

MJA *Careers*

THE MEDICAL JOURNAL OF AUSTRALIA

Maintaining a practice while volunteering



Women at Kagando Hospital, Uganda, courtesy Dr Judith Goh.

TWO essential ingredients are needed to successfully combine doing overseas volunteer work with running a medical practice back home — supportive colleagues and family.

Surgeons who spoke to *MJA Careers* about their overseas volunteer work acknowledged the importance of support from colleagues who take over their patients and deal with any emergencies while they are working in areas such as East Timor, Indonesia, Pakistan and Africa.

Family support helps doctors deal with work that can be professionally and emotionally challenging.

There are also the practicalities of keeping a private medical practice and public hospital appointment ticking over while spending up to 3 months a year doing overseas volunteer medical work — staff have to be paid, trainees organised, and rent and other expenses covered.

General surgeon Dr Glenn Guest, of Geelong in Victoria, relies on five other surgeons, including some he backs up when they do overseas work. His colleagues cover his patients when he heads off to countries such as East Timor, Indonesia and Fiji to do general surgical work.

“Supportive colleagues make it possible”

“Supportive colleagues make it possible”, says Dr Guest, who also juggles a young family with four children under 10. He says his wife supports his overseas work because she has been with him to places like East Timor to see what he does and what it achieves. He is away 2–3 times a year for total of 4–6 weeks.

He estimates that the volunteer work

Money and Practice

MJA Careers looks at issues that affect the bottom line

reduces his annual income by 10%–15%. “Of course, you are financially disadvantaged, but that is just part of doing this work”, he says.

He continues to pay staff in his private practice and has colleagues take over his public hospital work, which includes six trainees and administrative staff.

Some expenses such as travel are paid, particularly when working with aid-funded programs, but the income lost while overseas is not covered.

Dr Judith Goh, a urogynaecologist based in Brisbane, pays all her own expenses when she travels to African countries to treat genital tract fistulas and to train local doctors to do the procedure. She estimates the volunteer work results in 15%–20% less income, taking into account payment of staff and rent.

Dr Goh spends about 8 weeks a year doing overseas volunteer work.

Adelaide plastic surgeon Dr Mark Moore does 4–6 trips a year for short stints of 8–10 days, usually in East Timor and Indonesia. He returns to the same regions so he knows his patients and the health and medical staff in those areas.

“That means bigger rewards as you can see the impact you have on people’s lives, and it helps to build trust with the local people”, says Dr Moore, who has treated one East Timorese woman for 8 years since she suffered horrendous burns.

Dr Moore, who was appointed as a Member of the Order of Australia particularly for his

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humanitarian specialist surgical services in East Timor and Indonesia, says in Australia he spends about half his time in private practice and half in the public system. While overseas, he usually shuts down his private practice, although his two staff members continue to work, taking time off when appropriate.

His colleagues are also prepared to take care of any patients if necessary and he takes annual leave from his public hospital position.

Dr Goh shares her rooms with a colleague who also does volunteer work and they provide backup for each other when they are volunteering.

"I have planned my practice such that I do minimal emergency cases", Dr Goh says. "It's easier with private practice — my time is my own."

Dr Goh works in countries such as the Democratic Republic of Congo and Uganda, and admits the working conditions can be tough, including no electricity and very hot conditions. But she still enjoys the work and the people.

"In Australia, I don't have to live in a house with armed guards or worry if the rebels are going to advance into town. Here, I have a nice house and nice car ... and really can't complain



Dr Judith Goh in Sierra Leone, courtesy Mercy Ships

when I see what I have compared to those people I try to help overseas."

Although Dr Goh does return to the same area a few times, once she has trained local doctors to do the work she moves on.

All the doctors acknowledged that it was difficult and confronting when they first started doing volunteer work in communities with minimal facilities and often with patients presenting with major clinical challenges.

There are also personal health risks, such as malaria, and threats of violence. But all agreed that the volunteer work has made them better surgeons and better people, and they encouraged other young surgeons to try volunteer work.

