MJA Careers

Career overview

Brains and beyond

Neurosurgeons need strong technical skills and a capacity for hard work

Neurosurgery is one of the most technically demanding specialties, but it also offers substantial clinical challenges.

Dr Mark Davies, president of the Neurosurgical Society of Australia, says he was initially attracted to the specialty because he enjoyed surgery, but was also fascinated by the nervous system and neurological diseases.

"I found it was as challenging as many medical specialties in terms of the clinical acumen required", he says.

Dr Davies says it's a specialty where the basic sciences, such as anatomy and physiology, continually come into play. He trains young doctors to think from first principles, using clinical signs and symptoms to try to determine the problem, before correlating their conclusions with imaging.

Another appealing aspect is the fact that neurosurgeons operate not only on the brain, but on the entire peripheral nervous system.

"From a surgery point of view, it's a fairly unique specialty in that you get to operate all over the body", Dr Davies says."For instance, in Australia, about 70% of spinal surgery is performed by neurosurgeons."

When Dr Davies started in the specialty 20 years ago there were"a lot of unknowns"about the brain and nervous system, which is still true today.

"That continues to be something that gets you up in the morning because you're always learning things, there are new developments occurring all the time. People have outcomes that you don't quite understand and people present in ways that are often not the textbook way", he says.

Dr Terry Coyne, a neurosurgeon at BrizBrain & Spine in Brisbane, agrees that one of the most interesting aspects of the specialty is that it's constantly evolving.

"It's an ever-expanding field. I might be biased, but probably of all of medicine, neurosurgery is the area with the greatest growth potential."

Dr Coyne says in the 25 years he's worked as a specialist neurosurgeon he has seen huge advances in technology and treatments. These include computerised image guidance, stereotactic radiosurgery and deep brain stimulation for movement disorders.

"You need to be open to change and be willing to take advantage of all the advances that are occurring", he says.

In addition to embracing change, neurosurgeons need to be able to cope with the emotional side of managing very sick patients, including those with major trauma. Neurosurgery is also high-stakes work, so while it can be life-changing it can also have disastrous outcomes when things go wrong.

"It can be emotionally draining and stressful … there are not always good outcomes. That's probably the worst part", Dr Coyne says.

He says budding neurosurgeons need the ability to be"brave without being reckless", particularly when performing difficult operations such as complex spinal reconstructions or deep brain tumour operations.

The technical demands of the specialty, where much of the surgery is done under magnification, mean that neurosurgeons need"good hands".

Neurosurgery is also a demanding specialty in terms of time management. Many neurosurgeons working long and antisocial hours, with procedures

> "Probably of all of medicine, neurosurgery is the area with the greatest growth potential"

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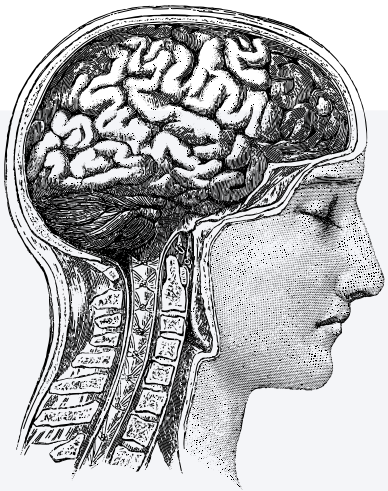

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that can stretch up to 24 hours. Neurosurgeons therefore need to have a measure of stamina, both physically and emotionally.

There are only about 160 neurosurgeons practising in Australia and New Zealand. Dr Coyne says the small size of the specialty offers a number of advantages, such as opportunities to interact with international colleagues.

"Because there are not that many people in neurosurgery you get to know people from around the world. I've really enjoyed that aspect of it."

The small size of the specialty also gives neurosurgeons the chance to really become experts in their area of specialisation.

Dr Coyne also appreciates the practice model at BrizBrain, which

> "It's as challenging as many medical specialties in terms of the clinical acumen required"

is a shared private practice of five neurosurgeons with different subspecialty interests. He says this model is becoming more common and allows practices to offer patients excellent care through access to neurosurgeons with different areas of expertise.

