Working outside a capital
Starting in Newcastle
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What I thought my career would be... (2010 edition)
What do I want to be doing on a Saturday afternoon?
My preconceptions …

• Isolated – professionally and socially
• Limited scope of work
• Is there enough work?
• Limited access to clinical trials
• Small town life
Isolation

• Peer support, mentoring, corridor consults were (are) crucial.

• Newcastle: 11 haematologists, 6.4 FTE.
• Tamworth: Network position ~0.8 FTE total.
• Remainder of HNE: 0.0 (1.0 private in Tamworth).
Limited scope / amount of work

• 45 autografts / year
• ~20-25 acute leukaemias
• 16 bed inpatient unit
• 10 chair haematology day unit (~40 patients daily)
• >1500 referrals to outpatients per year
• Ample opportunities for private practice
• Affiliated local university / med school
Clinical Trials

• 23 active haematology trials (~half enrolling).
• Phase 1B to 3.
• ALLG and sponsor-initiated.

• Opportunity to be involved as PI etc. much earlier in career.
Small town life

- 2 hours to Sydney CBD by train or car.
- Direct air connections to Byron Bay, Gold Coast, Brisbane, Melbourne.
- 15-20 minutes door-to-door work commute
- 10 minutes to the beach
- 40 minutes to Hunter Valley wineries
My work

• 4 days per week public practice
  • 2.25 clinics
  • PI on clinical trials
  • Research committees, local cancer network strategic committees, ...
  • JMO & BPT teaching and supervision
  • Banging head against wall
  • 1 in 6 ward service / on call / lab

• 1 day per week private practice
  • (Peace)
• There is no shortage of work.
• There is no shortage of jobs.

• There IS a shortage of central city prestige tertiary hospital jobs.
• There is also a shortage of people willing to work away from their training hubs.

• You will not be unemployed.
• You will pay your mortgage.
Start with the end in mind.