Dr Moore says a lot of the clinical

presentations seen in developing countries are not seen in the developed world. "But I have become a much better cleft surgeon, having done more than 1000 cases, compared with only 200–300 if I had only worked in Australia."

Dr Guest acknowledged the personal satisfaction and the professional recognition of doing overseas volunteer work. "It helps to make me a better surgeon and, personally, I learn a lot about myself."

Dr Goh said volunteering had made her a more well rounded surgeon and she encouraged registrars and junior doctors to take on the challenge of volunteer work.

The best advice the three surgeons could offer young surgeons considering overseas aid work was to start slowly and go back to the same countries.

"You have to earn the trust and respect of the people," Dr Moore says. "And the biggest rewards are seeing the impact you have on people's lives."

Dr Guest recommended surgeons try to start doing volunteer work as early as possible in their career and to develop a "long-term relationship with one country".

By Kath Ryan

C3

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Clinical work in developing countries

This is an edited extract from *A guide to working abroad for Australian medical students and junior doctors*, an e-book produced by the AMA Council of Doctors-in-Training and the Australian Medical Students' Association, and available on the MJA website (www.mja.com.au) from 20 June 2011.

MEDICAL students and junior doctors are increasingly interested in opportunities to practise their craft abroad. Before organising a placement, it is worth considering what type of environment suits you best.

Here we consider some common settings for clinical work in resource-poor environments.

Refugee camps

Refugee camps are generally resource-limited environments which are complicated by the repercussions of war and conflict, and political influences on the provision of humanitarian assistance.

Medical professionals (including public health personnel) are involved in every level of activity, from working in the field, to regional and national coordination, and transnational leadership.

Initial missions often require medical staff to work in the field within, or very close to, the displaced population. Clinical roles may involve all aspects of medical and basic surgical care, including obstetrics, trauma, infectious diseases and malnutrition, with extremely limited resources and referral options.

Doctors are also often called upon to fulfil non-clinical roles such as training local health workers, human resources management and public health surveillance.

With greater experience, there is an opportunity to do more specialised projects and take on coordination roles such as managing field projects and

directing field activities from a national or international head office.

The personal risks to doctors include robbery, occasional threats and assault, and very rarely abduction. It is important to discuss these risks in detail with your potential employer before accepting a post.

Working in a refugee camp suits numerous medical crafts: doctors-in-training (with a minimum of two years' broad-based work experience), physicians, general practitioners (especially those with advanced rural skills), emergency physicians and intensivists, surgeons and advanced surgical trainees.

Rural clinics

Health services around the globe are significantly biased towards urban settings. The gap in rural health care is often partly filled by charitable organisations which typically set up long-term health services in partnership with local communities. Staff and resources are



mostly local, though international visitors can contribute additional skills and knowledge, raise awareness, and attract funding from abroad.

Choosing an organisation that suits you is difficult. Do your best to find out what their values and priorities are — not the ones on their website or brochure, but what others say about them!

Some points to consider:

Religious versus secular. For organisations with a religious affiliation, ask what obligations you will be under and how religious convictions are expressed in the project.

Small NGO versus big NGO. Small non-government organisations (NGOs) are more tied to particular communities, while large NGOs have greater resources and may offer a greater range of opportunities for doctors.

Local versus international. Local NGOs have advantages in knowing the population, understanding sociocultural complexities, and connections with local networks. International NGOs have advantages in their degree of independence, access to external funding and personnel, and their connection with international networks.

Doctors in non-urban health clinics and hospitals are usually generalists. Their role is often supplementary to permanent health workers, and contributing to the education of local staff is crucial. Doctors may also be involved in administration, human resources and immunisation campaigns. Typically, these jobs are for six to 12 months, but many NGOs would love to secure a doctor for longer.

This kind of work suits medical doctors-in-training (with substantial generalist experience), physicians, GPs (particularly those with advanced rural skills), emergency physicians and surgeons (including advanced surgical trainees). There may also be opportunities for public health physicians and trainees.

