

I also don’t allow myself to be restricted by my own skill set. I was working on refining faecal occult blood testing with my mentor Professor James St John, when we found that it didn’t matter how good the technology was, we needed to understand people’s behaviour. So we got a team of behavioural scientists working on the problem to help make testing easier. Next, we had to persuade governments to implement these preventive programs. It was 1985 when I started that work and in the years since, we have seen Australia introduce a National Bowel Cancer Screening Program and our research has helped guide how screening is done both in Australia and overseas.

The key in one’s career is to be able recognise an opportunity when it arises and to grab hold of it. In the 1980s, I was involved in studying a resistant starch from maize that we thought might help prevent colorectal cancer by raising intraluminal levels of butyrate. While attending a conference in 1993 to present this research, I met two fellow academic gastroenterologists who were focused on acute diarrhoea in children and the inadequacies of oral rehydration solutions. They proposed that butyrate generation would improve the effectiveness of these solutions and I knew how we could generate high levels of butyrate using resistant starch. We sat down and planned the research right there and then. Three clinical trials later, we had shown that adding resistant starch substantially improves outcomes in acute diarrhoea including cholera, but the world wasn’t taking much notice.

In 2008, the Bill and Melinda Gates Foundation noticed our trials and have since funded a $2 million planning grant, which is nearing completion. Now, we are poised to exhaustively test resistant starch-based oral rehydration solutions for their capacity to improve outcomes in acute diarrhoea, which kills almost two million children worldwide each year.

Achieving something big comes from building teams that are able to put all the building blocks together in the right way.

Interview by Nicole Mackee
Anyone for tenens?
(locum that is)

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Road less travelled

Rwanda calling

This student’s path to medicine included studies in China, engineering work, raising a family and starting an NGO.

When Christine Murorunkwere was a teenager growing up in rural Rwanda, she dreamt of becoming a doctor so she could improve the health of her community. Now, 25 years later, her dream is finally closer to reality, as the 42-year-old is studying first year medicine at the University of Notre Dame in Sydney.

Christine’s path to medicine began when she graduated at the top of her high school in Cyangugu, Rwanda. “Rwanda used to have a system where the dux of each school sat a national exam to gain scholarships for university. I sat that exam, and got a scholarship to study medicine in China”, she says.

For 18 months, she lived in China, studying Mandarin and foundation studies in China, engineering subjects such as anatomy and physiology, all taught in the local language. “If I look back, it was difficult, but it didn’t feel like it was fulfilling my original purpose.” Professionally, she was still interested in health, and enjoyed assisting Rwandan people through her NGO. She realised she could combine these two interests by finally studying medicine.

Late last year she sat the GAMSAT (Graduate Australian Medical School Admission Test), and was accepted into medicine at the University of Notre Dame. She is now busy studying medicine, raising her children (aged 8 to 16) and running her charity. “It’s incredibly hard. I think I’ll spend the rest of my life learning how to juggle my time.” Once she completes her medical degree she is planning to study general practice, and ultimately to practise in rural Australia, as well as providing medical care in Rwanda through her NGO.

In the meantime, her charity continues to grow. In addition to the school, it now also supports a local medical centre and a sewing skills program for teenage girls at risk of exploitation. (More information is available at http://www.abana.org.au.)

In November this year Christine will lead three doctors and 16 medical students from Notre Dame on a trip to Rwanda, to assist in creating a sustainable medical clinic in Rugerero. The trip will be credited towards the students’ “social justice project”, as part of their medical degree. They will be involved in work such as taking medical histories for 2000 primary school students, providing medication to students suffering from parasitic infections and establishing a physiotherapy program for disabled children.

Sophie McNamara
Making your Medicare claims compliant

How to navigate Medicare compliance programs – and what to do if you are audited.

The 2011–12 Medicare Compliance Program will have a new look when it is released later this month, but its audit and investigation work to detect doctors doing the wrong thing will continue unabated.

The aim of the program is to “ensure the right person receives the right payment at the right time”, says Hank Jongen, the general manager of the Department of Human Services.

A new compliance program is released each financial year, describing how compliance will be managed and the main issues to be addressed during the following 12 months.

In 2011–12, the program will continue initiatives started in 2010-11, including education about the program; improving relationships and communication with health professionals; and risk detection and analysis (see box, C10).

Mr Jongen says Medicare uses sophisticated data analysis to identify claiming and prescribing anomalies. “Medicare also receives tip-offs from health professionals and members of the public and acts on every report it receives”, he says.

Medicare uses a carrot and stick approach to compliance, with a combination of education and support activities, as well as audits and enforcement to ensure health professionals correctly use the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS).

Doctors who make unsubstantiated or inappropriate claims face heavy administrative penalties.

Dr Sara Bird, manager of medicolegal and advisory services with MDA National, says doctors should also be aware that Medicare has increased its audits to include 4% of practitioners who use the MBS and PBS.

