

# MJA Careers

## Career overview



oncologists do need to have a solid medical background so they can understand the role of surgery or chemotherapy, or recognise if something is not a malignancy. As such, many radiation oncologists undertake additional years of hospital-based training before embarking on the radiation oncology training program (see box, page C2).

Associate Professor Graeme Morgan, former director of radiation oncology at Royal North Shore Hospital, says junior doctors considering the specialty need to be caring and compassionate and to enjoy patient contact.

However, he says they also need to be able to distance themselves from the emotional side of looking after often very sick patients. He recalls, as a junior doctor, developing a close bond with a young patient with myeloid leukaemia and his family.

## Out of the basement and into the light

**F**or many radiation oncologists, the combination of clinical and technical work is the most appealing part of their job.

“There is a view that it’s highly technical, that we’re stuck in the basement of the hospital”, says Associate Professor Chris Milross, dean of the faculty of radiation oncology at the Royal Australian and New Zealand College of Radiologists (RANZCR).

Although Professor Milross admits that many linear accelerator machines are located in hospital basements, he says there is a lot more to the specialty than just the technical side.

“It is technical, but at the end of the day it’s technology that’s directed at looking after cancer patients”, he says.

“It’s a combination of high technology and raw human emotion and clinical drama. It’s unique and, in my experience, a really good combination.”

Professor Milross said he was attracted to the specialty because of an interest in cancer care rather than radiotherapy specifically.

“As an intern and resident medical officer, I noticed something almost palpably different in the way that clinicians in oncology related to their patients compared with other specialties”, he says.

“When people ask me what I do, I say I’m an oncologist, and radiology is my craft.”

As complete oncologists, radiation

“**It’s a combination of high technology and raw human emotion and clinical drama**”

“When he died, it really hit me. I realised we have to take the emotional thing away. Be nice, but not involved emotionally or you burn out”, he says.

Associate Professor Sandra Turner, chief censor of the RANZCR faculty of radiation oncology, says that people within the profession are also supportive of one another.

“It’s a very supportive, nice specialty. People look out for each other. There’s lots of care for people with other responsibilities outside medicine as well”, she says.

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## Career overview

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The working hours of radiation oncology are more predictable than many other medical specialties, with less after-hours and on-call work, which makes the specialty suitable for doctors with family responsibilities.

"It is possible to achieve in the career and have a family, which isn't always the case in other specialties", says Professor Turner, who has combined her career with raising two daughters.

She says one of the most satisfying parts of the job is the fact that radiotherapy is such a useful cancer treatment.

"It's very effective; you can see the benefits in patients quite quickly."

Professor Milross says he also appreciates that radiotherapy is based on solid, mature science.

"One of the beauties of radiotherapy is that it gets to the heart of the matter — it damages DNA. There will always be a role for radiation oncology. I'm not worried about not having any work", he says.



### It is possible to achieve in the career and have a family

The technology has undergone substantial advancements and continues to develop, such that radiation oncologists can now treat smaller cancers with more precision and at higher doses.

The specialty also involves substantial teamwork with medical physicists and radiation therapists, as well as other doctors such as neurosurgeons, gastroenterology surgeons and obstetrician-gynaecologists.

**Sophie McNamara**

## Training as a radiation oncologist

After completing a medical degree, doctors need to complete at least 2 years of hospital-based training before applying for the 5-year specialist training program in radiation oncology.

However, Professor Turner says entry into the program is very competitive. For example, in the most recent round in New South Wales, 40 applicants competed for six jobs. As such, many successful applicants have additional years of experience, including terms in oncology or palliative care. "It's quite rare that people get straight into the training program in their third year", says Professor Turner.

About half the trainees are

women, and the college does offer the option of part-time training by negotiation.

The course has a compulsory research component, with a high rate of publications resulting from trainee research projects. After completion of the training program, many trainees complete a research fellowship either locally or overseas.

Unlike many other medical training programs, the course includes a rigorous exit examination, which Professor Turner says helps to ensure the competence of specialists.

More information is available at: <http://www.ranzcr.edu.au/radiation-oncology/a-career-in-radiation-oncology>

## Registrar Q+A

**Dr Clare Suttie, fourth year radiation oncology registrar, Royal Prince Alfred Hospital, Sydney.**

### Why did you choose radiation oncology?

I didn't have a great deal of exposure to radiation oncology as a student or intern, but I always loved oncology and palliative care. When I was doing a palliative care term as a resident, I saw a lot more of radiotherapy and became interested in it. I spoke with registrars and visited some departments. The more I saw of the specialty the more interested I became and I decided to apply for the training program. It's turned out to be a great decision.

### What do you like most about it?

I love direct patient care and looking after oncology patients. A significant proportion of the work in radiation oncology is clinical — seeing patients in clinic, reviewing patients on treatment, seeing patients at planning, and looking after inpatients. I also enjoy radiotherapy planning. There have been a lot of developments in recent years which makes it quite an exciting area. There is a good balance between clinical care and the technical side of the planning.