Urban hospitals

Though urban areas are typically home to the best health care services, rapid urbanisation is putting a strain on services.

Positions at “top” metropolitan hospitals are in demand among local doctors, so if you are considering this option, be sure that your presence will not be detrimental to local trainees.

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There are also many smaller urban hospitals and health care clinics that are desperately short of skilled staff. These may be dedicated to a vulnerable population, such as slum dwellers, or specialty based, with interests in HIV and AIDS, or women's health. These are typically long-term projects, with local staff and resources forming the foundation. These more specialised clinics provide many opportunities for doctors with skills in specialty areas.

The visiting doctor's role is often complementary to the work carried out by permanent medical staff. In addition to supporting clinical practice, expatriates can contribute to the education of local staff, attract external financial support or become involved in public health campaigns. Typically, these jobs are also for six to 12 months, but, again, many organisations encourage longer placements.

This kind of work suits doctors-

in-training (including public health trainees), physicians, GPs, and emergency physicians. Some projects also include opportunities for surgeons with public health training.

Specialist short missions

Specialist short missions are designed to provide specialist clinical services not usually available to the local population. The hosts, such as a regional hospital, usually identify potential patients and organise the logistics so that the team can provide care to the greatest number of people during their brief visit (usually a few weeks).

Short missions are resource intensive for both hosts and guests, and often involve transporting an entire specialist surgical team and the required materials and equipment. These missions allow busy doctors to contribute without significantly

disrupting their home practices.

This work can bring particular joy when you use your experience to solve something that has baffled others. Education and training of local health workers is an additional valuable contribution. But you are also likely to see a lot of patients whom you can do little to help because of a lack of resources.

This kind of work best suits experienced general and special surgeons and advanced trainees, as well as other medical specialists — adult and paediatric. Special surgical teams (such as plastic surgery, ophthalmology and cardiothoracic surgery) are particularly suited to this type of work.

This content was developed in conjunction with the Global Health Gateway, which is an excellent source of further information.

See: www.globalhealthgateway.org.au ■

CASE STUDY: WORKING IN A REFUGEE CAMP by Dr Rob Moodie



Dr Rob Moodie is Professor of Global Health at the Nossal Institute for Global Health, University of Melbourne, and has held leading roles with several international health projects.

"I spent four months working with Médecins Sans Frontières as the medical coordinator at Wad Kowli, an Ethiopian refugee camp on the border of Sudan.

It was 1985, and this was one of the biggest refugee crises ever seen. Wad Kowli had become home to around 40,000 Tigrean refugees who were suddenly displaced by conflict in Ethiopia. This camp became infamous

for unprecedented recorded levels of morbidity and mortality, being hit by epidemics of measles, cholera and meningitis. At the time I was a GP trainee — this job would test my mettle!

Our response to the cholera epidemic is something I view as a great success — especially seeing people who had walked in shrivelled and near death with severe dehydration walk out smiling and strong a few days later. Perhaps the most difficult thing was needing to make decisions that felt like I was "playing God" — having very real control over whether someone lives or dies.

The environment was very volatile, and we were completely stretched just trying to treat the sickest people and prevent things from getting worse. Every day, I was surrounded by humanity at its worst, and at its best.

The toughness of refugees is forever imprinted on my memory, and my contact with the people of Wad Kowli left me with immense respect and concern for displaced populations. My experience showed me a very

different frame of reference for viewing the world and has convinced me that intercultural exchange is essential for breaking down fear of the "other".