However, Medicare detects relatively few health professionals who are doing the wrong thing. In the past financial year, 1101 health professionals were found to be claiming incorrectly. Of these, only 56 were referred to Professional Services Review (PSR) for peer review, and only one was referred for criminal prosecution.

Australian Medical Association president Dr Steve Hambleton says that the AMA acknowledges the need for the monitoring program and the fact that, like all professions, medicine has its bad eggs. “The AMA recognises that any government program where a lot of money is spent has the right to audit those payments”, he says.

But accepting that monitoring is necessary doesn’t mean the AMA is always happy with the way the program is managed.

Dr Hambleton says a proposal to use non-medical Medicare clerks to inspect patient records in the surgery was a step too far. The AMA insists that only medical practitioners employed by Medicare, who are bound by the same rules of confidentiality as other doctors, should be looking at patient records.

The AMA states that when the audit provisions were being reviewed, they insisted clinical information should only be viewed by a medical practitioner. The relevant Act says that if a document contains clinical details relating to an individual, “the person to whom the notice is given is not required to produce the document, extract or copy to a person other than a departmental employee … who is a medical practitioner”.

Medical indemnity insurers advise doctors to contact them if they are subject to investigations involving Medicare and PSR committees.

If Medicare suspects fraud or criminal behaviour, the responsible person is referred directly to the Commonwealth Director of Public Prosecutions and can face criminal prosecution.
**Money and Practice**

**Supporting practitioner compliance**

The 2011–12 Medicare Compliance Program will build on proven initiatives to support and encourage voluntary compliance, says Hank Jongen, the general manager of the Department of Human Services.

A range of online resources are available to assist health professionals understand their obligations. Details are available at www.medicareaustralia.gov.au, by clicking on ‘For health professionals’, then ‘Online education services’.

As well, “provider percentile charts” that reflect claiming trends are updated each quarter. Mr Jongen says these help practitioners self-monitor by seeing how their claiming patterns compare with those of their peers.

Issues which lead to a health professional being identified for audit include:

- A high level of claims for items that have a medium to high risk for non-compliance
- Incorrect claims based on the practitioner’s past claims
- A claiming profile that differs from peers
- Practitioners identified through tip-offs.

The three areas of non-compliance are:

- Incorrect claiming, where through error, misunderstanding or carelessness, the claim does not match the requirements for the benefit to be paid
- Inappropriate practice, where services are provided that are not considered reasonably necessary for the medical treatment
- Fraud and criminal behaviour, where a benefit is claimed using intentionally false facts and documents.

“When claims are made incorrectly, people are given the opportunity to explain or fix their claiming”, Mr Jongen says.

“It is the responsibility of all health professionals who bill or claim benefits under Medicare and other health programs to acquaint themselves with the requirements”, he says.

**Reducing extra penalties**

ANY delay in dealing with Medicare complaints can be costly.

Dr Sara Bird, manager of medico-legal and advisory services with MDA National, says legislative amendments to the Health Insurance Act earlier this year introduced important changes to the way Medicare conducts audits.

Dr Bird says that where Medicare suspects incorrect claiming it can issue a notice demanding documents to substantiate claims and impose a 20% administrative penalty for any unsubstantiated amounts of more than $2500. This means that if a doctor had incorrect claims amounting to $3000 they face an added cost of $600.

The penalties aim to encourage voluntary compliance. If a doctor discovers an incorrect claim, penalties can be avoided by contacting Medicare before it contacts the doctor.

The penalty can be reduced by 50% if the doctor advises Medicare of the incorrect claim before a notice to produce documents is issued. The penalty is cut by 25% if a notice to produce documents has been issued but an audit is not completed.

If a doctor discovers an incorrect claim, penalties can be avoided by contacting Medicare before it contacts the doctor.

The reverse applies if the doctor is tardy in responding to Medicare demands. Doctors who don’t respond to a notice face a 25% increase in their penalty. For doctors who have been found non-compliant in the previous 2 years with total non-compliant claims amounting to more than $30 000, the penalty for the current non-compliance is increased by 30%.

“After being informed by Medicare of the outcome of an audit, a doctor has 28 days in which to seek an internal review of the decision before a debt notice is issued”, Dr Bird says. This allows time for doctors to provide additional information to substantiate a claim.

