



Getting  
to know our  
rural GPs



RACGP



National Rural  
Faculty

## Getting to know our rural GPs

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## Message from the Chair

### *Capturing something special*

Since 1992, the RACGP National Rural Faculty has supported general practitioners living and working in regional, rural and remote Australia. During 2012, the Faculty celebrated its 20th anniversary and as part of our commemorating that milestone we produced a series of inspiring stories that were featured throughout the year.



These stories were sourced from just some of our thousands of dedicated GPs working in rural areas and produced with an aim of highlighting the important and varied work of our members. By bringing to focus the unique nature and rewards of living and working in these communities we hope to inspire others to rural general practice.

Truly demonstrative of just how diverse the profession is and the depth of skills needed in supporting the often complex needs of rural communities, these stories provide an important record in time and have been collated together for continued reference. The series, like the diversity of these communities, provides a good mix of the types of opportunities available in rural and remote practice and provides, we believe, a compelling case for going rural.

A common thread throughout is the strong connection and important role GPs hold to their community. It is that commitment and community connectedness that comes through in each story, together with some captivating moments and facets of rural life that make it all worthwhile.

I would like to take this opportunity to give a heartfelt thanks to all those involved; the 24 members who so generously gave us an insight into their daily lives in the hope of attracting more to the profession. It has been a privilege for us to hear and share these stories and we hope you will enjoy them.

*Kathryn A. Kirkpatrick*

Dr Kathryn Kirkpatrick  
Chair, National Rural Faculty

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Dr Peter Bennett

*"This is an Aboriginal Controlled Health Organisation, which means we are very much employed by the local community"*

western South Australia. The two communities he works in have populations of 300–400 and he is the sole doctor for those clinics. Dr Bennett is supported by Aboriginal health workers and remote area nurses and nurse practitioners, who all hold strong procedural skills.

"These are all highly skilled and committed individuals dealing not only with endemic chronic illness and social problems but also acute medicine and trauma, which will occasionally occur 8km from the Stuart Highway," he explains.

"I like the continuity you get from being in a single doctor situation but I'm extremely appreciative of the supportive organisation I work for which enables me to have telephone contact with colleagues, including the other doctors working across the lands and specialist nursing staff.

For Aboriginal peoples, this area represents one of the most significant land holding victories in their long struggle for land rights. The Anangu Pitjantjatjara Yankunytjatjara Land Rights Act was passed by the South Australian Government in 1981, vesting title to the people of an area covering 102 650 square kilometres or about 10.4 per cent of the State with a total population of around 2500 people.

One of the more positive chapters of our history, it is said to be one of the most significant pieces of legislation in post colonial times and a key document embracing a more democratic approach. But the reality, it seems, is more complex. Whilst this autonomy has brought about a great strength of community and hope for these people, they still struggle with the past. Dr Bennett speaks warmly of this "friendly and welcoming" community as one that he is "honoured to live and work in" but also one of great hardship.

"It is a community struggling with an enormous burden from the past; a past that makes life very challenging for them and they are trying to bring up families in very difficult circumstances. For a doctor it is a place where you can have a valued role in a small community, practice varied and interesting medicine and have an opportunity to develop a relationship with the community that is different to a large city practice. In addition, there is also the ability to learn a little of a different and ancient language and culture.

**Dr Peter Bennett** is working across two Aboriginal communities and living in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands or 'Pit' Lands as they are also known, in the remote north west of South Australia around 400km south of Alice Springs.

Six years ago, Dr Bennett was in his mid 50s and working in a Sydney hospital. Having done this type of work for much of his professional life, he was ready for a change. Dr Bennett was seeking a new challenge that would see him through to retirement, and present a little more diversity and change of setting after working in the hospital system for nearly 30 years, in Sydney, Canberra and 2 years in England.