Dr Moodie's advice

- ▶ Get some experience in Indigenous health in Australia — both for the clinical and cultural experience, and because this is Australia's priority global health issue.
- ▶ Consider public health training and work. There is great joy in using health knowledge and experience to improve the lives of hundreds and thousands of people.
- ▶ Learn from all the jobs you do — especially the ones you don't do well.
- ▶ Take a risk and challenge your assumptions, fears and prejudices about the "other". Try and see things through another's perspective, even if you don't like the view. ■



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Case Study: Humanitarian doctor

MJA Careers profiles
interesting and important jobs
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Dr John Parker is a general practitioner based on Queensland's Sunshine Coast with extensive experience in humanitarian medicine. While completing his medical degree in Edinburgh, Scotland, in the early 1970s, he undertook electives in Nepal and Kenya, which sparked his interest in working abroad. His first mission as a qualified doctor was in a Rwandan refugee camp following the 1994 Rwandan genocide. He's since completed humanitarian missions in countries including Iraq, Afghanistan, Uganda and Nigeria.

“For my first mission I spent 6 months working in a Rwandan refugee camp in Goma, Zaire (now Congo), with the Red Cross. It was quite a dramatic mission. The camp had a population of about 250,000, and within the first month tens of thousands of people had died of cholera. I was way out of my depth, I learnt on the job, and I found that I had a penchant for it. I wouldn't say that I enjoyed the experience, but I found that I could cope very well in the emergency phases.

Often the medicine itself is not that difficult. Most of it is infectious diseases and you can only do so much. I would say that self-care, both physical and emotional, is the biggest challenge. It was in that Rwandan camp that I learnt to cry. And I can truly say that crying saved my life. What we saw was so horrific at times that I cried myself to sleep. It was a way of coping. It was the ones who didn't cry who didn't cope. It was a very humbling experience — you find your own humanity on these missions.

A lot of my overseas work has focused on supporting local doctors, which is a much better approach than expats coming in and doing all the medicine. I spent a year working for Médecins sans Frontières (MSF) in Afghanistan in 2000, while the Taliban were in charge. I was a field coordinator, supporting Afghani doctors in 12 clinics. They were competent doctors but because of the UN embargoes they hadn't been able to get external training. We were there to improve their training and also to help them logistically, such as by getting supplies to the clinics.

I also worked as medical director of a major burns and trauma unit in Northern Iraq, during the conflict in 2008. We were in Kurdistan because it was a more secure area, but we were seeing a lot of major burns and trauma from the conflict area. Again we worked with the Iraqi doctors and helped to train the nurses.

In war zones or refugee zones one of the big concerns is always security. In Iraq we were briefed that our main danger was being kidnapped — we were worth half a million dollars. In fact, when I was in Afghanistan, Al Qaeda bombed the American warship USS *Cole*, and they were expecting retaliation from the US. There was a terrorist camp near where we worked and we had to evacuate most of the team. But MSF are very good, very

skilled. We're all well briefed and have constant updates, practice evacuations and strict security protocols.

Professionally, the work gives you great confidence. You learn how to cope with limited resources. I have memories of elevating a depressed fracture of the skull with my Swiss Army knife when we were in the bush in Zaire. It also gives you a different perspective of medicine. You learn that you aren't responsible for everything, that you can only do your best.

One of the greatest joys is being able to treat a child who is admitted moribund with something like dysentery or malaria or meningitis. When you see a child recover and being emotionally reunited with his or her mother, that must be one of the greatest recurring joys of this kind of work.

It is very rewarding. I get far more out of it than I give. It's a huge life experience, an adventure, a personal challenge. It also gives you such gratitude and appreciation for life. When you come back, you have a sense of amazement and wonder at how good we have it in Australia, and how good our medical system is. When patients come in and start complaining, I sometimes sit them down and say, 'start to be grateful for this and this and this...!' You can sometimes help patients by giving them some perspective. Some patients come in and say, 'sorry, I know you've been to Iraq, and I've only got such a small thing to ask'... I have to reassure them that they have a right to come in and have an opinion. Life is not a competition in suffering.

I would encourage any young doctor to do this sort of work. I recommend choosing a relatively stable area like India to begin with. You need to want to look after yourself — even once you're back home. After my first two missions I suffered terribly from post-traumatic stress and I didn't get help. It's important to understand that it is a risk when you return, and to get help. I would recommend MSF — one of the wonderful things about them is they go to the difficult places and do the difficult things. Above all, I'd just suggest that doctors be flexible and go in with realistic expectations. The work has given me a far more spiritual and philosophical view of life. You can only do what *you* can do. Even though it might not change the world, if it affects one other person, that's great.

