MJA Careers

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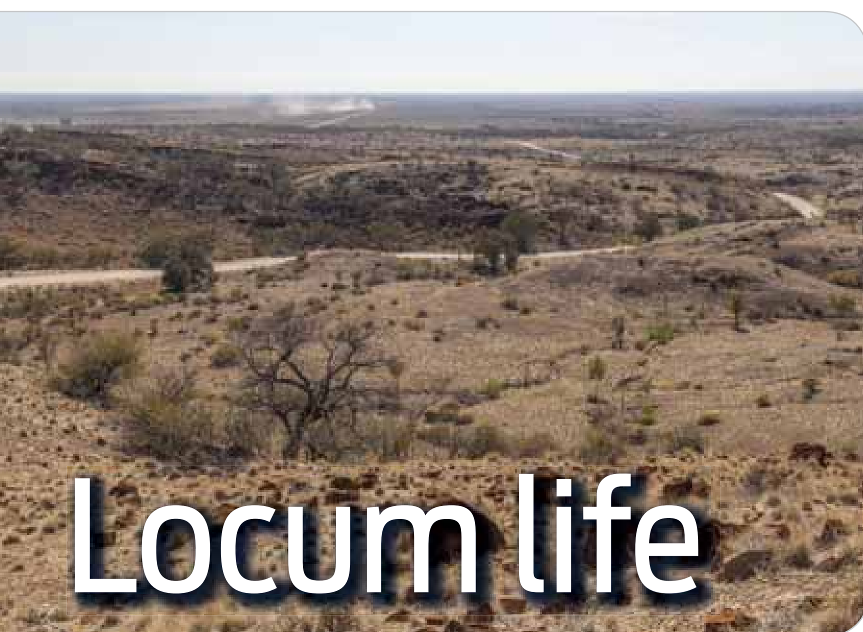

Locum life

Taking time out to practise medicine in a different location is a rite of passage for many, but recent regulation and workforce changes are altering the locum landscape

It was late at night on Groote Eylandt in the remote Gulf of Carpentaria. General practitioner Dr Nigel Bacon was settling himself in his accommodation when the call came in. A woman had been stabbed in the neck during a domestic dispute.

He quickly headed down towards the remote mining island's clinic, thinking to himself with some panic: "What can I do?"

The nearest hospital was 700 kilometres away.

"Fortunately it was nothing", he tells the *MJA*. "The anticipation is always worse than the reality."

But the incident was a sharp reminder that he was a long way from the family practice he had operated for most of his working life in regional New South Wales.

Dr Bacon is semiretired and is one of the thousands of doctors, from general practice to emergency medicine, who make up Australia's valuable locum workforce.

Locums often make good fodder for headlines in the mainstream press: they are too many or too few, too expensive or too risky. But as a group, they play a vital, sometimes underrated, role in the medical system, from respite for GPs in remote solo practices to emergency relief at all levels of the hospital system.

Few do locum work for the long term, but many choose to do it at some point in their career for at least a short period. For some, it is a lucrative way to spend annual leave, or a way to keep skills up while on maternity leave; for others, it can be a chance to experience medicine in a completely different environment. Travel opportunities and the idea of giving something back are also important motivators.

But the industry is now in the process of change say long-time observers, pointing to the influence of regulation and workforce changes.

When it comes to regulation, the notorious few being paid more than $200 per hour are even fewer thanks to state health department locum payment caps introduced over the past decade. It is still possible to make $6000, all expenses paid, by stepping in to cover a weekend in a remote hospital but regulation has brought some control of locum providers, with the number of agencies in NSW plummeting from a massive 200 prior to accreditation being introduced in 2008, to just 41 today.

Workforce changes created by the rapidly growing graduate numbers are also beginning to affect parts of the industry. It is now much rarer for training hospitals to have to fill short-term vacancies with locums compared with the situation five years ago. Nevertheless, there is still demand from regional and remote hospitals and general practice.

Dr Joseph Sgroi established Medic Oncall with his business partner Melissa Bennett in 2001, inspired by a particularly frightening experience as an intern.