Most neurosurgeons these days do subspecialise, says Dr Davies. Popular subspecialties include spinal surgery, paediatric neurosurgery, cerebrovascular neurosurgery and neuro-oncology. Because the specialty is small, many neurosurgical registrars choose their subspecialty based on the needs of the hospital they want to work in, he adds.

Many neurosurgeons are also actively involved in research (see "Medical mentor", page C5) and the specialty enables doctors to pursue research to the extent they wish.

Similarly, neurosurgeons can often choose the mix of private and public work that suits their preferences.

Training as a neurosurgeon

To become an independent specialist neurosurgeon, doctors need to obtain the Fellowship of the Royal Australasian College of Surgeons (RACS) in neurosurgery, by completing the 6-year surgical education and training program in neurosurgery. Applications can be made from postgraduate year 2, for entry in postgraduate year 3. President of the Neurosurgical Society of Australia (NSA), Dr Mark Davies, says entry is currently very competitive, with hundreds of applicants whittled down to about 10 successful candidates each year. However, he says those numbers should not deter doctors with a keen interest in the specialty. Upon completing neurosurgical training, most neurosurgeons travel overseas to North America or Europe to complete a fellowship in their subspecialty area.

More information about training is available from the RACS (www.racs.edu.au) and the NSA (www.nsa.org.au).

Sophie McNamara

Registrar Q+A

Dr Adam Wells, fourth-year neurosurgery trainee, Royal Adelaide Hospital, and PhD Candidate, the University of Adelaide

Why did you decide to specialise in neurosurgery?

My interest in neurosurgery began in the 3rd year of medical school when we were studying neuroanatomy and physiology. I always had an interest in surgery, and I liked the challenging surgical problems and demanding procedures offered by neurosurgery. I also really liked the anatomy of the brain. At the time, I had a special interest in trauma, particularly head injury. It also helped to have an academic neurosurgery unit within my university, where I ended up doing two research projects before graduating.

What do you enjoy about your training?

I love the great variety of clinical problems we treat. There are new problems every day, which makes life interesting. The urgency of the work can be a big thrill; for instance, performing an urgent, life-saving craniotomy can be hugely rewarding. There are also plenty of opportunities to explore academic interests in neurosurgery. I'm currently in my final year of a PhD focused on developing a new surgical model for stroke, using sheep rather than the small animal models currently used.

What do you dislike?

The work hours can be very long. As a neurosurgery trainee you need to be prepared for extended periods with only limited contact with family and friends. The study and self-directed learning expectations are very high, and this is on top of the already long clinical hours and workload. Sometimes patient outcomes can be disastrous and heartbreaking, so you need to develop a pretty thick skin.

What do you want to do once you're fully qualified?

I would like to do a fellowship in neurovascular or skull-base surgery, probably overseas. Overseas postfellowship training is encouraged in neurosurgery, with Australian graduates very highly regarded and travelling to the US, UK, Canada, Europe, etc.

After that I hope to pursue my interest in both clinical and research work. My ideal career would be to work at Royal Adelaide Hospital as a staff specialist with an academic portfolio, and continue working in my current laboratory with students doing higher research degrees. We are wonderfully supported in Adelaide through the Neurosurgical Research Foundation, and I hope to continue to contribute to the world-class research being produced.

Do you have any specific mentors in medicine, or neurosurgery specifically?

Professor Nigel Jones in Adelaide has been a lasting influence on my decision to enter neurosurgery. He is highly intelligent, an excellent surgeon with very good hands and a wise decisionmaker, and he has ongoing academic interests, is very professional, and is an excellent teacher who makes you think about problems.

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Medical mentor

Professor Jeffrey Rosenfeld reflects on his career in neurosurgery

Professor Jeffrey Rosenfeld is head of the department of surgery at Monash University and director of the department of neurosurgery at Alfred Hospital. Clinically, he specialises in cerebrovascular, brain tumour and skull base surgery. He is also a prominent researcher with a focus on neurotrauma. He is a major general in the Australian Defence Force and former surgeon general of Defence Force Reserves. He has authored more than 220 publications, and was awarded a Member of the Order of Australia in 2011.