Having undertaken a Masters of Public Health and Tropical Medicine at James Cook University, he was looking to apply this knowledge – and years of tertiary experience – with more general medicine. Dr Bennett was drawn to the area of Aboriginal health and together with his wife, Rosalyn, a teacher, decided to take on the challenge of remote medicine.

"I was delving into a fairly independent and isolated style of practice which contrasted with my background in hospital medicine. However I discovered that there are supports for doctors starting to work remotely, in my case the Remote Vocational Training Scheme, which provides remote supervision and training leading to RACGP or ACRRM Fellowship while enabling me to stay working fulltime in the clinic where I have now been for nearly six years."

Dr Bennett works in the Iwantja and Mimili Clinics, run by the Nganampa Health Council, an Aboriginal Community Controlled Health Organisation. The health council runs six major clinics spread over about 500km of north

"This is an Aboriginal Controlled Health Organisation, which means we are very much employed by the local community. These are freehold lands owned by the Aboriginal people. We live here as guests of the people and work for an organisation run by the local people and I have to say that it is a privilege to be able to do this.

"Caseload is high, given the disease burden and poverty. There is a lot of illness here and working in these communities you do need some flexibility. There are very high rates of chronic illness; in adults, diabetes and related kidney and cardiovascular disease as well as chronic lung disease. Of course, drug and alcohol problems and mental health issues remain high. Child health in the area presents poor nutrition, dental problems, infectious diseases and an enormous burden of hearing loss to deal with. We also still see acute presentations with rheumatic fever, a disease that rarely occurs in urban Australia."

According to Dr Bennett turning these outcomes around – particularly for the young people – requires looking beyond just the provision of health care. In order to change their health and future prospects, the close link between health and social disadvantage in education, training and employment needs more focus.

"We're yet to work out the best way forward for the community. We all realise that their needs go beyond the provision of quality medical care and the dispensing of expensive medical treatments. The basis for a healthier life will be better living conditions in the homes, improved child nutrition and education to the level expected in the mainstream, with development of skills for meaningful work. Addressing the factors leading to disadvantage and disease is necessary to reduce the rate of chronic ill health and give people and their communities a better future.

"We do see improved outcomes in child health, partly due to immunisation and directing funding towards those things that are proved to work. But unfortunately, the current generation is still facing many of the same problems of previous generations."

Whilst remote, Dr Bennett enjoys the professional contact the role provides with the local hospitals in Alice Springs and Adelaide and the Royal Flying Doctor



*"One of the joys of working here is the solid relationships established with a number of other services."*

Service (RFDS). These hospitals and services are very supportive of the remote clinics in the APY Lands.

"One of the joys of working here is the solid relationships established with a number of other services, particularly RFDS and hospital and also various social welfare and government agencies. Alice Springs is our local referral hospital and we get fantastic support from the emergency team and other specialists up there. Paediatrics and obstetrics are particular areas that require hospital backup and it is great that we have excellent rapport with those specialists. Adelaide is a long way to travel but is our current referral centre for renal patients and some other subspecialties," Dr Bennett explains.

While this arid outpost is a far cry from the urban hospitals of Sydney, for Dr Bennett it has proven to be a good move, with an abundance of pluses overshadowing the more challenging moments. "Making a small contribution and being allowed to be a part of both the positive and negative times with a community facing various difficulties has made this the most rewarding period in my professional life," he concludes. ●



*Dr Andrew Crossman*

As part of our 20th anniversary celebrations, Broken Hill GP, **Dr Andrew Crossman**, shares some of the more interesting aspects to rural life from the delights of the hospital women's auxiliary cakes and pastries, lessons in bush tucker, mishaps with kangaroos and the desert by night.

Originally a country boy, Dr Crossman always suspected he would eventually pursue a career in rural medicine. Today, Dr Crossman finds himself back in Broken Hill in the far west of New South Wales, where he had earlier trained in general practice.

"It seemed natural to come back. I was a John Flynn Placement Program student here in the 90s, seconded as a resident in the early 2000s and did some of my general practice training in the area," he explains.