**Avoiding compliance problems**

Dr Sara Bird of MDA National offers the following tips:

- Ensure you are aware of the MBS item descriptors that you regularly use and any associated MBS explanatory notes
- Ensure all services and investigations are consistent with appropriate clinical practice
- Ensure your medical records fully reflect the services provided
- Be aware of the areas of interest and priority in each annual Medicare Compliance Program
- Seek advice from your medical insurer or other professional adviser as soon as you are contacted by Medicare.
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26 Sept ongoing
$150 per hour + GST
Call Sarah 02 8353 9046

**PSYCHIATRY REGISTRAR**

**NT (JM210711-1)**
05/09/11-31/01/12
$120 – $140 per hour
Call Lisa 02 8353 9034

**O&G REGISTRAR**

**ACT (EV170911-1)**
01/10/11-16/10/11
$170 per hour
Call Lisa 02 8353 9034

**O&G CONSULTANT**

**QLD Coast (26141)**
Dates b/w Sept & Jan 2012
$2000 p/d + car, travel & accom
Call Amber 02 8353 9011

**O&G CONSULTANT**

**Inland NSW (25990)**
Dates b/w Sept & Jan 2012
$1800 p/d + car, travel & accom
Call Amber 02 8353 9011

**ED REGISTRAR**

**NT (JG130711-1)**
01/07/11 – 30/08/11
$120-$150 per hour worked
Call Carly 02 8353 9017

**MEDICAL RMO**

**NSW (F12470711-2)**
12/09/11-24/10/11
$100 per hour worked
Call Carole 02 8353 9017

**FACEM**

**NZ (16824)**
ASAP ongoing
Excellent Daily Rates
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**ONCOLOGIST**

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$2000 to $2200 per day
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**PAEDIATRICIAN**

**NSW Coast (25939)**
From 23rd – 27th Dec 2011
$2000 p/d + car, travel & accom
Call Amber 02 8353 9011

**NEPHROLOGIST**

**QLD (24505)**
Ongoing
$2200 p/d for senior consultants
Call Carly 02 8353 9016

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GP Opportunity

A friendly group practice located in Korumburra, Victoria would like to formally invite an experienced General Practitioner to join their team.

Nestled amongst the rolling hills of South Gippsland, the practice has plenty of room for a new member within our 8 room purpose built building. The Korumburra Medical Centre is well supported with office staff, full time nurses and pathology on site. The centre is well equipped to support your needs, allowing you to practice in comfort.

Korumburra has a modern hospital with visiting specialists and allied health services to assist with treating the growing population.

With easy freeway access, Korumburra is situated 1.5 hours from Melbourne and 20 mins to the beach. The area boasts many wineries, sporting clubs, beaches and is within 1 hour of snow. South Gippsland is a stunning area of Victoria that is safe and great for raising children.

Inquiries please contact our Practice Manager, Nadine Smith on 03 56551355 or email nsmith@korumburramedical.com.au.

GP’s/Medical Officers

As a General Practitioner, you will work as part of the regional clinical team, under the direction of the Medical Director to deliver comprehensive primary health care to Aboriginal people living in the communities of the Anangu Pitjantjatjara Yankunytjatjara Lands.

In this varied role you will work in a highly organised, well resourced, and best practice environment where you can be sure your health checks and treatment plans are followed through.

Choose the way you work, including job share, 3 months on/3 months off, fly-in/fly-out for periods of two weeks a few times a year to suit your lifestyle.

Successful candidates will be provided with modern, furnished accommodation on the APY Lands, along with a fully maintained 4WD vehicle.

In addition, you will receive a highly attractive salary package of $220,000+ per annum (negotiable with experience and qualifications) including flexible salary packaging arrangements and a range of further benefits, including:

- Up to 9 weeks leave per year;
- Potential eligibility for the GP RIP payments - this could be as much as $159,000 over the first two years of employment;
- 2 weeks study leave in order to plan and develop your career;
- Full support from the health team; and
- Relocation costs assisted.

This is a unique cultural experience with a well respected and supportive health organisation. Don’t miss out - APPLY NOW!

Aboriginal and Torres Strait Islander people are encouraged to apply.

www.nganampahealth.applynow.net.au
If you have any further questions phone 1300 366 573.

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Please call John or Ken 03 94971188 or email: admin@livstclinic.aushealth.biz

GP Opportunities

Looking for a Vocationaly Registered GP? Advertise your employment opportunities within the MJA! The MJA publishes Australia’s highest circulating classified section for Specialists and GPs, circulating to 27,000 doctors and healthcare professionals nationally.

To enquire about advertising email advertising@mja.com.au or call (02) 9562 6666.
Ilhan Food Allergy Foundation
ABN 72106934285
Post: P.O Box 196 Flinders Lane Melbourne VIC 8009
Address: Shop 3 The Foundary Arcade,
362 Little Collins St, Melbourne VIC 3000

2012 Food Allergy and Anaphylaxis Research Grants - Expressions of Interest

The Ilhan Food Allergy Foundation is currently tendering for Australian based expressions of interest for 2012 research grants for the improved treatment and prevention of food allergy and anaphylaxis.

For applications in 2012 grants of up to $50,000 will be considered.