As told to *Sophie McNamara*

**I get far more out
of it than I give**

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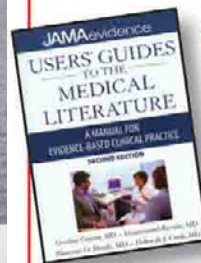
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www.hr.unimelb.edu.au/careers

Users' Guides to the Medical Literature:

A Manual for Evidence-based Clinical Practice

2nd Rev Ed



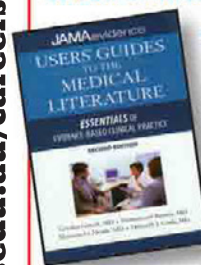
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2nd Ed



This shorter, smaller-sized *Essentials* contains the core principles covered

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Director of Clinical Services – GP

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[20 hours per week]

AHAC has been providing primary health care services to Tennant Creek and the Barkly region since 1984. AHAC offers a holistic approach to the health and well being of its clients through its clinical, counselling, educational and fitness services.

AHAC is currently seeking a **Director of Clinical Services**. This is a new position reporting to the General Manager, attending Board meetings and a member of the management team.

This is an advisory and supportive role to support medical officers and other clinical staff in their roles and to provide advice to the Board and Executive Management team on strategic planning, implementation and evaluation of clinical health services.

While the position is 20 hours per week, flexible arrangements will be considered such as a full time appointment working 20 hours per week as a clinician or time on/time off type arrangements.

A generous remuneration package will be negotiated with the successful candidates including 6 weeks annual leave, sick leave, RDO's, fringe benefits, salary sacrifice, and suitable housing.

If you would like further information and a position description, please contact Trevor Sanders or Tim Welch (08) 8962 2633 or email tim.welch@anyinginyi.com.au

All applicants are required to be registered with AHPRA and must be willing to undergo a Police clearance.

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Monash University and Peninsula Health are seeking an outstanding appointee for the position of Professor or Associate Professor and Head, Peninsula Clinical School and Senior Clinician, 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.

This challenging position requires a leader capable of inspiring staff and students, a person of strong academic and clinical background, experienced in clinical teaching and management with an international research reputation.

The appointee will be expected to foster excellence in research, teaching, clinical practice, professional activities and relevant policy development, establish objectives and goals and ensure that commitments to patient care, teaching and research are maintained. He/she will also be expected to support and advise the Chief Executive of Peninsula Health and the Dean, Faculty of Medicine, Nursing and Health Sciences on matters of research collaboration. Providing strategic and clinical leadership, the appointee will be required to demonstrate ongoing excellence in academic and clinical practice.

Candidates must be registered or registrable as a medical practitioner in the State of Victoria and hold Fellowship from a relevant specialist college. 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 only to

Professor Steve Wesselingh, 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 18 July 2011

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



MONASH University



PENINSULA HEALTH

SPECIALIST APPOINTMENTS



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

Consultant Geriatrician

Medical

Fremantle Hospital and Health Service, Fremantle, Western Australia

Fixed Term Full Time

Web Search No: FH111835

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

This is a fixed term appointment for 5 years.

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

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

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

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

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

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

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

Application Instructions: Written applications:

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

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

Closing Date: 4pm Monday 25th July 2011

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Specialist Obstetrician & Gynaecologist

Women's & Children's Program - Monash Medical Centre Clayton, Melbourne

The Women's and Children's Program are seeking to fill a full-time specialist or multiple part-time VMO positions. These are sessional appointments for one year in the first instance, renewable thereafter subject to performance appraisal. Involvement in trainee, medical student and midwifery teaching is expected. Participation in the out-of-hours on-call roster is also required.