"When I was a junior surgical registrar I was told I was not capable of being a surgeon. I didn't believe that and pursued my goal. Later, I wanted to become a neurosurgeon, but was advised to do general surgery. I had a job lined up as a general surgical registrar in London when I learnt that, for the first time, there would be formal interviews for neurosurgery training. I went along and was accepted. Having now had a successful neurosurgery career for the past 30 years, the message I would give junior doctors is don't give up on your dream, please pursue it if that's what you really want to do.

I was interested in the brain and neuroscience when I was a medical student and junior doctor, and once I'd experienced neurosurgery I realised it suited my personality and interests. You need very strong attention to detail. The precision of the work appealed to me and I liked the high-stakes surgery. I could see that I could make a big difference to people's lives.

One thing that really struck me was just how beautiful the living brain is. You see pictures of it in textbooks, but when you actually see the real thing, the beauty of the organ pulsating, with blood surging through the myriad vessels, it is an awe-inspiring sight. To have the responsibility to operate on the human brain is a great privilege.

I have a particular academic and clinical interest in neurotrauma. I was attracted to neurotrauma research because the outcomes for severe brain injury are still quite poor. Recently, I was co-principal investigator on the first multicentre randomised controlled trial of decompressive craniectomy for patients with severe diffuse traumatic brain injury. It created a lot of controversy when it was published in the *New England Journal of Medicine* last year, because we found the operation didn't improve outcomes for these patients. In fact it increased the number of survivors in a vegetative state. The research hasn't settled the issue. It's raised a lot more questions, but that's okay, that's what research should do.

> "If people were respectful and kind to one another we could eliminate many problems in medicine"

I've also done a lot of work in the developing world to try and improve neurosurgery services. I visit Papua New Guinea every year and have also worked in countries such as China, Vietnam, India and Fiji. If we teach general surgeons how to do neurosurgery, and nurses how to look after neurosurgery patients, the outcomes can improve substantially. I've also published a book on performing neurosurgery in resource-poor countries, *Neurosurgery in the tropics*, which has had a wide influence in the developing world.

I've served on seven deployments with the Australian Defence Force to Iraq, Rwanda, East Timor, Bougainville and the Solomon Islands. It is a privilege to provide medical care to our troops on operation and within Australia. In Iraq I looked after numerous bomb blast victims, both military personnel and civilians. I've tried to bring this knowledge back to Australia so that if we're ever struck by a bomb blast there'll be a lot of well informed emergency care providers.

When I was a medical student, in 1973, I was offered a research position with Professor Graeme Clark, the inventor of the bionic ear. I actually turned him down because I wanted to finish my medical degree quick smart. In retrospect that probably was not a great decision! I missed out on that one, but I'm now involved in developing a bionic eye, using a brain prosthesis, with a team at Monash University. The unique feature of this project is that it's a multidisciplinary effort between engineering, neurosurgery, ophthalmology, physiology and also private industry. It's been very exciting to work with professionals who look at things completely differently to doctors. We're on track to implant the first device in early 2014.

Being an academic neurosurgeon can be challenging because of the need to balance clinical work with research, supervision, teaching and administration. Work–life balance is also a particular issue. I don't know the answer to getting the balance right. I probably have spent too much time with medicine and not enough with family. I have to give enormous credit to my wife Debbie for allowing me to achieve what I've achieved — she gave up a career as a paediatrician for many years to raise our three children, of whom we are very proud.

Throughout my career I've focused on trying to be kind and courteous to people, not only to patients but also to other staff. When I see doctors who are aggressive and rude, I find this reprehensible. I suffered bullying, particularly when I was a junior doctor, and I vowed never to bully anyone myself. If people were respectful and kind to one another we could eliminate many problems in medicine."

Interview by **Sophie McNamara**

Money and practice

The end of the affair

What to do when a professional partnership ends

It's a scenario that occurs regularly in Australia's medical practices: a doctor announces her intention to leave the practice, and her remaining partners are furious. The practice has no partnership agreement and the lawyers are called in.