Expressions of interest (2 pages maximum) will be assessed by an expert panel with criteria including potential clinical value, the research history and profile of the leading scientist and research institute. Details should include:

- Name and contact details of principal scientist
- Name of the participating research institution
- $ Value of requested grant funds
- Objectives of the project
- Potential clinical outcomes of the project
- Published research on this issue if any
- Details of collaborators
- Details of alternative financial and in kind support for this project

Shortlisted applicants will be invited to submit a full grant application, with additional assessment criteria including technical feasibility of the research and a demonstrated pathway to commercialization/clinical application.

To submit an expression of interest, please submit a brief summary (2 pages max.) addressing the above details, by 31 October 2011 to: mariella@ilhanfoundation.com.au or The Ilhan Food Allergy Foundation, PO Box 196 Flinders Lane PO, Melbourne VIC 8009.

For further information, please refer to the Ilhan Food Allergy Foundation website www.ilhanfoundation.com.au or email mariella@ilhanfoundation.com.au

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E: advertising@mja.com.au W: www.mja.com.au

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MJA Careers

Executive Appointments

Australian Government
Department of Foreign Affairs and Trade

PRINCIPAL
MEDICAL ADVISER
(Non-ongoing Position)
CANBERRA
Job Ref. 500
Salary range $189,571 - $243,000
plus superannuation
(includes access to the Department’s Executive Vehicle Scheme, a 15% loading in lieu of overtime and being on-call and is dependent on qualifications)

Applications are invited for the non-ongoing position of Principal Medical Adviser in Canberra. This position will be offered for an initial specified term of 3 years. The successful applicant will oversee the delivery of primary health care for employees and dependants in Australia and overseas, including in remote areas. You will provide advice on complex case management, coordinate medical evacuations and supervise the work of six out posted medical officers attached to overseas missions in Vietnam, Phnom Penh, Rangoon, Jakarta, Dili and Port Moresby.

The successful applicant will be offered a comprehensive remuneration package including reimbursement of professional membership fees, and be entitled to allowances where he/she has a Fellowship (Specialist) qualification and qualification in tropical medicine. The department also supports Continuing Medical Education (CME), including paid leave and financial support for CME activities.

Registration as a medical practitioner in Australia is mandatory, including recent general practice experience. Certified copies of tertiary qualifications and other appropriate documentation must be presented at time of application.

Employment conditions and remuneration will be negotiated with the successful applicant. The successful applicant will have access to the Department’s Executive Vehicle Scheme.

Closing date for applications is 18 September 2011.
Contact Officer: Teresa Hart Ph 02 6261 9397
Job Reference No: Ref. 500
Selection Criteria & Duty Statement and detailed advice on the remuneration package are available at: www.dfat.gov.au/jobs
Applications must be submitted online at: www.dfat.gov.au/jobs
Should you have any difficulties lodging your application, please contact Candy ICT on 02-6260 7533.

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Applicants must be Australian citizens to be eligible for engagement. Employment with DFAT is dependent on an employee gaining a valid security clearance. Loss of a security clearance at any time will lead to termination of employment.
St. John of God Hospital, Stillorgan, Co. Dublin, Ireland

Saint John of God Hospital is an independent 183 bed acute psychiatric teaching hospital and is one of the leading European providers of mental healthcare treatment services. The Hospital currently provides generic and specialist in-patient services for adults with psychotic disorders, eating disorders, addictions, psychiatry of later life, specialist adolescent in-patient assessment and treatment. The Hospital holds a certificate of registration with the Mental Health Commission as an Approved Centre in compliance with the Mental Health Act 2001.

Saint John of God Hospital is affiliated with University College Dublin for undergraduate and postgraduate education. In addition, the Postgraduate Medical Training scheme in Psychiatry is fully accredited by the College of Psychiatry of Ireland. St. John of God Hospital is an affiliate teaching hospital of the UCD School of Medicine.

Applications are now sought for the post of

Clinical Director

Qualifications:

a) The possession by the Clinical Director of the M.R.C.P.I. in Psychiatry and/or membership of the Royal College of Psychiatrists

b) At least seven years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession, including not less than five years satisfactory experience in psychiatry.

c) Registration with the Medical Council of Ireland, Specialist Register in psychiatry and enrolled with the College of Psychiatry in Ireland for on-going professional competence.

Reporting to the Chief Executive, the Clinical Director will be responsible for leadership of a multi-disciplinary team of clinicians ensuring mental health care at the highest standard. The Clinical Director will be responsible for the formulation and implementation of clinical policies and the organisation, management and development of clinical services. The Clinical Director will also be involved in the development of St. John of God Hospital as a leading academic centre.

The successful candidate will be an experienced senior psychiatrist with a proven track record of developing and managing clinical services. She/he will likely have an established academic record and be eligible for an Adjunct Academic appointment to UCD (at a rank consistent with their academic profile).

The post is full time with a term of seven years commencing in early 2012. For the duration of the appointment as Clinical Director, he/she must not hold, without prior permission of the Chief Executive, any other contractual appointment, academic or clinical, with the exception of those specified in the teaching section of the job specification.