Dr Crossman's transition back to country life was preceded by occasional stints overseas and locally in academia. "Before rural practice I worked in a clinic at the University of Sydney for 3 ½ years and spent time abroad, including two years studying tropical medicine at the London School of Tropical Medicine and Hygiene and working as a doctor for the television program *Survivor Nicaragua*."

Dr Crossman certainly sees in rural life what others with less enthusiasm for the bush may dismiss; listing the cakes and pastries from the hospital women's auxiliary as one of the more enjoyable aspects of working and living rurally. On a serious note, he praises the extra responsibility and diversity in the medicine. "The diversity of medicine makes for an interesting day and there are also the added rewards – like the aforementioned auxiliary's cakes. But more importantly, the geography and people are beautiful, honest and natural here."

The experiences in Broken Hill are distinctively rural. His description of the open desert sky at night, the

*"Those looking to embark on a career in rural medicine should know that, despite the ups and downs, it's like living the dream!"*

"mesmerising stars against the pitch black desert sky" would tempt even the most urban of minds. In yet another lure, Dr Crossman boasts that there are not many city doctors who can obtain coveted bush recipes, such as Quangdong pie (a native berry used in traditional bush food), from their patients.

Dr Crossman's recollections of the types of presentations he attends truly demonstrate the diversity of rural practice and one of his most unusual experiences stemmed from a local native of a different kind. "I once treated a patient who fractured his tibia/fibula after a kangaroo knocked him off his motorcycle by running straight into the side of him. Although, perhaps beating that, would be the patient with third degree burns obtained while collapsing from alcohol intoxication onto the hot concrete slab next to his caravan during a 45°C outback day," Dr Crossman recounts with an empathetic shudder.

Incidents of this kind are of course the reality of rural practice. Like many remote areas, the far west of NSW rates poorly on measures of health status, with some of the highest occurrences in terms of disease burden and other risk factors in Australia – diabetes, smoking and obesity are some examples of the main problems. However it is the more unusual illness that comes with rural life, such as Leptospirosis, Q fever and Kunjin virus that present challenges. "There is a need for these types of illnesses to be included in the curriculum. They are rarely taught in medical school in any depth, yet are present in these communities where GPs are practising."

Broken Hill has a population of around 18 000 people, with the outlying towns accounting for an additional 8000 and spanning a distance of 350km. These outlying areas also rely on services out of Broken Hill and the Royal Flying Doctor Service (RFDS). The demand and strain on local resources is clear and demonstrative of remote areas where there is a strong reliance on rural GPs.

Dr Crossman's small two-doctor practice was opened in March last year and already has roughly 5000 patients. "Such is the need for GPs out here! In only 10 months we have acquired this number, I see 40 to 50 patients in a day and work 60 plus hours a week. We have two nurses, a psychologist and provide a comprehensive service including mining medicals, procedures and minor surgery, aged care visits, joint injections and vaccinations."

Despite the significant sector constraints and difficulties in recruitment and retention, rural life certainly agrees with Dr Crossman and he encourages others to pursue this path. "Those looking to embark on a career in rural medicine should know that, despite the ups and downs, it's like living the dream!" he says. ●



*Dr Tim Francis*

GP-Anaesthetist **Dr Tim Francis** lives in the village of Congarinni, in the Nambucca Valley with his wife, Sonia, their three year old son, Sean, and one year old daughter, Anna. This enviable rural coastal location in the mid north coast region of New South Wales provides a picturesque backdrop to an idyllic lifestyle and rewarding career. But for Dr Francis, who has certainly seen his fair share of success professionally, it is his family that he attributes to be his greatest life achievement by far.

Dr Francis, like many rural doctors, is both a general practitioner and practising proceduralist which takes him across many domains providing both primary and secondary levels of care. As a procedural anaesthetist he is able to support his rural community by improving access to surgical services and help facilitate service integration for his patients. These kinds of services are expected in cities but are often inadequate in under resourced rural areas.