ENQUIRIES/APPLICATIONS (Ref No 100644):

Prof Euan Wallace, Director Obstetric & Gynaecology at euan.wallace@southernhealth.org.au To apply please visit the 'Careers' link on our website www.southernhealth.org.au

Applications close: 4 July 2011.

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Email: doctors-amb.nz@xtra.co.nz www.doctorjobs.co.nz

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Southside Medical Centre, located in the commercial heart of Macau, is a purpose built state-of-art polyclinic with its own imaging centre (MRI/CT) and a dedicated laboratory. We are now seeking a family doctor to complement our establishment of GP and specialists. Remuneration package is negotiable. Chinese speaker will be desirable, but not essential.

For further enquiry, please contact Dr Jonathan Kwan, Medical Director, on jonathan.kwan@southside.com.mo , or +853 6295 9993.

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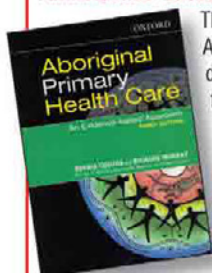
HOSPITAL APPOINTMENTS



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Aboriginal Primary Health Care 3rd Ed

An Evidence-based Approach

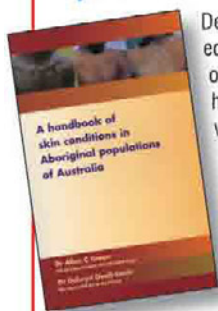


This text is Australia's definitive guide to best-practice management of the major health problems facing Aboriginal and Torres Strait Islander peoples. This

authentic and authoritative text assists health practitioners, policymakers and communities to influence health determinants, advocate for and overcome inertia to change, and strengthen health care provision within a human rights context.

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928+ pages • MJA Price \$140.00*

A Handbook of Skin Conditions in Aboriginal Populations in Australia



Developed with the editorial assistance of NACCHO, this handbook is a valuable source of advice on dermatological conditions affecting Aboriginal and Torres Strait Islander peoples,

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Careers with Queensland Health

Director of Orthopaedics

Department of Orthopaedics, Bundaberg Hospital, Wide Bay Health Service District.

Remuneration value up to \$422 276 p.a., comprising salary between \$176 377 - \$187 000 p.a. (L25-L27) or Remuneration value up to \$390 974 p.a., comprising salary between \$147 491 - \$171 318 p.a. (L18-L24), employer contribution to superannuation (up to 12.75%), annual leave loading (17.5%), private use of fully maintained vehicle, communications package, professional development allowance, professional development leave 3.6 wks p.a., professional indemnity cover, medical managers allowance, accommodation (4 weeks on arrival), private practice arrangements plus overtime and on-call allowances (Applications will remain current for 12 months) JAR: H11WB05440.

Duties/Abilities: Lead the department and develop an orthopaedic service relevant to a Level 4 Regional Hospital (as per Queensland Health Clinical Services Capability Framework v 3.0 - 2011). Manage and coordinate the provision of Orthopaedic surgical services primarily from Bundaberg Hospital as well as rural facilities in the North Burnett within the Wide Bay Health Service District.

Enquiries: Dr Michael Hills (07) 4150 2210.

Application Kit: (07) 4150 2066 or www.health.qld.gov.au/workforus

Closing Date: Monday, 4 July 2011.

Senior Staff Specialists or Staff Specialists (General Physicians including subspecialties)

Department of Medicine, Division of Medical Services, Mackay Base Hospital, Mackay Health Service District.

Remuneration value up to \$395 098 p.a., comprising salary between \$169 593 - \$179 807 p.a. (L25-L27) or Remuneration value up to \$364 846 p.a., comprising salary between \$141 819 - \$164 728 p.a. (L18-L24), employer contribution to superannuation (up to 12.75%), annual leave loading (17.5%), private use of fully maintained vehicle, communications package, professional development allowance, professional development leave 3.6 weeks p.a., professional indemnity cover, locality allowance, private practice arrangements plus overtime and on-call allowances and accommodation assistance and relocation reimbursement (conditions apply). (Two positions. Applications remain current and will be considered for up to 12 months.) JAR: H11MK05232.