Please write in strictest confidence enclosing a Curriculum Vitae and stating how you meet the above requirements to Mr. John Pepper, Director of Human Resources, Provincial Administration, Stillorgan, Co. Dublin or email john.pepper@sjog.ie

Closing Date: 30th September 2011

We are an equal opportunities employer.
Research Fellow Hepatology

Position No: 006413
Award and Salary: HSU $57,652 p.a.
Work Type: Fixed Term, Full Time
Location: Nedlands

Position Profile: We are currently seeking a Research Fellow Hepatology for a Fixed Term Full Time one year position with a possibility of extension. The Hepatology Fellow is attached to the Liver Transplant Unit in the Department of Gastroenterology/Hepatology and is directly answerable to the Hepatologists in the Department. The Fellow will participate in the clinical research in Hepatology along with general day to day management of patients in the hepatology unit. This includes inpatient and outpatient consultation and review, overseeing assessment of potential liver transplant patients and coordinator of multidisciplinary care. The applicant will have the option to enrol in a Masters of Clinical Research via the University of Western Australia.

For Further Job Related Information: We encourage you to contact Leon Adams on 08 9346 1746 or email Leon.Adams@health.wa.gov.au
Closing Date: Monday, 19 September 2011 at 4:00pm

Specialist Appointments

SPECIALIST OBSTETRICIAN/GYNAECOLOGIST

With a population of 33,380, Warrnambool is a popular seaside resort and is located 264 kilometres southwest of Melbourne. The city boasts excellent sporting, education, social and cultural facilities.

South West Healthcare, Warrnambool Hospital Campus, has recently completed a major capital development which has increased its bed capacity from 155 to 178. South West Healthcare treats in excess of 15,000 inpatients and 24,000 emergency department patients per annum. It has a 10 bed Critical Care Unit. South West Healthcare provides a wide range of inpatient and community based services and is the major referral centre for South West Victoria.

There were 594 deliveries at the Warrnambool Hospital campus during 2010-2011, with anticipated growth in future years. There are five elective public gynaecology lists per week. New digital laparoscopic equipment provides an opportunity for advanced laparoscopic work to be undertaken by a suitably trained applicant. There is full specialist Paediatrician cover and a urogynaecology support service is available.

Applications are invited from suitably qualified Obstetricians/Gynaecologists for this specialist position at South West Healthcare. A salaried position with rights of private practice can be offered or alternatively a VMO appointment may be preferred by the applicant.

The successful applicant will be part of a team of specialist Obstetrician/Gynaecologists in providing services to South West Healthcare and the region. There are also two Accredited Registrar posts and a Diploma/Advanced Diploma post.

A primary medical degree fully registrable with AHPRA, the qualification of FRANZCOG or equivalent and appropriate experience are essential.

An appointment to the local private Hospital would also be available to a suitable applicant. South West Healthcare hosts a rural clinical school of the Deakin University Medical School. The successful applicant will be encouraged to have a formal appointment with the Deakin University Medical School.

Enquiries regarding this appointment may be directed to Dr Peter O’Brien (Director of Medical Services) on (03) 5563 1605 or pobrien@swh.net.au, Dr Christopher Beaton (Director of Obstetrics) on (03) 55631666 or admin@greenwellspecialistclinic.com.au, or Dr Liz Uren (Specialist Obstetrician/Gynaecologist) on (03) 55631666 or lizuren.com.au.

Written applications stating full personal particulars, qualifications and experience; together with the names of three (3) referees; should be lodged with the Human Resources Department and either forwarded to the address below or via email to humanresources@swh.net.au

WARRNAMBOOL CAMPUS
RYOT STREET WARRNAMBOOL 3280
www.southwesthealthcare.com.au
Senior Registrar – General Colorectal

Position No: 004621
Salary: AMA Level 12-13 $127,769 - $134, 156 p.a.
Fixed Term, Full Time
Location: Nedlands

**Position Profile:** The General Surgery Department at Sir Charles Gardiner Hospital invites applications for a 1 year Fellowship position in Colorectal Surgery. The Senior Registrar in Colorectal Surgery is attached to the Colorectal Surgical Service (General Surgical Unit II) and is directly answerable to the two Specialist Colorectal Surgeons. The Senior Registrar will:

- supervise the general day to day organisation of the Unit, including the booking of theatre case and out-patient consultations
- supervise and work with Surgical Trainees attached to the Unit
- supervise and work with the Intern attached to the Unit
- participate as rostered in General Surgical emergency call including night duty
- attend elective operating sessions and the weekly Outpatient Clinic
- undertake operations at other times as required

Conditions of employment are in accordance with the Western Australian Government Metropolitan Health Service / AMA Medical Practitioners Industrial Agreement 2007 which includes provision for remuneration packaging.