In addition to his procedural and general practitioner role, Dr Francis has taken on an even broader position as a medical educator for North Coast GP Training. Extending himself even further, he also sits on their board and on the RACGP National Rural Faculty board.

Behind this strong work ethic and drive is a story of fine balance and one without compromise, of extending oneself professionally but within that ensuring family comes first. It's an important message for anyone considering rural general practice as a career. As it is in finding that right balance, enjoying the diversity yet ensuring you look after yourself and your family foremost, which results in an enduring rural commitment.

When asked to contemplate his journey to rural practice, Dr Francis digresses slightly and draws attention instead

to the view from his window of the egrets darting in and out of the trees and the Dorrigo Plateau in the distance. It is a beautiful 25 degree day, normal for mid May in these parts. He is enjoying some rare respite having just spent the morning with his 3 year old in the garden around their acreage. His indication to the serenity there implies there is little need for him to justify the move to the region in 2006, nor any need to further endorse rural practice.

Dr Francis says it was being able to work as a procedural GP and the diversity that brings, as well as the lifestyle and the broader regional benefits that first brought them to the mid north coast. But he admits that before making that rural commitment he had been cautioned about what to expect, but had little regard for the warnings. "What I needed to know was that you can't be everything to everyone all the time, you can't save everyone, and if you don't look after yourself, you might find yourself in a position where you can't save anybody. I started medicine wanting to be a superdoc: a jack of all trades and master of some."

*"The variety of opportunities which arise from a career in general practice is astounding."*

"When I was young and single, I could devote myself to work and still find time to have fun and do the things that I enjoyed. I am an experiential learner, I thrive on being thrown in the deep end, and I was. My first job in my PGY2 year was acting as a paediatrics registrar. In the same year I took on a rural relief term in remote central Queensland. I had excellent mentors and first class support from my consultants, so I survived and I loved it."

Since that early period in his training, Dr Francis has achieved a tremendous amount professionally in the six years he has been in the Nambucca Valley. He has not only completed general practice training, including advanced skills posts in emergency medicine and anaesthetics, but also assumed positions on a number of boards and taken on a role as a medical educator. Despite the obvious success throughout his impressive career, he attributes his family as his greatest accomplishment.

His true successes, he says, are his wife, Sonia, and their two children: "Sonia and the kids are the best thing that has ever happened to me. I may have made significant advances in my career over that time but getting married and having fathered two beautiful children are by far my greatest achievements," he said.

Rural general practice and its great depth of character and presentations were well suited to Dr Francis. Many varying opportunities have emerged and for the most part, he has embraced them: "One of the things I find amazing

about general practice is the diversity which the career offers. But there lies the dilemma.

"The variety of opportunities that arise from a career in general practice is astounding. It is flattering to be invited to participate in a group or committee or organisation, and there is a strong inclination to say yes to every offer. There comes a time however, when you are spread too thinly and need to reassess. Some will see this themselves; I didn't. But I was lucky enough to have a wonderful wife who is happy with my career enthusiasm but realistic on my commitment to family, and has pulled me up on this," he adds.