"When I was working as an intern at Alfred Hospital, I was the medical resident for the weekend when the

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> "*Nursing staff are the backbone to the whole system and they are so competent. Working well with a good nursing team is absolutely essential, so you have to be a team player*"
>
> Dr Nigel Bacon

surgical resident went off", Dr Sgroi says.

The vacancy was unexpected and the hospital told Dr Sgroi that there was no one to fill it at such short notice. During the evening, he had a medical patient who became acutely ill and went into the intensive care unit (ICU). Within 10 minutes of sorting out that problem, a surgical patient also required ICU services. Luckily, by then Dr Sgroi was available.

"Fortune favoured both those patients, but it could have been a situation where both patients became sick at the same time and we would have been short of staff", he says.

Medic Oncall became the first agency to be established in Victoria and it now operates around the country with between 5000 and 6000 doctors on the books. As with many agencies, they have a broad clientele including public and private hospitals as well as general practices and even horseracing clubs. Dr Sgroi himself has taken locum placements.

"Over and above everything, the whole idea of setting up the company was not only to protect the doctor but to protect the patient as well, because I didn't want to see the situation that befell me when I was an intern."

A former chair of the Australian Medical Association Council of Doctors-in-Training, Dr Sgroi says that as competition for full-time graduate jobs intensifies and as pressure to use the current generic postgraduate year 3 and postgraduate year 4 hospital positions for specialist training intensifies, locum work may become an unexpectedly important avenue for valuable work experience.

"The impediment now to getting a job is experience and if you can't get a full-time job, the less experience you have and the less ability you have to progress through the system", Dr Sgroi says.

But the itinerant life may not suit everyone and there is the need to be able to quickly adapt to new work environments and to integrate quickly with different teams — whether in a hospital system or in a private practice.

To guard against rude shocks, Dr Bacon recommends that those new to locum work choose short-term positions, two weeks or less to begin with, and get to know what staff will be available at each destination.

"Nursing staff are the backbone to the whole system and they are so competent. They triage very well and they guide you. Working well with a good nursing team is absolutely essential, so you have to be a team player."

And given his Groote Eylandt experience, he says of course it is vital to be up to date on emergency skills.

Dr Bacon now does a lot of his locum work close to where he once practised on the NSW north coast. But over the summer period he says he is not doing very much at all.

"That's the other great thing about locum work — I've just taken my name off every roster until February!"

Annabel McGilvray

Doctor/Explorer

General practitioner Dr Alain Mackie had been practising for 20 years when he decided it was time to do something a little different and introduce some more variety into his work life.

"My children had grown up and left school and I thought it would be a good opportunity to explore a bit", Dr Mackie Says.

He left his partnership in Byron Bay, New South Wales, in 2010 and began working as a locum for six months of each year.

Since then he has travelled the length and breadth of the country, from Townsville, Queensland, to the Western Australian wheat belt and Tasmania. He goes away for a month or three weeks at a time, returning to his family between each placement.

While some of the accommodation has been a little basic — in one instance a nicely converted caravan — and the entertainment options have not always been great — there was plenty of time for reading while working in the WA wheat belt in particular — Dr Mackie says he would not dream of complaining.

"It's an interesting way to make a change in your career and it's a little bit altruistic", he says. "You're doing some good deeds for smaller communities, if you're happy to go out and endure some isolation."

Travel and accommodation are always provided and most of the placements have been made through the Wavelength medical recruitment agency which, like the vast majority of Australian locum agencies, charges around 10–15 per cent on top of the doctor's fee.

"They're in business and they're making some money and employing staff so they have to charge fees."

The one thing he misses about practising in this way, Dr Mackie says, is the patient follow-up.

"You think you're doing good deeds but you actually don't find out about them unless you go back. There's a lack of continuity."

In a few cases over the three years, he has been able to return to the same practices multiple times and so has been able to establish relationships with patients and staff.

But ultimately, like so many, he says he couldn't do it permanently and will probably settle down in a practice again sometime over the next year.

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Activist in training

Dr Will Milford has been advocating for junior doctors in his role as outgoing chair of the AMA's Council of Doctors-in-Training. It's been a busy and contentious 18 months

Not so long ago, Dr Will Milford, like many people, was scared of speaking in public.