**For Further Job Related Information:** We encourage you to contact Rupert Hodder on 08 9346 3333.

**Closing Date:** Monday, 19 September 2011 at 4.00pm

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GP - Obstetrician

A general practitioner with obstetrics skills is required to fill a vacancy in early 2012 in Hamilton, Western Victoria.

The successful person would work as a general practitioner with 16 other GPs at the Hamilton Medical Group and practice obstetrics for the Western District Health Services at Hamilton Hospital.

The obstetrics work would be supervised by a fulltime consultant obstetrician, with good backup from the two other GP Obstetricians.

To view full advertisements, and to obtain a position description please visit our web-site www.wdhhs.net Applications, together with Resume should be emailed to human.resources@wdhhs.net

Salary and conditions are in accordance with the relevant awards. A satisfactory police check is required
Forensic Medical Officer

The Clinical Forensic Medicine Unit of NSW Police Force is looking for experienced medical practitioners to assist with the provision of a 24-hour forensic medical service in the Sydney Metropolitan area including (but not necessarily limited to) the:

a. Examination of victims and suspects of physical assault
b. Assessment of police detainees for fitness to be detained and interviewed
c. Collection of forensic specimens
d. Preparation of medico-legal reports and attendance at court where required
e. Provision of advice to police and others regarding clinical forensic medical matters

Doctors, preferably with a postgraduate qualification in a related specialty or field, should have excellent clinical and communication skills with unconditional Australian medical registration, a current drivers licence and independent means of transport.

Training will be provided.

Information Package contact:
Veronika Dechnik, Executive Officer,
T:(02)9688 9335 M: 0417 971 885,
E: dech1ver@police.nsw.gov.au
Enquiries: Dr Margaret Stark, Director, CFMU,
T: 02 9265 4401 E: star1mar@police.nsw.gov.au

Neonatal Paediatricians

F/T, Temp (12 months & 6 months)
Monash Medical Centre Clayton, Melbourne

Applications are invited for full time Locum Consultant Neonatal Paediatrician at Monash Newborn, Monash Medical Centre, Melbourne.

Monash Medical Centre has over 700 beds and provides a comprehensive range of tertiary services to the South and East of metropolitan Melbourne and country Victoria. The neonatal nursery has 50 beds of which up to 22 provide ventilator intensive care. Supported by a broad range of paediatric sub-specialists, the nursery provides care for a diverse mix of medical and surgical problems in the newborn.

Located close to Monash University, Monash Medical Centre is the University’s major teaching hospital and has the Monash Institute of Medical Research and the Monash Institute of Health Services Research on-site. Monash Newborn has a close association with the Ritchie Centre, which has an international reputation for research relevant to the physiology and health of the foetus and newborn.

You will hold an appropriate specialist qualification (FRACP or equivalent) and show a commitment to continuing education, quality assurance, teaching and research.

ENQUIRIES/APPLICATIONS (Ref No 110368): Dr Elizabeth Carse, Acting Department Head on (03) 9294 5191. For more information & to apply please visit the ‘Careers’ link on our website www.southernhealth.org.au

Applications close: 19 September 2011.
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Come and practise medicine in rural Western Australia and you will get:

- the satisfaction of providing health and medical services to rural communities
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Dr Matt Archer

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Email: ausmedsv@pipeline.com.au Phone: 03 5221 8870

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Contact Mike on mmata@mja.com.au.

HOLIDAY LETTING
Looking for a tenant for your vacant holiday house? Advertise your property within the new MJA!
The MJA publishes Australia’s highest circulating classified section, reaching 27,000 doctors and healthcare professionals nationally.

HOLIDAY LETTING
Luxury, deep-water with jetty, 3-4 br home at Mooloolaba, few minutes’ walk from surf and esplanade, for holiday letting.

HOLIDAY LETTING
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Orthopedic Physical Assessment 5th Edition

Newly updated, this full-colour resource offers a systematic approach to performing a neuromusculoskeletal assessment, with rationales for various aspects of the assessment. This comprehensive text covers every joint of the body, head and face, gait, posture, emergency care, principles of assessment, and pre-participation evaluation. The reliability and validity of tests and techniques are included throughout the text. The new full-colour design clearly demonstrates assessment methods, a variety of tests, and causes of pathology.

AVAILABLE NOW
FROM THE MJA BOOKSHOP

Product Information

PRODUCT INFORMATION - FERINJECT® Continued from page 286

ADVERSE EFFECTS

Clinical studies experience
The most commonly reported ADR is headache, occurring in 3.3% of the patients.