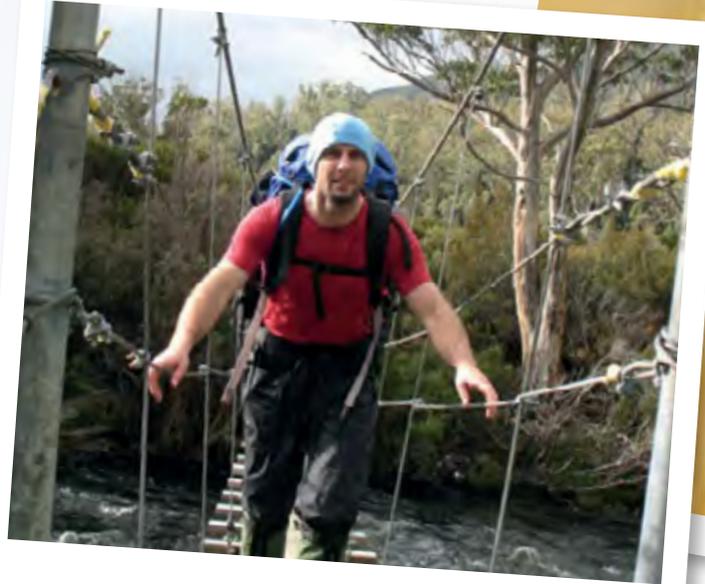
Dr Francis says that communication and flexibility is vital in his role. "It is very important to have mentors and colleagues to talk with, to work through challenges and reaffirm that at the end of the day, you are only human and it is okay to say 'enough'. More importantly, it is okay to change your mind, and shift your focus. Find a project and attack it, achieve your outcomes and then review your goals. You might then find, as I have, that all of that corporate governance training and quality improvement cycle apply equally to clinical practice and work-life balance."

Dr Francis believes he is fortunate to provide primary care as well as train junior doctors both prevocational and vocationally to provide quality, continuous care to the community at large. "Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime. I love working with our PGPPP residents and registrars. The vitality and enthusiasm of these young doctors invigorates me and drives me to keep improving myself and my practice.

"I always leave having learnt something. Medical education is never a one-way street. In the last twelve months, I have become more involved with prevocational training, giving me a greater coverage of prevocational, vocational and procedural training. I was amazed at the support for general practice and general practice placements from within the prevocational training community in NSW given the delayed uptake of PGPPP compared to the other states."

He credits the procedural side of anaesthetics to providing great balance to his practice. "The basic content of the two areas complement each other well and the teamwork element is even more evident in theatre. The airway, cardiovascular and respiratory skills apply easily to the emergency department and in practice emergencies, and the confidence from working with airways regularly is invaluable in a crisis.

"Anaesthetic lists are a good change of pace from a busy day in the rooms and allow you to discuss clinical issues and cases with the surgeons without the time pressure of a phone call during a busy consulting day. Now, every



*"I always leave having learnt something. Medical education is never a one-way street."*

week is different for me. There are clinical days in the rooms interspersed with anaesthetic lists, registrar and resident workshops and day releases. Some of the work can be done on the run or after hours when the kids have gone to bed, which is the sort of flexibility I crave."

Dr Francis reminds us of just how important family is in determining success. It is often what makes you great at what you do. For him, success involves being a great husband and father as well as doctor. The most important element of rural practice is still family: "I could work harder and see my family less. I could miss being part of my kids growing up. But I don't intend to, and I'm happy with that decision." ●



Dr Claire Hepper

**Dr Claire Hepper** is a registrar in Creswick, a town in central-western Victoria, 18 kilometres north of Ballarat. Dr Hepper, a Creswick girl, shares with us her journey to rural practice which has brought her home to her small rural community.

Dr Hepper pursued a career in rural general practice despite her father, a rural GP in the town of Creswick, urging her not to. “Dad encouraged me to pursue medicine if I wanted to, certainly research medicine, but advised against becoming a GP,” Dr Hepper recalls.

Notwithstanding her father’s guidance, Dr Hepper unknowingly commenced her journey towards becoming a rural GP upon her admission to study Biomedical Science at Monash University with a Masters in Anatomy.

“Having commenced the professional student route, I soon found the rats weren’t talkative enough and quickly grew an interest in general practice, rural general practice specifically, going against my father’s advice. After 12 years studying in Melbourne, ironically I found myself following in my father’s footsteps, working as a rural GP in my hometown of Creswick! What child follows their parent’s advice?” Dr Hepper joked.