### What do you dislike?

It is difficult to say what I dislike. I enjoy working in oncology. Looking after patients and families in oncology can sometimes be challenging and emotionally taxing. I think some people may find that a deterrent, but I don't. A person needs to be comfortable looking after patients in a palliative setting to do radiation oncology. Although a large proportion of the treatment has curative intent, there is a significant amount of palliative treatment and end-of-life care. Being able to help patients during that time, and to relieve their pain and suffering, is really fulfilling. In a sense, relieving suffering is at the heart of medicine.

### Do you have any mentors?

I would definitely consider some of the consultants in my department to be mentors. All the consultants I have worked with have been great teachers and very supportive.

### What do you plan to do once you've completed your training?

Following training, I plan to complete a fellowship and pursue further research. I would also consider training overseas, depending on the opportunities and circumstances at the time.



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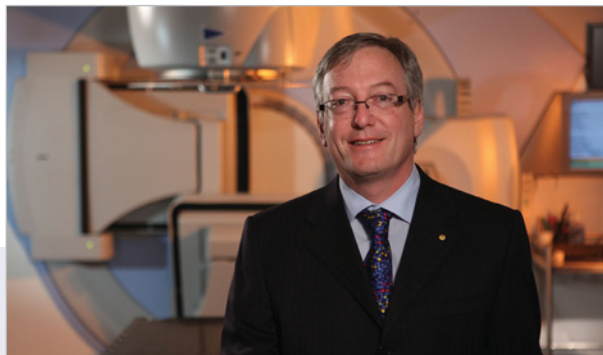
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## Medical mentor



Michael Barton, OAM, is professor of radiation oncology at the University of New South Wales. He is also research director of the Collaboration for Cancer Outcomes Research and Evaluation and research director of the Ingham Institute of Applied Medical Research at Liverpool Hospital.

### I studied ancient history and Latin at school, and not much science,

which is not a very good preparation for a medical career, perhaps. I don't think I had any driving desire to cure people. I was interested in how the body works and in diseases. I didn't have an evangelical drive. What I really liked about oncology was that it required a logical decision process, which appealed to my academic and slightly formal mind. I am interested in improving outcomes by applying, and increasing access to, best practice.

**Shortly after I started as a radiation oncology registrar trainee at Prince Alfred, one of the two treatment machines caught on fire.** It was as old as I was. The replacement machine had been sitting in boxes, in storage, for about a year and had run out of warranty. The hospital hadn't installed it because it was a stronger machine and so the bunker housing it needed extra shielding. That failure to invest in effective resources left a marked impression on me. It was symptomatic of the general underresourcing of cancer services at that time.

**Fairly early in my career, I spent time in Toronto looking at the effect of interrupting treatment in people with laryngeal cancer.** It was at a time when we gave people a few days off treatment so their throat

“What I really liked about oncology was that it required a logical decision process, which appealed to my academic and slightly formal mind”

## Professor Michael Barton reflects on his career in radiation oncology

would feel better, but we discovered that each day you delay treatment you lost 1%–2% of the benefit. It was a study of more than 1000 cases of treatment over 20 years. That experience taught me how much valuable information there was in the records we had already collected. That work has subtly improved outcomes. Nowadays, if anyone has an interruption in treatment, we compensate for it.

**When I returned to Australia I became interested in the cancer education** we were giving young doctors, because it seemed a haphazard business. A lot of university courses were going through changes and I was in charge of the Sydney Uni graduate entry program's cancer block. So we had this need around the country to say, “If you've got 6 weeks, what should you be teaching?”. Working with the Cancer Council Australia, I chaired the Oncology Education Committee, which produced the “Ideal Oncology Curriculum”.

**It is used as a checklist for cancer teaching** and has been incorporated to some extent in most medical courses around the country. The Union for International Cancer Control endorsed it and it was translated into a number of different languages, including Icelandic. It's widely known around the world.

**One of my biggest achievements remains the “Basic Science of Oncology” course.** I wanted to give an introduction to a broad range of sciences, to improve oncology training. Most trainees in oncology in NSW have done the face-to-face course, which has been running for 20 years. We turned it into a distance learning course on CD ROM — 80 hours of interactive animation. It's also online and has been

downloaded more than 2000 times. That project involved 55 authors and it took nearly 10 years to complete.

**There's a growing appreciation that radiotherapy is one of the cheapest forms of cancer treatments.** I spend a lot of time trying to make the case in language that administrators and treasury understand. Understanding the perspective of people who fund these things, and conducting feasibility studies, was part of how I helped to achieve radiation oncology facilities in the Northern Territory and New Guinea and, hopefully, will achieve them soon in Tasmania.