Mr Terry McMaster, a solicitor with McMasters' Accountants, Solicitors, Financial Planners, a Melbourne firm that specialises in advising doctors, says as practices get bigger, breaking up is becoming an inevitable part of the professional landscape.

"Though some liken a business break-up to divorce, it's actually very different. It's a commercial relationship and they're not meant to be forever", he says.

"Doctors don't need to get all emotional and personal when partnerships end, as they are designed to last for a finite period."

He estimates the average stay in a practice is about 10 years, so in a four-partner practice that could mean a change in partnership every two and a half years.

The reasons for leaving are diverse. Doctors may want to move back to the city or opt for a sea- or tree-change, or foreign-trained doctors may have finished their mandatory rural obligations.

A split may result from personal differences regarding money, control or vision. But the scenario that causes the most disruption among partners is termination.

"There can be a lot of emotion, lots of baggage and you have to clear through that clutter — but the saving grace in medicine is that the departing doctor can be working in another practice virtually immediately, maintaining their income and their ability to support the family", Mr McMaster says.

"You've just got to be commercial and practical about it and realise it's in everyone's interest for the change to be smooth."

He says the ideal scenario is when practices have a well drafted co-ownership agreement to fall back on that stipulates the terms and procedures surrounding the departure of a partner (see box).

Here are some of the key areas that practices also need to consider when a partner leaves:

Patient care

When a partnership dissolves, thought needs to be given to informing the partner's patients, maintaining continuity of care and managing patient records.

MIGA claims department manager Ms Cheryl McDonald says doctors often assume they own their patients' medical records, but this depends on how the working relationship was set up.

"Generally, the records belong to the partnership or corporate entity, not the doctor, unless that was the specific arrangement", she says.

However, she notes that, at the end of the day, it's up to the patient. "Patients don't belong to one doctor or another. They make a decision every time they turn up about who they want to see and they have a right to see somebody else when a partnership dissolves", she says. "If the patient has a specific directive about what happens to their records, that needs to be abided by."

The problem can be especially tricky when two solo GPs amalgamate their practice but the partnership doesn't work out, Mr McMaster says.

In this scenario, each doctor would probably take the patients they started with, although ultimately this decision is up to individual patients.

He says departing partners also need to be mindful about clinical continuity for their patients, so they need to give remaining partners plenty of time to find a replacement. In rural and remote areas longer notice periods would be needed.

A minimum notice period should be included in your co-ownership agreement, he says. However, this notice period can be varied, by agreement, when a partner decides to leave.

> "Generally patient records belong to the partnership or corporate entity, not the doctor"

Co-ownership agreements

A co-ownership agreement — the generic name for a partnership agreement, an associate agreement, a shareholders' agreement or a unit holders' agreement — is a legally binding document that governs the relationship between the owners of a practice and reduces the scope for dispute.

It could run from two to 50 pages, and can be varied by agreement so owners are not locked in.

A well drafted co-ownership agreement can, among other things, spell out what should happen when a doctor leaves the practice. This may include a set notice period (eg, 3 months), which can be shortened by consent, a valuation process for calculating entitlements, and a process for replacing the departing doctor. It should include any restrictive covenants such as exclusion zones and other restrictions to practice when the partnership ends. It can also cover decision-making processes and expulsion of owners.

If you have a healthy partnership, now is the best time to put a new co-ownership agreement in place, according to experts.

Financial entitlements

When relationships end, squabbles often centre on the leaving partner's entitlements.

Many practices operate on word-of-mouth agreements but when you have nothing in writing, the Partnership Act determines the entitlements of departing partners, and the law says profits should be distributed equally.

For this reason, it helps to develop a plan that everyone agrees on ahead of time and to formalise this in a co-ownership agreement. Again, this can be varied by agreement on a case-by-case basis at the time of the break-up, Mr McMaster says.

He also notes that valuing assets is simplified by the fact that very few medical practices have significant goodwill (the dollar value placed on intangible assets like people, processes and techniques).