Unsurprisingly, during her 12-year absence from Creswick, the small town had changed a lot. “Although every second or third person still recalls babysitting me, the town seemed different after so many years living away. Creswick is now thriving, attracting plenty of young families with a variety of successful businesses established and prospering – all great signs for a rural community.”

The town’s success also came with its share of adversity, Dr Hepper commented. “The Creswick community was

sadly affected by serious flooding three times in only 10 months. Thankfully, the tight-knit community of Creswick was able to band together to emerge stronger than before, undoubtedly shaping the future of the community.”

Having been born and bred in Creswick and witnessing her father work as the town’s dependable GP, Dr Hepper had some insight into what a career in rural practice would entail. “When Dad began as a solo GP, the extent of support and training rural doctors were exposed to, was minimal. My experience over the past 2 ½ years has been as a member of a team in a practice that has grown from three to 10 doctors.

We now have nine consulting rooms, great facilities and various procedural opportunities. Thanks to the expansion of services and increased staffing, I have been able to enjoy an improved work-life balance, allowing more time for friends and family.”

*“I wasn’t prepared for some of the more unique elements of rural practice, like the payment in eggs, homemade sambuca or lovely home grown vegetables!”*

Despite her family background in rural general practice, Dr Hepper still found herself surprised by many aspects of working as a GP in Creswick. “I wasn’t prepared for some of the more unique elements of rural practice, like the payment in eggs, homemade Sambuca or lovely home grown vegetables!” Dr Hepper quipped.

Ultimately, the continuity of care was the main attraction to rural medicine. “The holistic level of involvement in a patient’s life was the strongest driving force behind pursuing a career as a rural GP.”

“There’s not only antenatal but the opportunity to see the babies grow up – it’s the cradle to grave factor – all about the person and not just a singular presenting complaint.”

During her time as a rural GP, Dr Hepper has also undertaken additional training in palliative care, adding to her skillset. “The difference in rural practice is that you can take the time to do the things that make a real difference, particularly in end-of-life care. Being part of the community means you can often provide the extra support that enables a patient to stay at home.

“Having the ability to make such a difference not only to my patient’s life, but those of their family, really is one of the most rewarding parts about my job,” Dr Hepper reflected. ●



Dr Aaron Hollins

**Dr Aaron Hollins** had long held aspirations toward a career in rural medicine and structured his training toward realising that goal. He now works in Far North Queensland, west of Cairns, dividing his time in Aboriginal and Torres Strait Islander health between two Community Controlled Health Services and teaching at the Atherton Clinical School part of James Cook University.

With his wife, Jane and three children, Sam (aged 4), Ben (9) and Ashleigh (10), Dr Hollins lives and works in Mareeba – a town in Far North Queensland on the Atherton Tablelands where the Barron River, Granite Creek and Emerald Creek converge. “Mareeba boasts pristine wetlands and rainforests, has sun 300 days of the year, fresh locally grown produce and most attractively, is completely void of traffic lights. It’s fair to say that the attraction to the area was not wholly clinical,” Dr Hollins explains.

It was early in his training that Dr Hollins began embarking on a journey toward rural practice. At the end of his second year during his summer break, Dr Hollins worked as an Assistant in Nursing (AIN) in Normanton in the Gulf of Carpentaria. It was there that he encountered the first of many mentors, Ms Bernadette Greenshill, who was the matron at Normanton.

“This experience really paved the way for my future career path. Working at Normanton gave me enough money to survive university for another year, as well as offering me an eye-opening experience. Essentially my time there was more like a job rather than a clinical placement,” he laments of his time spent as an AIN.

The placement prompted Dr Hollins to structure much of his formal clinical training as a student toward rural and Indigenous health. This strategic move not only deepened his interest in the field, it also inspired the career path that

*“My job now allows me to travel to various North Queensland rural towns, and I am constantly amazed and inspired by the rural doctors in these areas.”*

followed. The placements that shaped Dr Hollins’ formal training enabled him to obtain invaluable experience on remote locations including Palm Island, Ayr, Julia Creek, Richmond and Tennant Creek.