**It's also helped to achieve \$51 million in federal funding** for new research facilities at the Ingham Institute. While we use computed tomography scans routinely in radiotherapy, the next step is to introduce magnetic resonance imaging (MRI). We're installing an MRI scanner and linear accelerator in the same room, which will enable us to monitor treatment every day and do functional targeting, so we're able to treat the most malignant areas. It will be one of the world's first MRI-guided linear accelerators.

**I only treat brains and lymphoma in the Cancer Therapy Centre at Liverpool.** I led the development of the cancer practice guidelines for adult glioma. I've also reviewed cancer services in NSW and Western Australia and created the framework for Victorian cancer services. It was part of the reform of services, which included the recommendation that the Peter MacCallum Cancer Centre should move to the Royal Melbourne Hospital's Parkville campus. That has recently been funded to the tune of \$800 million.

Interview by **Heather Wiseman**

## Money and practice

## The ultimate staff betrayal

## Protecting your practice from staff fraud

It can be one of the most distressing experiences in a doctor's career — fraud committed by a member of staff.

And, unfortunately, in most cases of staff fraud, it is one of the doctor's most trusted employees who will be guilty. For many doctors, the disappointment and distress this causes far outweighs any monetary loss.

The losses involved can range from petty cash thefts to tens of thousands of dollars. Getting the money back is possible but usually not easy.

The fraud can be as simple as pocketing the cash paid by a patient for a consultation, to more complex and regular thefts that might involve overbilling and skimming excess funds. Making false accounts for office supplies is another method. In some practices, doctors allow staff to use credit cards for office purchases, which are also used to buy personal items.

Most cases of fraud in medical practice involve employees manipulating billing records and patient accounts, often through write-offs or alterations to account balances. Although the paper trail has become easier to follow through

computer records, some employees are expert at manipulating the records, particularly in practices where audits are not regularly conducted.

The introduction of the Medicare Easyclaim system, which provides a detailed trail of money in and out for consultations, has also helped reduce cases of fraud by allowing detailed scrutiny of all payments involving patients.

Doctors who had been victims of staff fraud were not willing to talk to MJA Careers. Most did not want to revisit what had been a terrible experience, and admitted they were embarrassed about not knowing what was going on under their noses.

Lawyers and business management experts say effective steps to prevent staff fraud are well understood, but because of the pressures of clinical practice many doctors do not take the time to set up systems and write protocols to safeguard their business.

Regular audits, written protocols and ensuring no single person has total control over finances are the most basic protections that should be in place.

A telltale sign of fraud in a practice is



A gambling addiction, particularly to poker machines, is a common reason for fraud



if a doctor seems to be working harder and harder, yet earning less and less.

Leading law firm Freehills reports on its website (<http://www.freehills.com/6810.aspx>) that employee fraud is on the rise but early detection can minimise the opportunities for fraud.

Coauthor of the Freehills report John Cooper told MJA Careers there is nothing special about medical practices when it comes to staff fraud — they are just as vulnerable as any firm that deals with cash or has financial transactions.

Mr Cooper, a partner at Freehills, says most employee fraud follows a similar pattern: it starts small but the perpetrators become more brazen as they get away with it. And he says it is not just people in the office who can commit fraud — it can be done by anyone dealing with the practice's money, including external providers, such as accountants, banks and finance organisations.

Fraud is not always theft of money within the business. It can also include kickbacks to staff by suppliers. "You might wonder why a particular type of copy paper is always bought over other brands or why particular suppliers are always used", Mr Cooper says. This might be a signal that an employee is getting a kickback, which could mean the practice is paying much more for services and supplies than it should.

If fraud is detected, employers have to deal with the laws concerning discipline

## Screening employees

**PRIVACY** laws can make it difficult to investigate potential employees who will be dealing with finance in a medical practice.

Checking references is essential, but potential employees generally only provide referees they expect will give them a positive reference.

Sarah Dahlenburg, of AMA (NSW), advises doctors not to rely on length of service at a previous practice as an indicator of a trustworthy employee — it is often the most trusted employee who commits fraud. "Look for gaps in employment that are not easily explained and ask referees if the person was in a position involving money and about the

level of trust that person held", Ms Dahlenburg says.

Karen Crouch, of Health Practices Creative Group, advises asking former employers if, given the opportunity, they would rehire the person. She also suggests asking about areas where the person did not perform well.

John Cooper, of Freehills law firm, advises asking prospective employees if they have any objection to a criminal check being made. People disposed to defraud their employer are unlikely to want to work in a business that is vigilant and thorough in guarding against fraud, and anyone with a criminal record would be put off by this question.



## Prevention better than cure

**REGULAR** audits of practice accounts can be all it takes to prevent staff fraud, yet many medical practices do not conduct these checks.

“Proper systems are needed to monitor processes for anything involving money going in and out of [a practice] and it must be done frequently”, says John Cooper, a partner in law firm Freehills.