Duties/Abilities: Assist the Director in the provision of high quality clinical services as part of the Department of Medicine. Provide education to medical staff and students, Allied Health professionals, nursing staff and interested community groups. Actively participate in patient safety, audit, research and service planning activities. Respiratory and Sleep, Nephrology and Geriatric Medicine are the preferred sub-specialties, however other sub-specialty will also be considered. The component of General Medicine and sub-specialty is to be discussed with the Director of Medicine.

Enquiries: Dr Maung Khant (07) 4885 6256.

Application Kit: (07) 4965 9468 or www.health.qld.gov.au/workforus

Closing Date: Monday, 4 July 2011.

Senior Staff Specialists or Staff Specialists or Senior Medical Officers

Emergency Departments, Redland and Wynnum Hospitals, Cleveland and Lota, Metro South Health Service District.

Remuneration value up to \$388 164 p.a., comprising salary between \$176 377 - \$187 000 p.a. (f/t) or salary rates: \$84.50 - \$89.59 p.h. (p/t) (L25-L27) or Remuneration value up to \$358 430 p.a., comprising salary between \$147 491 - \$171 318 p.a. (f/t) or salary rates: \$70.66 - \$82.08 p.h. (p/t) (L18-L24) or Remuneration value up to \$291 528 p.a., comprising salary between \$127 697 - \$143 682 p.a. (f/t) or salary rates: \$61.18 - \$68.84 p.h. (p/t) L13-L17, employer contribution to superannuation (up to 12.75%), annual leave loading (17.5%), private use of fully maintained vehicle, communications package, professional development allowance, professional development leave 3.6 weeks p.a., professional indemnity cover, private practice arrangements plus overtime and on-call allowances (Full time and/or part time positions, hours negotiable. Applications will remain current for 12 months.) JAR: H11MSB0647.

Duties/Abilities: In accordance with the philosophy of the Metro South Health Service, the Senior Medical Officer is expected to provide high quality clinical care to emergency patients.

Enquiries: Dr Chris May (07) 3488 3574.

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

Closing Date: Monday, 11 July 2011.

Medical Officer with Right of Private Practice

Collinsville Hospital and Multipurpose Health Service, Division of Rural Services, Mackay Health Service District.

Remuneration value up to \$228 622 p.a., comprising salary between \$115 030 - \$122 106 p.a., employer contribution to superannuation (up to 12.75%), annual leave loading (17.5%), professional development allowance, professional development leave 3.6 weeks p.a., professional indemnity cover, inaccessibility incentive half paid at completion of each six months service plus accommodation assistance and relocation reimbursement (conditions apply), fuel card, overtime and on-call allowances (MOR1-1-MOR1-3) (Applications will remain current for 12 months) JAR: H10MK05951.

Duties/Abilities: Provide high quality multidisciplinary clinical services, in accordance with Collinsville Hospital and Multipurpose Health Services objectives, to public inpatients, outpatients, accident and emergency and aged care services with the right of private practice as set out in the Award. Potential applicants are advised that the *Aged Care Act 1997* requires Queensland Health aged care service key personnel to have: a current National Police Certificate; a search of bankruptcy records; and referee checks from previous employment. Queensland Health will facilitate the applicants obtaining the above checks.

Enquiries: Hamish Jeffrey (07) 4885 6757.

Application Kit: (07) 4965 9468 or www.health.qld.gov.au/workforus

Closing Date: Monday, 1 August 2011.

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

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

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Location: Conveniently located in the Macedon Ranges Shire approximately 50 minutes from Melbourne, Bendigo and Ballarat, offering a great balance between rural and metropolitan lifestyles. There is a wide selection of educational and recreational facilities within the Shire. **Practice Mix:** The Clinic provides a range of general practice, primary health and social support referral services to the growing community of the Macedon Ranges. The clinic services a diverse clinical mix of young families, the elderly, mental health and the disabled.