That may surprise anyone who was present at the AMA's national conference last May when Dr Milford, in his capacity as co-chair of the AMA Council of Doctors-in-Training (AMACDIT), rose to address the delegates.

The topic was the then Labor government's plan to introduce a $2000 cap on tax deductions for work-related self-education expenses — and it was Dr Milford's job to convince the floor to back a motion to call for the scrapping of the proposal.

It didn't take long to get unanimous backing from the room and the campaign to "Scrap the Cap" came to fruition when the Coalition government dumped the policy in early November last year.

"It was a huge campaign and a massive success", Dr Milford tells the *MJA*.

"It was never a particularly bright policy, but Scrap the Cap was a great example of engagement [by the medical community] and it paid off."

Now the immediate past chairman of AMACDIT — he stepped out of the chair at the end of 2013 — Dr Milford has had time to reflect on his 18-month stint on the frontline of medico-political activism and its worth to him as a doctor.

"I'd never been active politically until I started obstetrics and gynaecology training in a large department at a tertiary hospital", Dr Milford says.

"That gave me the opportunity of seeing how things weren't working — rostering, etc. Then when I was a registrar I became a training representative with RANZCOG [Royal Australian and New Zealand College of Obstetricians and Gynaecologists].

"I did that for a few years before becoming chair of Doctors-in-Training."

Political activism may not be for everyone, but Dr Milford feels it has made him a better doctor.

"From an intellectual perspective it's very satisfying", he says.

"It's made me a better doctor, certainly. It increases awareness, exposes you to the issues and gives you a skill set you can't get [elsewhere].

"It's made me more effective as an advocate for patients and really empowers you to be able to do that in other spheres.

"I've always had a fear of public speaking. Being involved politically has very much helped me with that."

Born in Melbourne, Dr Milford and his family, including four siblings, moved to Emu Park, near Yeppoon in north Queensland.

After high school he returned to Melbourne to do his MB BS at Monash University and graduated in 2004.

"I then did two years prevocational training at the Alfred", he says.

His father, Edward, is an obstetrician and general practitioner, but it was never a foregone conclusion that Will would follow in his footsteps.

It was a stint in obstetrics at Mater Mothers Hospital in Brisbane that convinced him O & G was the specialty for him.

The internship crisis of 2012–2013 was a major battle for both the AMACDIT and the Australian Medical Students' Association.

> *"Scrap the Cap was a great example of engagement [by the medical community] and it paid off"*

With the number of medical graduates growing (1660 in 2000 to 3028 in 2011, with 486 more in 2012), and insufficient intern places available, the goal of medical students to enter their "dream specialty" has become less attainable.

"Getting a specialty training position is on everyone's mind", Dr Milford says.

"In the 18 months [of my chairmanship] the issue has shifted from not enough intern spots to enough spots but not everyone getting their first choice of specialty or where they want to work.

"How do we create the demand in junior doctors for specialties that are undersubscribed? Why, for example, do we need so many cardiologists?

"There is increasing awareness [among students] about their career choices. They need to consider the realities of getting a job in their "dream specialties".

"We need to look at shifting the way we deliver medical education in the prevocational years."

Clearly, 18 months running AMACDIT hasn't blunted Dr Milford's passion for activism, but for now he's concentrating on his career.

Next month he begins work as a private obstetrician at Mater Mothers in Brisbane, three days a week, and as a staff specialist at the Royal Brisbane Women's Hospital two days a week.

"Politically, I won't be doing much for a while", he says.

"I'd like to stay involved with RANZCOG. With the AMA, I'll wait and see."

Watch this space. It's a fair bet Will Milford won't keep his head below the parapets for long.