Sarah Dahlenburg, director of medicolegal and employment relations with AMA (NSW), advises doctors to do random audit checks to prevent a guilty employee covering their tracks. “Ask for accounts and reconciliation statements without warning”, she says.

Ms Dahlenburg and Karen Crouch, a practice management consultant, offer the following tips:

- Have a simple audit trail in place, such as checking processes from the actual appointment, Medicare payments, receipts, deposits and reconciliation documents.
- Balance the day's takings and ask for a report, including petty cash.
- Have a written and transparent system that all staff are aware of, including a “tick off” system for all expenditure.
- Have more than one practice partner involved in the checking process.
- Rotate staff on duties involving money — don't allow one employee to have total control over finances.
- Never sign blank cheques and only sign a cheque when you know what it is for. A good system is to set aside time to sign and check all cheques each week. In larger practices it may be worth having two principals to sign each cheque.

or termination of the employee. There are also laws, which vary from state to state, regarding obligations to report fraud to the police. Mr Cooper recommends, as a general rule, that fraud should be reported to the police. “It sends a powerful message to staff who may be tempted to steal, and removes any concerns about your obligations to notify police.”

There are also various court injunction proceedings that are being used more frequently by employers to freeze the assets of employees, in cases where there is an expectation that the employee has sufficient assets to repay the amounts stolen.

Karen Crouch, a medical practice management consultant, says whether

practices report cases of fraud to the police depends on the circumstances.

Ms Crouch, who heads the consultancy firm Health Practice Creations Group, says she has dealt with many cases in which the employee defrauded the practice out of “desperation rather than greed”, she said. One case involved a young mother with a baby whose new partner had created financial problems for her.



**A telltale sign of fraud in a practice is if a doctor seems to be working harder and harder, yet earning less and less**



This type of emotional experience makes going to the police even harder for doctors who are already distressed by what has happened, especially if it involves a trusted employee.

Ms Crouch says in her experience all, or at least some, of the money involved in these cases is returned by creating repayment plans as the employee usually wants to right their wrong.

Sarah Dahlenburg, director of medicolegal and employment relations with the AMA (NSW), says establishing criminal standards of proof in staff fraud is difficult, so reporting the fraud to the police is a “very personal decision” for doctors.

She says a gambling addiction, particularly to poker machines, is a common reason for fraud.

However, Ms Dahlenburg says she has noticed an increase in unusual types of fraud.



## Further information:

• **Standards Australia:** Fraud and corruption control, 2008 (<http://infostore.saiglobal.com/store2/results2.aspx?keyword=fraud&Db=AS&searchType=simple&Status=all&publisher=AS&Max=15&Search=Proceed>)

• **KPMG:** Fraud and misconduct survey 2010 (<http://www.kpmg.com/au/en/issuesandinsights/articlespublications/fraud-survey/pages/fraud-survey-2010.aspx>)

• **Queensland Police:** Employee fraud. Safeguarding your business (<http://www.police.qld.gov.au/programs/cscp/fraud/employeeFraud.htm>)

• **Australian Institute of Criminology:** Identifying and responding to risks of serious fraud in Australia and New Zealand (<http://www.aic.gov.au/publications/current%20series/tandi/261-280/tandi270/view%20paper.aspx>)

These included practice managers putting themselves on and off the payroll as employers and contractors, and family members of staff charging for services to the practice.

Yet in most cases the reason fraud happens in medical practice is because doctors get comfortable with routines and do not conduct audits of their accounting systems.

“Most practice managers know it is good business practice to conduct regular audits, so they will not object to this process and it does not erode trust with good employees”, Ms Dahlenburg says.

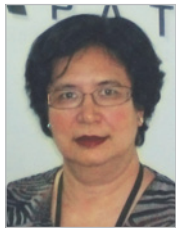
“Medical practice should not be treated any differently to any other business, no matter what size it is”, she says.

Good practice to avoid fraud includes written protocols for all processes involving money, staff members rotated on accounting tasks on a regular basis, and forensic accounting on an irregular basis so staff cannot predict when audits will take place. (See box, top left.)

The number one rule should be never to turn a blind eye to suspected staff fraud. “As soon as you have any evidence that fraud is happening and you turn a blind eye, you are indicating to staff that it is not being taken seriously”, Ms Dahlenburg says.

**Kath Ryan**

## Road less travelled



## Starting over

Too old to re-train? This international medical graduate proved her critics wrong

Newly-minted pathologist Dr Esther Myint had a yearning to be a doctor from a young age, with her first toys being little stethoscopes and microscopes.

When Dr Myint stood as the best female academic performer at high school in her native country of Burma (Myanmar), she landed a coveted place as a medical student at the Institute of Medicine in the then capital, Rangoon.

Dr Myint completed her medical degree in 1979, received a Diploma in Pathology, and won a World Health Organization scholarship to gain her Masters degree in immunology in 1992.