"The bikkies are small. Be mindful you are not playing for sheep stations. Shrug your shoulders and get on with life."

Restrictive covenants

Restrictive covenants that limit where exiting doctors can set up a new practice (eg, not within 5 km of the existing practice) are worthwhile and enforceable, Mr McMaster says.

"They are an essential part of a co-ownership agreement. When a new doctor comes into the group, in order to build their profitability, you'll pass new patients over to build their list, so you need the protection of a restrictive covenant.

"I've seen doctors leave and threaten to steal patients away and I work hard to hose them down.

> "We have seen cases where each side's legal costs have exceeded the value in dispute"

I suggest they instead start their new practice 6 km away, where they'll be just as busy but with no risk of legal action or a tarnished reputation."

Calling the lawyers

Even though he is a solicitor, Mr McMaster recommends avoiding seeking legal advice during a partnership split if possible.

Instead, he suggests that doctors try to remain amicable and put themselves in each other's shoes in the first instance.

Each partner can trade the things that are important to them, such as restrictive covenants or notice periods, to help smooth the path, he suggests. Contact a lawyer only when all else has failed or when the other side has done so.

"But when you do, it is important to instruct the solicitor to settle the matter ASAP and to not turn it into a never-ending saga. We have some cases that have dragged on for years because of the solicitors, which should have been settled in days", he says.

"Legal costs will often outweigh any benefit, and we have seen cases where each side's legal costs have exceeded the goodwill value in dispute. This is not uncommon."

Amanda Bryan

A well executed exit

When Victorian GP Dr Neville Steer recently decided to move out of the area to practice in Mornington, it meant an end to the 23-year partnership he'd had with five other doctors in Traralgon.

"My wife and I decided that we would move when our youngest child finished at the local high school," Dr Steer says.

The transition went smoothly because his practice had a written agreement on the process to follow when someone decided to leave.

Dr Neville Steer

"This made it much easier as the agreement recorded the notice period, how the practice assets would be divided including calculation of goodwill as well as a time schedule for purchasing my share", he says.

"Succession planning is something we had been addressing when bringing in new GPs. I was able to give a lot of advance notice — 5 years. This allowed us to bring in another GP about a year before I finished. I started advising patients 12 months ahead."

Road less travelled

Looking for a home

Professor Krishna Somers has had a lifelong and very personal interest in diasporas and migration issues.

Cardiologist Professor Krishna Somers, now based in Perth, has twice had to flee oppressive political regimes: first from South Africa during the apartheid years, and then from Uganda under Idi Amin.

Prof Somers was born in South Africa, as a fourth-generation descendant of Indian sugar plantation labourers. He was raised in Durban during the decades of legislated racial discrimination, attending schools segregated for Indians.

He won a scholarship to the University of the Witwatersrand in Johannesburg, the only university in the country at the time without racist admission policies. As an Indian South African he was prohibited from leaving his province except with a Certificate of Identity that had to be renewed every 6 months while he studied medicine.

However, upon graduation, he was unable to progress with his medical career."I found myself in the invidious position where I could never work or take further training because the teaching hospitals, which were government institutions, would not hire non-white doctors. It was just impossible", says Prof Somers.

He did have a passport, which, as a non-white South African, specified the countries he could visit. He travelled to the UK where he completed training in internal medicine and cardiology at Hammersmith Hospital and the Royal Postgraduate Medical School.

He wanted to return to Africa, but not South Africa, and in 1957 began work as a lecturer at Makerere University Medical School in Kampala, Uganda. He received one of the first two Rockefeller Foundation Fellowships awarded to doctors in African countries, which enabled him to become involved in sophisticated cardiology research at the University of California, San Francisco.

He took this experience back to Makerere University Medical School where he established a productive program of research, publications and teaching. As the only medical school in East Africa, it attracted students from right across the region.

Around this time, Prof Somers became physician to the president of Uganda, and to the royal families of the country."It was nice, it was prestigious", he says.