These placements also facilitated the connections with the many practitioners he met on his journey that would have a strong influence and help shape his rewarding career. Dr Hollins cites a long list of mentors, including Arman Yazdani, Martin Doris, Bryan Connor, Marg Culpan and Marg Purcell; each with their own unique quality and all of whom left a lasting impression on him.

“My job now allows me to travel to various North Queensland rural towns, and I am constantly amazed and inspired by the rural doctors in these areas. Some of them are international medical graduates who have been readily accepted into the community, some are Australian trained doctors who have developed their skill set based specifically on what their town needs. All of them are passionate about rural health and passing this passion on to students and registrars,” he said.

As a rural health workforce champion for the region, (a federal government initiative to help encourage others to embark on a career in rural medicine), Dr Hollins imparts some good advice on the topic: “Students should try to incorporate rural clinical placements as much as possible throughout their course; prevocational doctors should look to getting core skills before going rural; and registrars should work rurally as often as possible and be open minded to opportunities.

“Do not be afraid to go rural. Doctors with and without procedural skills are needed in rural areas. When contemplating working rurally, find a location you and your family will like, and then look at what that town needs so you can develop your training towards that.

“As you train, build your personal and professional support networks – the group of people you turn to when you need guidance. Make sure you utilise these networks and don’t be afraid to ask for help. There are plenty of different opportunities in rural health as well, it’s not restricted to simply seeing patients,” he said.



Following 5 years in Mt Isa, the relocation further East to Mareeba has enabled Dr Hollins to live closer to the beach – now totalling a 1 hour trip instead of 2 days. “Bringing up a family in a rural area is the best thing; your kids will appreciate it – at least until they are teenagers!” he jokes.

An army upbringing meant Dr Hollins spent most of his childhood uprooting from place to place. This ensured he gained important adaptation skills at a young age. His situation also instilled within him a sense of community and strong capacity to help others – attributes that hold well today and are particularly useful in practising medicine within rural and remote areas where there is a strong connection to place and community.

“Being part of a community is the strongest motivator for me. Being able to listen to patients’ stories – making a difference to their lives and being part of that community – is so important. But being part of such a tight-knit population means that often, compared to cities, tragedies are far reaching and felt throughout the whole community.”

Whilst sharing his inspiring story, Dr Hollins also offered some parting advice for our policy makers in Canberra: “If I were Health Minister, I would change the rural classification system – there have been some interesting points raised by Humphreys recently in the Australian Journal of Rural Health proposing a six level geographical classification scheme and a recent submission by Rural Health Workforce Australia recommending that the classification not be based on geography alone.

“My preference is for a scheme based on the number of traffic lights and/or McDonalds in a town! Needless to say, the move to the ASGC-RA classification system has led to some interesting anomalies – I now work somewhere classified as rural as Townsville! I would also use the health portfolio to push for action on climate change. Rural towns are going to suffer if we don’t do something now and governments need to think beyond the three year election cycle,” Dr Hollins concluded. ●





Dr Harry Jacobs

**Dr Harry Jacobs** began his career in general practice in 1979 in Mackay, Queensland, where he has practised for 32 years up until his recent retirement to Peregrine Beach with his wife Fiona. In retirement he has continued to give back to the profession, still relishing in the role as he takes on rural locum work and teaching support. His story encompasses a commitment spanning over three decades. It is a remarkable journey that has entwined the ordinary with the extraordinary, from the grassroots to the world stage, teaching in universities and remote outback communities showing there are no bounds in a career in general practice.

Dr Harry Jacobs has a lifetime of knowledge and experience to share and he is determined to do just that. Imparting the wisdom and knowledge he has gained throughout his career is a priority of Dr Jacobs and since selling his practice last year, this is his key ambition and something he believes many others in a similar situation to him are also prepared to do.