Cate Swannell

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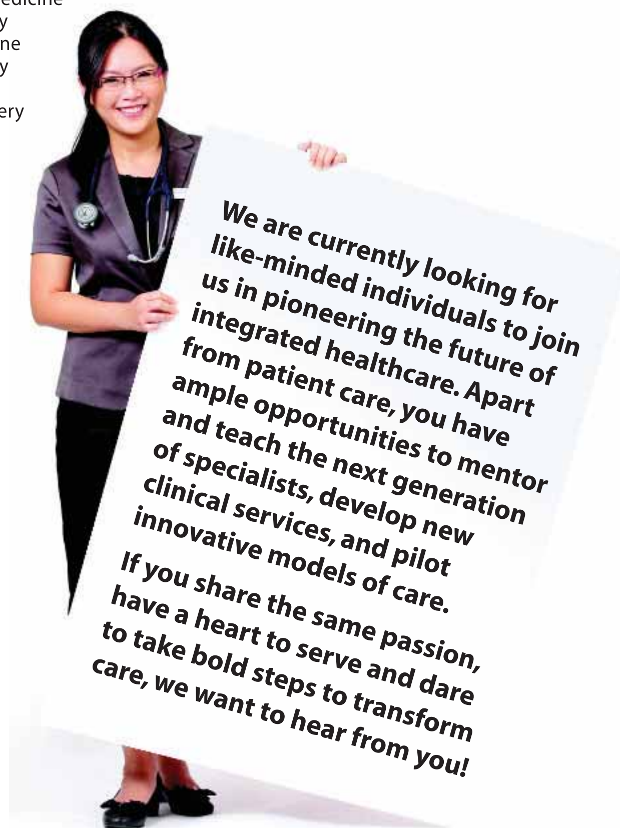

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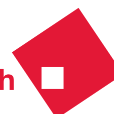

Specialist Appointments

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Applications are invited from cardiologists with outstanding fetal and paediatric cardiology skills and a talent for research and education for this geographically full time position of fetal and paediatric cardiologist, MonashHeart and Monash Children's Hospital, Monash Health.

Monash Children's Hospital is the third largest children's hospital in Australia and Victoria's largest provider of neonatal care. MonashHeart is the largest cardiology service in Victoria providing cardiology services to patients of all ages from in utero to our senior citizens. Monash Children's Hospital and MonashHeart are both part of Monash Health, one of the key public health service providers in Victoria.

The successful candidate will have excellent training and experience in fetal and paediatric cardiology and an academic record demonstrating the potential to enhance the research goals of MonashHeart and Monash Children's Hospital.

APPLICATIONS/ENQUIRIES (Ref No 12807): A/Prof Sarah Hope, Head of Paediatric Cardiology Services on 9387 1000.

For more information and to apply please visit the 'Careers' link on our website www.monashhealth.org

Applications close: 26 January 2013.

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Interested candidates should email CV to brenda.mckenna@olchc.ie Candidates should also commence the registration process with the Medical Council of Ireland www.medicalcouncil.ie under the 'General Division'.

For further information, please email brenda.mckenna@olchc.ie

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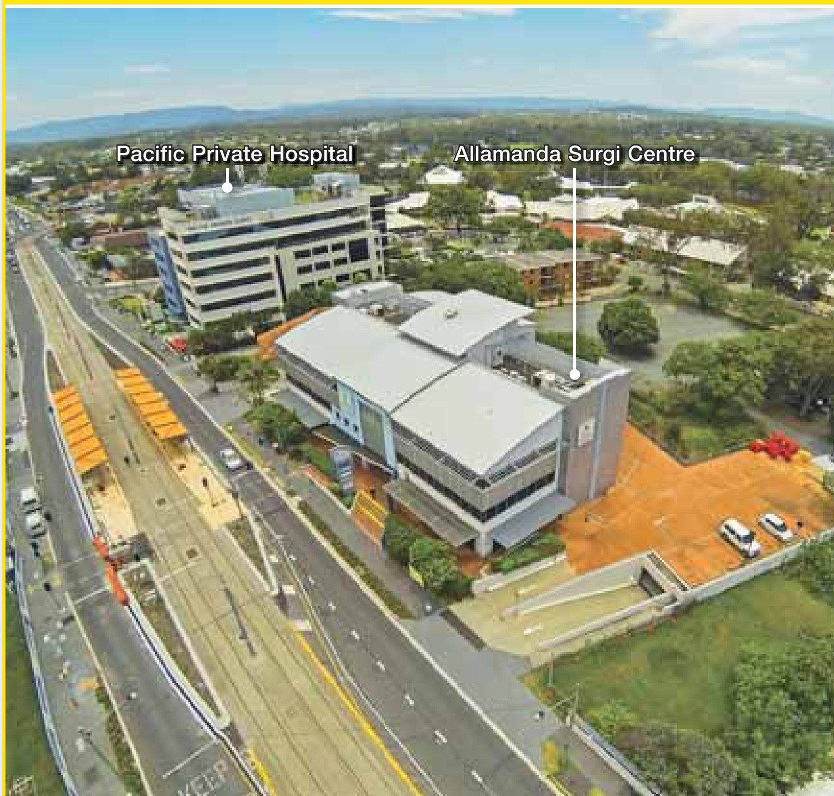