"I was encouraged by my parents and I studied very hard all my life", Dr Myint says, referring to her "brilliant" mother and her father who was a deputy minister in the Burmese parliamentary party.

When her husband's work took him to Asia in the mid 1990s, she was unable to practise medicine due to language barriers, so a career as a science teacher emerged.

After coming to Australia for a "good life" for her two children, Dr Myint set herself the task of completing the Australian Medical Council (AMC) exam, which she passed in 2005.

Putting medicine on hold for a decade, moving to a new country, then re-training doesn't appear to have perturbed Dr Myint.

Instead, she has focused on her goals and achieved them. But what does upset her is the sight of overseas-trained doctors struggling to practise medicine in Australia.

"There are plastic surgeons working in tyre factories and it breaks my heart", Dr Myint says.

Dr Myint herself was told, at the age of 48, that she was too old to pursue her

medical career in Australia. She was also told she that was too old to take a job putting labels on apples.

But just a few years later she became a cyto-histopathologist at Laverty Pathology in Sydney. Her working life now combines her experience in medicine and teaching, as she spends much of her spare time teaching other overseas-trained doctors how to pass the AMC exam.

"I became a specialist and then I realised that my experience as a teacher helped me a lot to overcome the exams", she says.

"So I started making trial exams for my fellow registrars and I think I'm having success."

Dr Myint has collected more than 2000 glass slides in her years of training and donated them to the Royal College of Pathologists of Australasia to help other registrars — particularly those in rural areas — learn about the types of diseases they would inevitably need to diagnose.

She says her positive attitude helped her when she was told she was too old to pursue her career in Australia.

"I feel that I'm very lucky. I am doing something that I love, with a passion, and not a lot of people have that chance", she says.

"I left the country [Burma] not knowing whether I would be a doctor again. And then not just to be a doctor again — I'm a specialist. I'm not taking things for granted."

Whenever she encountered an obstacle, Dr Myint says she tried "not to think of this as a big wall that is going to stop me" but recognised that for all the people trying to discourage her, there were others who were encouraging.

Dr Myint's daughter is now in fifth year medicine at the University of New South Wales and her son has a marketing degree.



Shwezigon Paya, Bagan, Myanmar.

She refers to her family as "very, very understanding" in accepting her schedule of teaching doctors every weekday and alternate Saturdays.

"If I can be of use to help good pathology registrars to become pathologists, then I'm very happy", she says.

"If I can help foreign doctors, overseas-trained doctors, to join the workforce as doctors, I am very happy."

In addition to teaching doctors, she also sometimes teaches high school children biology and chemistry.

Dr Myint hasn't forgotten her Burmese roots, and in 2008 raised \$20,000 for flood victims in Burma by helping to produce a calendar of "Burmese Aussie" children.

Last year, during her registrar training, she took part in a "Curries for Queensland" event with colleagues from Royal Prince Alfred Hospital, raising \$3000 in 3 hours for Queenslanders affected by the floods by cooking 25 kilograms of chicken. For the same cause, she also raised \$20,000 by organising a cultural event with the Burmese Medical Association Australia.

"You live a very short time in your life and in that time you should be useful to mankind. And I think there must be a purpose for me to be in Australia. When I came here I was nearly 48 years old and I had to start everything from scratch."

“There are plastic surgeons working in tyre factories and it breaks my heart”

Linda McSweeney



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### COMMUNITY GENERAL PRACTITIONER

**Senior Rural Medical Practitioner (SRMP) RL 4.1 – 4.4**

(\$163,143 - \$182,031) salary range

(Employment package valued in the vicinity of \$427,000)

This includes SRMP allowance, attraction allowance, retention allowance, professional development allowance, potential Medicare revenue activity incentive payment, Fares Out of Isolated Localities, fully subsidised accommodation, remote locality provision, salary sacrifice, superannuation, 6 weeks recreation leave and annual leave bonus

**Quote vacancy number: 212009**

An attractive salary will be offered and the level of appointments will be determined depending on experience and qualifications. Accommodation at remote sites is provided. If you are looking for a new challenge or want to make a difference to Aboriginal health find out more at [www.nt.gov.au/jobs](http://www.nt.gov.au/jobs)

For more information please contact Dr Leonie Katekar, Chief Rural Medical Practitioner on (08) 8985 8143 or email [leonie.katekar@nt.gov.au](mailto:leonie.katekar@nt.gov.au) or Christine Seth on (08) 8985 8132 or email [christine.seth@nt.gov.au](mailto:christine.seth@nt.gov.au)

**Vacancies closing date: 28 October 2011. For additional application information please see the next page.**

[nt.gov.au/health](http://nt.gov.au/health)



Northern  
Territory  
Government

## DEPARTMENT OF HEALTH



# Health Careers & Opportunities in the Northern Territory

If you want your career to go places then join Department of Health in the Northern Territory. The challenges and opportunities in health and community care in the Territory are like no other in Australia, from remote Aboriginal health to tropical health and Australia's National Critical Care and Trauma Response Centre. Continued investments in Aboriginal health, remote health, acute care and community services offer many opportunities for health professionals who want to be part of making a difference.