Flexibility: Part time flexible hours to suit work/family life balance. For further detail, please see the position description at www.kynetonhealth.org.au or contact Dr Tim Stobie, Director of Medical Services; tstobie@kynetonhealth.org.au or (03) 5421 2840. Applications close on Friday 1st July, 2011

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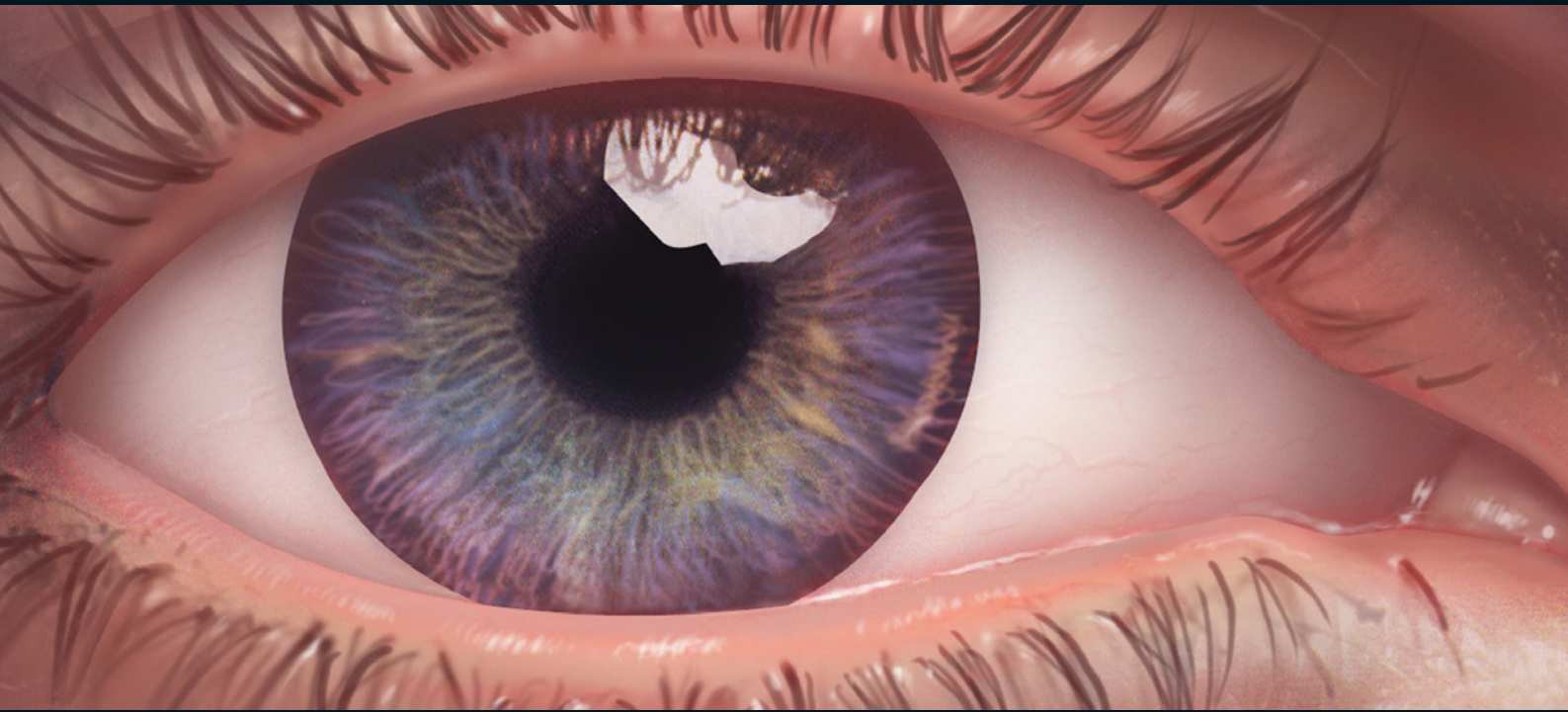
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