Very common (>1/10); Common (>1/100, <1/10); Uncommon (>1/1000, <1/100); Rare (>1/10,000, <1/1000), Very rare (<1/10,000), including isolated reports

Immune System disorders - Uncommon: Hypersensitivity, including anaphylactic reactions

Nervous system disorders - Common: Headache, dizziness; Uncommon: Paresthesia

Vascular disorders - Uncommon: Hypertension, flushing

Respiratory, thoracic, and mediastinal disorders - Rare: Dyspnoea

Gastrointestinal disorders - Common: Nausea, abdominal pain, constipation, diarrhoea; Uncommon: Dyspepsia, vomiting, dysphasia, flatulence

Skin and subcutaneous tissue disorders - Common: Rash; Uncommon: Pruritus, urticaria

Musculoskeletal and connective tissue disorders - Uncommon: Myalgia, back pain, arthralgia

General disorders and administration site conditions - Common: Injection site reactions; Uncommon: Paresthesia, fatigue, chest pain, rigors, malaise, oedema peripheral

Investigations - Common: Transient blood phosphorus decreased, alanine aminotransferase increased, aspartate aminotransferase increased; Uncommon: Gamma-glutamyltransferase increased, blood lactate dehydrogenase increased

Post marketing experience
As part of the continuing post-marketing surveillance of FERINJECT, the following serious adverse reactions have been observed:

Psychiatric disorders: Anxiety

Vascular disorders: Loss of consciousness and vertigo

Carcinoid disorders: Tachycardia

Vascular disorders: Hypertension and syncope

Respiratory, thoracic and mediastinal disorders: Bronchoospasm

Skin and subcutaneous tissue disorders: Angioedema, dermatis, erythema, pallor and face oedema

General disorders and administration site conditions: Chills

 DOSAGE AND ADMINISTRATION

Calculation of the cumulative dose

The adequate cumulative doses of FERINJECT must be calculated for each patient individually, and must not be exceeded. For overweight patients, a normal body weight/blood volume relation should be assumed when determining the iron requirement. The dose of FERINJECT is expressed in mg of elemental iron.

The cumulative dose required for h.r. restoration and repletion of iron stores is calculated by the following Giannini formula:

Cumulative iron deficit [mg] = body weight [kg] x [target Hb] - actual Hb [g/L] x 0.24 +

Iron storage deposit [mg] =

** Target Hb for body weight below 35 kg = 150 g/L
** Target Hb for body weight 35 kg and above = 150 g/L
** Factor 0.24 = 0.0034 x 0.07 x 1.000 = 0.0034: iron content of haemoglobin = 0.34%; 0.07: blood volume = 7% of body weight;
** 1.000 = conversion factor 1 g/L = 1.000 mg/ml
** Deposit iron for body weight below 35 kg = 15 mg/g/L body weight.

Deposit iron for body weight 35 kg and above = 50 mg.

For patients > 66 kg, the calculated cumulative dose is to be rounded down to the nearest 100 mg. For patients > 66 kg, the calculated cumulative dose is to be rounded up to the nearest 100 mg.

Patients may continue to require therapy with FERINJECT at the lowest dose necessary to maintain target levels of haemoglobin, and other laboratory values of iron storage parameters within acceptable limits.

Monitoring tolerable single doses: The adequate cumulative dose of FERINJECT must be calculated for each patient individually, and must not be exceeded.

Intravenous bolus injection: FERINJECT may be administered by Intravenous injection up to a maximum single dose of 4 ml (200 mg of iron) per day but not more than three times per week.

Intravenous drip infusion: FERINJECT may be administered by intravenous infusion up to a maximum single dose of 20 ml of FERINJECT (1,000 mg of iron) but not exceeding 0.3 ml of FERINJECT (15 mg of iron per kg body weight) or the calculated cumulative dose. Do not administer 20 ml (1,000 mg of iron) as an infusion more than once a week.

Method of administration: FERINJECT must be administered only by the intravenous route: by bolus injection, during a haemodialysis session undiluted directly into the venous limb of the dialyser, or by drip infusion. In case of drip infusion FERINJECT must be diluted only in sterile 0.9% sodium chloride solution as follows:

Dilution plan of FERINJECT for Intravenous drip infusion

<table>
<thead>
<tr>
<th>FERINJECT</th>
<th>Iron</th>
<th>Amount of sterile 0.9% NaCl solution</th>
<th>Minimum administration time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 to 4 ml</td>
<td>4 ml</td>
<td>100 ml 200 mg 0.9% NaCl solution</td>
<td>3 minutes</td>
</tr>
<tr>
<td>&gt; 4 to 10 ml</td>
<td>10 ml</td>
<td>&gt; 200 ml 500 mg 0.9% NaCl solution</td>
<td>6 minutes</td>
</tr>
<tr>
<td>&gt; 10 to 20 ml</td>
<td>20 ml</td>
<td>&gt; 500 ml 1,000 mg 0.9% NaCl solution</td>
<td>15 minutes</td>
</tr>
</tbody>
</table>

Note: For stability reasons, dilutions to concentrations less than 2 mg iron/ml are not permissible. FERINJECT must not be administered by the intravenous route.

Indicated as visual for sedation and damage before use. Use only those containing sediment-free, homogeneous solution.