### REMOTE HEALTH

#### RURAL MEDICAL PRACTITIONER

**Rural Medical Practitioner (RMP) RL 3.1 – 3.5**  
(\$120,971 - \$156,709) salary range  
(Employment package valued in the vicinity of \$299,000)  
Top End  
(Employment package valued in the vicinity of \$332,000)  
Central Australia

This includes attraction allowance, retention allowance, professional development allowance, potential medicare revenue activity incentive payment, salary sacrifice, superannuation, 6 weeks recreation leave and annual leave bonus

**Quote vacancy number: 212010**

#### RURAL REGISTRAR

**Rural Registrar (RREG) RL 1.1 – 1.3** (\$82,420 - \$92,758)  
salary range  
(Employment package valued in the vicinity of \$239,000)  
Top End  
(Employment package valued in the vicinity of \$272,000)  
Central Australia

This includes attraction allowance, retention allowance, professional development allowance, potential medicare revenue activity incentive payment, salary sacrifice, superannuation, 6 weeks recreation leave and annual leave bonus

**Quote vacancy number: 212011**

#### SENIOR RURAL REGISTRAR

**Senior Rural Registrar (SRREG) RL 2.1 – 2.2**  
(\$97,608 - \$103,269) salary range  
(Employment package valued in the vicinity of \$253,000)  
Top End  
(Employment package valued in the vicinity of \$286,000)  
Central Australia

This includes attraction allowance, retention allowance, professional development allowance, potential medicare revenue activity incentive payment, salary sacrifice, superannuation, 6 weeks recreation leave and annual leave bonus

**Quote vacancy number: 212012**

#### COMMUNITY PAEDIATRICIAN

**Staff Specialist (SMO) SMO 1.1 - 1.6** (\$143,842 - \$176,011)  
salary range

(Employment package valued in the vicinity of \$352,000)  
This includes salary sacrifice, professional development allowance, private practice allowance, second roster allowance, superannuation, 6 weeks recreation leave and annual leave bonus

**Quote vacancy number: 212013**

**Vacancies closing date: 28 October 2011. For additional application information please see the previous page and below.**

### APPLICATION INFORMATION

Applicants should address the selection criteria and provide a current CV and contact details for 2 referees (preferably an email address) as well as complete the Credentialing and Scope of Clinical Practice Application Form for Remote Health. A full job description and Credentialing Application Form can be obtained by visiting [www.nt.gov.au/jobs](http://www.nt.gov.au/jobs). Further information about these positions can be obtained by **TOLLFREE 1300 659 247** or email [recruitmentjobvacancies@nt.gov.au](mailto:recruitmentjobvacancies@nt.gov.au).

Information on the Northern Territory and its great lifestyle is available at [www.theterritory.com.au](http://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](http://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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[nt.gov.au/health](http://nt.gov.au/health)



GP Opportunities



Peel Health Care is an innovative, dynamic; fully Managed GP Practice providing high quality practice management services within a modern purpose built facility. We would like an experienced General Practitioner to join our team. The practice hosts a team of GPs, Allied Health Professionals, experienced nursing support, well remunerated billing structures and regular staff and clinical meetings. We have a commitment to teaching GP registrars, medical and nursing students and to research. The practice is fully computerised and accredited with AGPAL. Peel Health Care is located in Tamworth, Northern NSW. Tamworth is a vibrant and picturesque regional city of 60,000 people combining rural lifestyle with city conveniences. This rapidly developing area hosts city and private galleries, conservatorium of music, museums, libraries, community and arts festivals, premium education, 180 sporting clubs and 50 sporting grounds, great shopping and great food. There are several daily return flights between Tamworth –Sydney and Tamworth - Brisbane of approximately one hour duration. If focusing on practicing medicine, flexible working conditions and not wanting to worry about management issues is what you are looking for then Peel Health Care is the practice for you.

Enquiries please contact our Practice Manager, Lyn Stewart on 02 67668288 or email [lstewart@peelhealthcare.org.au](mailto:lstewart@peelhealthcare.org.au) [www.peelhealthcare.org.au](http://www.peelhealthcare.org.au) [www.visittamworth.com/](http://www.visittamworth.com/)

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Overseas Appointments

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RMOs, Consultants and GPs Auckland Medical Bureau is New Zealand's oldest agency for doctors. We specialise in locum /permanent placements nationwide and offer friendly, personal assistance with registration, visas, relocation etc. **Contact Fran or Alison: PH (0064) 9 377 5903 FAX (0064) 9 377 5902 Email: [doctors-amb.nz@extra.co.nz](mailto:doctors-amb.nz@extra.co.nz) [www.doctorjobs.co.nz](http://www.doctorjobs.co.nz)**

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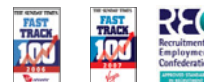


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GP Opportunities

Looking for a Vocationally 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](mailto:advertising@mja.com.au) or call (02) 9562 6666.