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Registrations open on our website mid-January 2014 • Website: www.otago.ac.nz/dsm/medicine/postgrad
Linda Cunningham: Postgraduate Education Coordinator
Department of Medicine, Dunedin School of Medicine, University of Otago, Dunedin NEW ZEALAND
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University Appointments

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The School of Medicine at Deakin University in conjunction with St John of God and Barwon Health is establishing a Chair in Orthopaedic Surgery.

The Faculty of Health at Deakin University has a broad, multidisciplinary research profile through its five Schools and six Strategic Research Centres, which collaborate extensively with internal and external partners. The Chair in Orthopaedic Surgery will provide outstanding academic, clinical and research leadership within the School of Medicine in the discipline of orthopaedics.

The successful applicant will lead orthopaedic research in the University and its partner health services. He or she will undertake a clinical role at both St John of God Hospital, Geelong and Barwon Health, and will contribute to School, Faculty and health service teaching, and program development in orthopaedics.

For a full position description and to apply, please visit the Careers at Deakin website at **www.deakin.edu.au/careers-at-deakin.**
Applications close on Sunday 16 February, 2014.

Professor/Associate Professor in First Peoples Health

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The School of Medicine is internationally known for its innovation and excellence in medical research and education. Through its local and international partnerships, the School of Medicine seeks to improve the health of urban, rural and remote communities through leadership and collaboration. In particular, the School of Medicine has a strong commitment to developing leadership in First Peoples Health and this role is key to that mission. The successful candidate will provide professional and cultural leadership in First Peoples Health through management of the First Peoples Health Unit. The position holds specific responsibility for the development and implementation of high quality teaching, assessment, learning and teaching scholarship, cultural competencies and curriculum in First Peoples Health in the Griffith medical program. The University has significant strength in research relating to Aboriginal and Torres Strait Islanders and this position would further expand the repertoire of research in this area. The appointee will have clinical experience as a medical practitioner in the field of First Peoples Health and a well-recognised connection to and engagement with Aboriginal and/or Torres Strait Islander communities. The successful candidate will have significant experience in teaching at undergraduate and postgraduate levels and a track record of policy development and/or evidenced based research around First Peoples health and well-being.

Applications: Obtain the information package and application requirements at: **http://www.griffith.edu.au/future-staff**
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Director of Education

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Reporting to the CEO, this position will be primarily responsible for:

- The development of the content and method of delivery of the training programs
- The educational development of the participants of the programs
- The development and delivery of supervisor training

The successful applicant will have broad experience in general practice and primary health care and an understanding of the current context of general practice training from undergraduate through to continuing education for GPs. Sound understanding of education principles, curriculum development and methods of teaching is essential, together with a FRACGP, FARGP or FACRRM. Post-graduate qualifications in a field relevant to general practice education will be viewed favourably.

The Director of Education works closely with the Director of Training and will form part of the leadership team. The position will be part time, approximately 2-3 days per week, negotiable. **Ref Number: 74911**

Please contact Richard Durand on (03) 6230 4000 for further enquiries or a copy of the position description. To submit your application in strict confidence, please email your application to tasrecruitment@kpmg.com.au quoting the relevant reference number. Applications must address the selection criteria as detailed within the position description.

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