Prof Somers enjoyed working in Uganda for more than a decade, but things began to change after Idi Amin came to power following a military coup in 1971. Prof Somers says the violence immediately following the coup was extremely frightening, and he was confined to the university campus.

However, once the initial violence ceased, the university began to function again as normal for a year or so.

"Then of course, the outrageous killings began", says Prof Somers."Amin was a hopeless administrator — he was a dictator, a tyrant and a bully."

"Anyone who had supported the previous government or opposed Amin was abducted and never seen again. That applied also to the vice-chancellor of the university, Frank Kalimuzo: he was taken, and never seen again."

He left Uganda in 1972 after Amin suddenly ordered the expulsion of anyone of Indian origin. He returned to London using his"unmentionable" South African passport and then says he "lounged around"trying to determine his next professional move.

For 8 months he worked as a medical education consultant for the World Health Organization in Papua New Guinea, but sought a long-term role.

> "Amin was a hopeless administrator — he was a dictator, a tyrant and a bully"

He finally made his way to Australia in the mid 70s after explaining his predicament to an Australian physician at a conference in Singapore, who was able to put him in touch with a professor at the Royal Perth Hospital.

He began working at the Royal Perth Hospital in 1974 and has lived in Western Australia ever since. He is now an Australian citizen.

He has returned to South Africa and Uganda many times. He particularly enjoys catching up with former students, many of whom now hold senior medical positions in various East African countries.

He continues to work in private practice and provides occasional relief cover at the Royal Perth Hospital, as well as pursuing his interest in writing.

"Retirement does cross my mind, but what I do at the moment I enjoy immensely, and I like to think I do it reasonably well, so I continue."

His personal experience of struggling to find a country influenced his decision to provide seed funding for a foundation focused on researching diasporas — the Krishna Somers Foundation at Murdoch University."I've always been interested in diasporas and social justice ... I hope that it can help contribute towards a greater understanding of society and why people move from one country to another", he says.

Prof Somers says he believes immigration is inevitable."People move for various reasons. For instance, Australia has been involved in a senseless and useless war in Iraq, and likewise in Afghanistan. So we're bound to create refugees from these countries."

"But I wouldn't be blatantly critical of Australia's attitudes towards immigration. Australia is very generous."

Sophie McNamara

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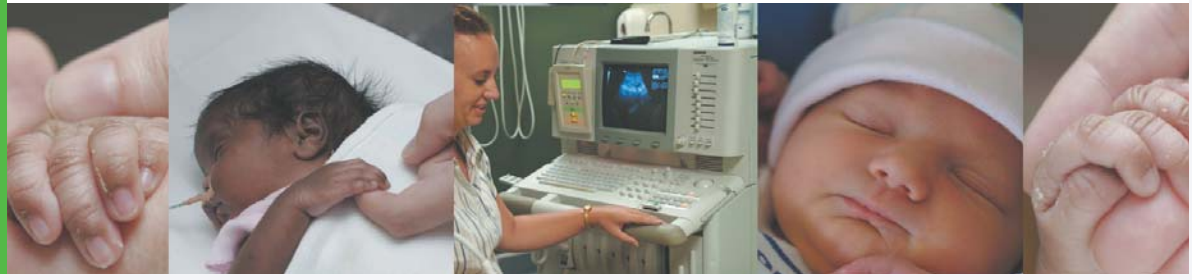

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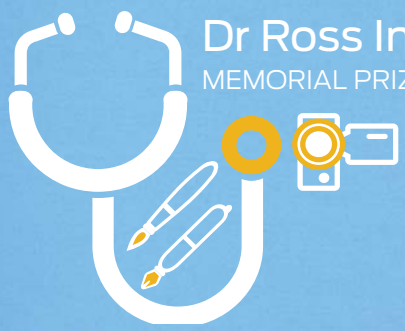

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Specialist consulting opportunity in busy rural centre – Shepparton (Victoria)
New purpose built rooms available in May 2012, with excellent referral base, from Shepparton and surrounding districts. Rooms available on sessional basis with varying levels of staff support catering for individual needs. Pathology, and pharmacy onsite and radiology close by.
Contact John Guymer on 0408 579 357 or j.guymer@bigpond.com for further details.