# Shaping medicine for the future

## Join us at the cutting edge of medical innovation

The National University Health System (NUHS) brings the National University Hospital, and the National University of Singapore's Yong Loo Lin School of Medicine and Faculty of Dentistry under a common governance structure to create synergies to advance its tripartite mission of excellence in clinical care, research and education.

Built to pioneer the next generation of translational clinical research. Designed to offer a new platform of opportunities. The NUHS invites motivated individuals to share their inspirations towards the innovative development of patient services, healthcare and learning environments.

Shape the future of global biomedical healthcare. Challenge yourself to take the lead. Drive a new beginning with NUHS.

## Internal Medicine Specialists/Physicians

### Consultant and Registrar

The Department of Medicine, University Medicine Cluster is seeking candidates who are highly motivated and willing to join us for challenging and fulfilling appointments as Consultants and Registrars. The Division of General Medicine has a strong clinical service culture combined with research and intensive involvement in both undergraduate and postgraduate medical training which includes Advanced Specialty Training in Internal Medicine.

Candidates must possess a basic Medical Degree that can be registered with the Singapore Medical Council and recognised postgraduate qualifications such as MMed, MRCP or their equivalent. Candidates applying for the position of Consultant should have CCT or equivalent to be registered as specialists in internal medicine with the Singapore's Specialist Accreditation Board.

### Resident Physician

Resident Physicians are experienced doctors who form part of our stable clinical workforce to provide first-line clinical coverage in our division. They are expected to function at a level of an experienced medical officer or higher. There is a defined career path with lots of good opportunity in a teaching hospital.

Candidates must possess a basic Medical Degree that can be registered with the Singapore Medical Council. They must have completed 1 year of housemanship and have at least 3 years of experience as a medical officer.

Successful candidates must be highly motivated and possess a good record in clinical excellence and commitment to medical education and research. We are expanding our Department's services as well as research initiatives.

Commencing salary will be competitive, depending on qualifications and experience. Please submit a full CV including personal particulars, names of 2 referees, professional qualifications, career history, e-mail address, telephone and fax numbers, together with medical testimonials and certificate of registration by **30 November 2011** to:

**Ms Jamie Tan**  
**Senior Executive, Medical Affairs (HR) Department**  
**National University Health System Pte Ltd**  
**1E Kent Ridge Road, NUHS Tower Block, Level 6**  
**Singapore 119228**  
**E-mail: jamie\_lj\_tan@nuhs.edu.sg**

(We regret that only shortlisted candidates will be notified.)



Yong Loo Lin School of Medicine  
& Faculty of Dentistry

University Appointments



inspiring achievement

## Lecturer/Senior Lecturer in Psychiatry

**Ref 11293** The Lecturer/Senior Lecturer will contribute to the development, coordination and delivery of psychiatry teaching in the Graduate Entry Medical Program and other courses and topics coordinated by the Faculty of Health Sciences. He/she will also provide clinical services in psychiatry and other relevant clinical specialities in the Southern Adelaide Local Health Network, and will develop a successful independent research program relevant to psychiatry, publish findings, and obtain competitive funding.

- **Location: Psychiatry (Flinders Clinical Effectiveness), School of Medicine**
- **Available on a continuing full-time basis**
- **Salary: Lecturer (Level B) \$76,188 to \$90,471 pa**
- **Senior Lecturer (Level C) \$93,327 to 107,612 pa**
- **In addition the salary will be supplemented to the level of Staff Specialist, subject to clinical experience.**
- **Plus 17% employer superannuation**
- **Applications close: 11.00 am, Monday 7 November 2011**

Full details including how to apply on-line can be found at our [Jobs@Flinders](mailto:Jobs@Flinders) website: [www.flinders.edu.au/employment](http://www.flinders.edu.au/employment)

[www.flinders.edu.au](http://www.flinders.edu.au)  
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Specialist Appointments

## Director of Internal Medicine

Full Time Equivalent and/or Visiting Medical Officer

- Metropolitan lifestyle in a regional setting
- Position No: 70221



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A rare opportunity is available to enjoy a clinical leadership role for a high quality and comprehensive medical service at Ballarat Health Services.

Ballarat Health Services is the largest health service in both the Grampians region and throughout regional Victoria, offering most medical specialties.

The successful applicant will lead the internal medicine service and deliver direct high quality medical care within their area of expertise. An in-hours sessional procedure list allocation would be available and participation in the relevant specialty medical on-call roster would be required. Medical sub-specialty interests will be favourably considered.

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

The City of Ballarat has a growing population of nearly 100,000. There is a thriving music and artistic community and most sporting interests are catered for.