Each vial of FERINJECT is intended for single use only. Any unused product or waste material should be disposed of in accordance with local requirements.

FERINJECT must only be mixed with sterile 0.9% NaCl solution. No other intravenous disinfection solutions and therapeutically agents should be used, as there is the potential for precipitation and/or interaction. For dilution instructions, see above.

This medicinal product must not be mixed with other medicinal products than those mentioned above. The compatibility with containers other than polyvinylchloride and glass is not known.

OVERDOSE

Administration of FERINJECT in quantities exceeding the amount needed to correct iron deficit at the time of administration may lead to accumulation of iron in storage sites eventually leading to haemochromatosis. Monitoring of iron parameters such as serum ferritin and transferrin saturation may assist in recognising iron accumulation.

PRESENTATION AND STORAGE CONDITIONS

Presentation:

2 ml of solution in a vial (type I glass) with bromobutyl rubber stopper and aluminium cap in pack sizes of 1 and 5 vials. Each 2 ml vial contains 100 mg of iron as ferric carboxymaltose.

Storage:

Store in the original package. Do not store above 30°C. Do not freeze. Do not refrigerate.

Shelf-life:

Shelf-life of the product as packaged for sale: 12 months.

Shelf-life after first opening of the container: From a microbiological point of view, preparations for parenteral administration should be used immediately.

Shelf-life after dilution with sterile 0.9% NaCl solution: To reduce microbiological hazard, use as soon as practicable after dilution. If storage is necessary, hold at 2-8°C for not more than 12 hours.

NAME AND ADDRESS OF THE SPONSOR

Vith Pharma Pty Ltd Level 8, 80 Dorcas Street, South Bank, Melbourne VIC 3006 Australia

POISON SCHEDULE OF THE MEDICINE

5C22

DATE OF APPROVAL

05 April 2011
We have opportunities for broadly experienced doctors to join our growing service in Western Australia. The work is varied and exciting and offers the opportunity to work with a team of other doctors and allied staff servicing a large area of Western Australia.

**Flying Doctors**

If you are a career doctor or procedural GP with acute care experience, there are opportunities for you to work at our rural bases as traditional flying doctors. We provide a range of clinical services, including:
- Telemedicine
- Flying medical clinics
- In-patient care
- Aeromedical retrieval

The work is varied and interesting, provides an opportunity to work in the Australian Outback with a team of supportive staff and mix emergency medicine with rural general practice.

**GP Registrar (Meekatharra)**

A new position has also been created for a GP Registrar at our Meekatharra Base where a wide range of challenging clinical work is accompanied by mentoring by experienced rural RFDS doctors. Applicants will be involved in:
- Telemedicine
- Routine rural general practice
- Indigenous health
- Chronic disease management
- In-patient hospital care
- Management of emergencies

Whilst a training position, competency in the management of acute care presentations, together with current ALS certification is necessary.

**Retrieval Registrars**

There are three accredited positions for retrieval registrars at our Jandakot (Perth) base. They have an opportunity to experience rotary and fixed wing work, triage acute care cases across a range of clinical disciplines and experience the logistic challenges of retrieving patients across one-third of the continent. Six and twelve month terms are available from mid 2012.

**Retrieval Doctors**

If you are a career doctor with acute care experience, we also can also offer full-time appointments at our rural bases, or in Perth, primarily in medical retrieval.

**Staff Specialists**

If you are a specialist in a critical care discipline such as emergency medicine or anaesthesia, we also offer full time and part-time opportunities to work in our dynamic Statewide retrieval system. You will participate in turbo-prop, long-range jet or rotary wing retrievals, from locations across the entire State and overseas.

You will also assist in our Statewide Clinical Coordination Centre, handling emergency calls, prioritising tasks and providing clinical advice as well as assisting with ongoing training of registrars and other clinical staff.

Permanent part-time appointments are available after an initial period of full time experience.

**Requirements**

Applicants must be registrable in Australia with significant postgraduate experience. The ideal applicant for a Flying Doctor position will have a minimum of six months postgraduate experience in anaesthetics, obstetrics and paediatrics, coupled with experience in emergency medicine and experience in general practice. Registrars and staff specialists will also have broad clinical experience.

**Terms and Conditions**

Employment contracts are normally for a minimum of two years but shorter periods apply to Registrar positions. A formal orientation program is provided, plus opportunities to complete EMST, APLS and other courses. We offer excellent remuneration packages with allowances and salary packaging. A mobile phone and laptop are also provided.

Doctors working in the booming rural areas of the State also receive housing, a motor vehicle, relocation and travel expenses.

All medical staff are indemnified and receive annual leave of seven or eight weeks per year, two weeks study leave and additional procedural skills leave.

Expressions of interest can be sent to medical@rfdswa.com.au or contact

The Director of Medical Services
RFDS Western Operations
3 Eagle Drive Jandakot Airport WA 6164
Telephone (08) 9417 6300
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