The Kinghorn Cancer Centre (TKCC)

St Vincent's Hospital and the Garvan have joined to create the soon to be opened TKCC and now seek EOI's for the renting of rooms in its purpose built Wellness Centre.
The Wellness Centre will provide advice on improving health as well as access to treatments to improve the quality of life.
Further details www.thekinghorncancercentre.org.au

Locums

Our experience will take you to new places.

LOCUM OPPORTUNITIES

ChoiceOne is currently seeking Medical Practitioners to fill locum and permanent positions of all grades including:

- **Specialists / Consultants**
- **General Practitioners / GP Registrars**
- **Junior Doctors**

We have opportunities located throughout Australia in metropolitan, regional and rural / remote areas.

With over 22 years of experience, talk to us without delay.

Call Brett on:
1300 655 060
email **brett@choiceone.com.au**

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Overseas Appointments

Why not continue your training in New Zealand and experience a different culture and lifestyle?

Did you know that if you are already enrolled with an Australasian College that you can continue your training in New Zealand?

Working in our fully-accredited training runs in the Auckland Hospitals will meet all the Royal Australasian Colleges' requirements and allow you to continue to grow and develop your career the way you want it. All four of our Auckland Hospitals are located within 30kms of each other and we have great opportunities to advance your career and cater to your lifestyle choices.

We have positions available for Registrars starting June 2012 (or potentially earlier) in the following specialties:

- Emergency Medicine
- Adult Medicine
- Paediatrics
- Psychiatry
- Surgery (general surgery and orthopaedic surgery)

Coming to work and train with us in Auckland will also allow you to experience life in the Greater Auckland region including the beautiful North Shore beaches, the amazing scenery and surf of West Auckland and the diverse Polynesian culture and events in South Auckland.

Register your interest at
www.SeeYouInAuckland.co.nz
– we will contact you and you can discuss your particular career pathway and the training available in the region with one of our specialist staff.

GP Opportunities

NGANAMPA HEALTH COUNCIL

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 GPRIP 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.

Services

MediType
Medical Transcription Specialists
Digital voice recorder provided - See website for details.
Transcribed remotely straight into your medical system or returned via email.
No locked in contract. Confidentiality guaranteed. Temporary or ongoing service.
www.meditype.com.au 02 8212 8674

Specialist Appointments

Ararat, Victoria

VMO General Surgeon

East Grampians Health Service

- **Co-operative working arrangements, assured hospital income**
- **Possible part-time academic appointment with The University of Melbourne's Rural Clinical School**
- **Attractive, historic town in the foothills of the striking Grampians and Pyrenees Mountains**

Please see our full-text advertisements on **www.mycareer.com.au** and **www.generalsurgeons.com.au**. Background information is available on **www.eghs.net.au**. Enquiries and applications should be directed in the first instance to Leslie McBride at:

Cleveland McBride Health Recruitment

Email: lm@clevelandmcbride.com
Tel: 03 9486 0500 Fax: 03 9486 0200
Mail: Suite 4, Level 4, 372 Albert Street, East Melbourne, Vic 3002

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Ararat, Victoria

GP Obstetrician

Ararat Medical Centre

East Grampians Health Service

- **Long-established rural general practice in prosperous region 200 km west of Melbourne**
- **Join 13 practising GPs with wide range of interests and tradition of teaching the next generation of practitioners**
- **Flexible and attractive remuneration; strong relocation support from the practice and regional health service**

Please see our full-text advertisement on **www.mycareer.com.au**. Background information may be found on **www.araratmedicalcentre.com.au** and **www.ararat.vic.gov.au** Enquiries and applications should be directed in the first instance to Leslie McBride in confidence at:

Cleveland McBride Health Recruitment

Email: lm@clevelandmcbride.com
Tel: 03 9486 0500 Fax: 03 9486 0200
Mail: Suite 4, Level 4, 372 Albert Street, East Melbourne, Vic 3002

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