Education facilities in Ballarat are first class. Incredibly the city is located conveniently less than 1.5 hours from Melbourne CBD and an international airport.

Applicants must have a primary medical qualification fully registrable with the Medical Board of Australia, hold an FRACP or equivalent and be able to demonstrate wide academic and clinical experience.

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

Interested candidates are invited to contact **Mr Philip Reasbeck, Executive Director of Medical Services** on +61 3 5320 4278 or [pgr@bhs.org.au](mailto:pgr@bhs.org.au) for further information.

Applications must address the key selection criteria, include at least three professional referees and be submitted via the Ballarat Health Services website [www.bhs.org.au](http://www.bhs.org.au) Applications close Wednesday 30 November 2011.

**Appointment is subject to satisfactory clearance of a current Police Record Check.**



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## University Appointments

Professor (or Associate Professor)  
of Medicine, Head, Peninsula  
Clinical School and Physician,  
Peninsula Health

Monash University and Peninsula Health are seeking an outstanding appointee for the position of Professor (or Associate Professor) of Medicine, Head, Peninsula Clinical School and Physician, Peninsula Health. This exciting senior position will combine a clinical role with Peninsula Health in the relevant discipline with a key role in the development of the University's newly established Peninsula Clinical School.

The appointee will be a strategic leader, with a distinguished research reputation and significant experience in providing high-quality clinical services. He/she will be expected to: provide research and teaching leadership and manage academic and professional staff within the school; develop the strategic vision and implementation of an innovative inter-professional education program at the Peninsula Clinical School; foster and promote research; play an active role in the enhancement of academic standards and the development of curriculum at both the undergraduate and postgraduate levels where appropriate and demonstrate ongoing excellence in clinical practice.

Candidates must be registered or registrable as a medical practitioner with the Medical Board of Australia and hold a Fellowship of the Royal Australasian College of Physicians. Applicants will also be required to meet Peninsula Health credentialing and scope of practice (clinical privileges) processes for the relevant clinical discipline.

#### Duration

The appointment will be for a fixed term of five years. Subject to performance and other criteria, a further term may be negotiable.

#### Benefits

A competitive remuneration package will be negotiable for an outstanding candidate. Relocation travel, removal allowance and salary packaging are available.

#### Enquiries

Professor Christina Mitchell, Dean, Faculty of Medicine, Nursing and Health Sciences, telephone: 03 990 54318 or Dr Susan Sdrinis, Executive Director Medical Services and Quality and Clinical Governance, Peninsula Health, telephone 03 9784 7695.

#### Applications

Applications close Monday 7 November 2011

The position description (including the selection criteria) and information on how to apply can be found at [www.monash.edu/jobs](http://www.monash.edu/jobs)

The University and Peninsula Health reserve the right to appoint by invitation.



MONASH University



## Specialist Appointments

## PAEDIATRICIAN OPPORTUNITY AVAILABLE IN MANDURAH, WESTERN AUSTRALIA

Thriving practice in sunny seaside city of Mandurah, Western Australia seeks general paediatrician to assist in its growth.

The position combines office based paediatrics with looking after a state of the art new 12 bedded paediatric unit at Peel Health Campus, the local district hospital offering potential candidates the best of both worlds.

There is considerable flexibility in work hours to suit family or social needs as well as the opportunity to network with colleagues in both the local area and metropolitan Perth. Combination of private and public work means that there is high earning potential.

For further information and/or to arrange a visit please contact:

Dr Aled Williams – Director of Medical Services  
(08) 9531 8000

Forward written applications to:  
Samantha Larmour – Practice Manager  
Peel Health Campus, 110 Lakes Road  
MANDURAH WA 6210  
[executive@peelhc.com.au](mailto:executive@peelhc.com.au)



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## Executive Appointments

### Ambulatory and Community Care Medical Lead

P/T (12h/w), Perm  
 Southern Health, Melbourne

General Practitioner required to provide medical services in the acute care stream of Ambulatory and Community Care - Hospital in the Home program operating across Southern Health. This is a clinical role with responsibility for direct patient care and HMO supervision, working within a multidisciplinary team environment. This position would ideally suit a GP with FRACGP (or equivalent) and experience in General Medicine, Emergency Medicine or Rural Health.

**ENQUIRIES/APPLICATIONS (Ref No 115305):** Dr Charles Roth, Department Head at charles.roth@southernhealth.org.au For more information & to apply please visit the 'Careers' link on our website [www.southernhealth.org.au](http://www.southernhealth.org.au)

Applications close: 31 October 2011.

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## Announcement

### TELEHEALTH NEUROLOGY

A/Prof Geoffrey Boyce wishes to advise his availability for Telehealth Neurology Consults. All cases Bulk Billed. Appointment. admin@nrneuro.com.au or 1800 816 596. GPs use Skype or Telehealth. Website www.nrneuro.com.au.

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