“This is how I contribute now in my retirement, I spend time doing locum work in various parts of Queensland. This is mostly to help out friends so they can get a well earned break and secure some continuity for their patients. Nearly all these practices also hold a clinical teaching obligation, often with two or more registrars, so I am able to take on both a patient load and support the teaching component as well.

“Semi-retired GPs are an untapped resource in clinical teaching who can provide a wealth of knowledge and experience. There is a need to capture this cohort to support the increasing numbers of doctors coming through the system who will all require supervision and particularly to support those choosing rural pathways where teaching supply is scarce. There is significant

opportunity here and government needs to find a way to support and capitalise on it,” Dr Jacobs explains.

This is a message that also sits well with one of Dr Jacobs’ other roles as the RACGP’s Corlis Travelling Fellow for Queensland. This group of experienced and respected College Fellows from each state faculty provide advice, regional leadership and support and act as local mentors. Corlis Travelling Fellows are selected specifically for the skills and knowledge each brings to general practice education and training, but particularly in supporting others in their journey to vocational recognition in general practice.

The appointment as a Corlis Travelling Fellow is in honour of the late Dr Bill Corlis, a former College Fellow and a man of great integrity who spent a lifetime committed to primary healthcare and expanding knowledge in general practice for improved educational outcomes for general practitioners. Dr Jacobs shares this same passion and integrity, as he too shows exceptional drive and commitment to medical education and lifelong learning, including a strong willingness to support others in their pursuit of knowledge.

“Dr Bill Corlis was a GP and medical educator who travelled throughout NSW in the early 1960s promoting modern education principles in postgraduate education and collegiality throughout the state. The idea of the Corlis Travelling Fellows was instituted by Dr Chris Mitchell during his time as RACGP President (2008–10). Dr Bill Corlis was indeed a great mentor to him and perhaps this was his way of honouring that relationship.”

Since its formation 3 years ago, the Corlis Travelling Fellows have set in place a number of strategies and priorities to support others in their journey to general practice.

“We have identified for ourselves two key priorities; the student body and international medical graduates (IMGs). These are significant areas that we believe truly capture and that can benefit most from the Corlis ethos. Both cohorts can benefit from an increased focus to ensure they feel welcome and part of their profession and through mentoring and support to Fellowship.

“In terms of students, we have increased opportunities for participation in the College’s annual conferences to harness a spirit of collegiality and sense of belonging. We supported key events and opportunities for students to attend and present at GP11 and had a strong program at GP12. We also ensured a strong student presence at the last two RACGP Annual Scientific Conventions. An overall increased marketing focus and student engagement strategy has led to stronger links for the College,” Dr Jacobs says.

The Corlis Travelling Fellows’ work for IMGs has involved ensuring they are better supported, at least from a College perspective. The broader issues that fall outside of this are

complex and wide-ranging, involving issues regarding parity and access to education and support. The need for ongoing funding support for mentoring is yet another facet of this and an area the College has worked hard to improve.

“The IMG workforce in rural Queensland is at about 50 per cent and there is clearly a need for additional support and dedicated funding. We are reliant on these doctors, particularly in rural areas, yet there is an imbalance in how they are supported. Often when IMGs are practising in a rural area their family still resides in the city, some hundreds of kilometres away. They are without access to Medicare and required to pay full costs for schooling and the health needs of their family.

“From an educational perspective, they are required to sit and pass a multitude of assessments, sometimes with inadequate supervision and not provided access to the same financial support and training programs as their urban counterparts. They can be left feeling very vulnerable. The situation is not helped by the fact that after 4 years they could potentially be asked to leave the country.

“There seems to be a policy anomaly here and it is time for a review. There is a need to fund education programs for IMGs through GPET and allocate recurrent funding to mentoring support and other assistance to orientation. We have to realise that this is a globally competitive market and if we don't look after these doctors, we risk them choosing more democratic places with much fairer arrangements.”

But this is not the first major policy hurdle that Dr Jacobs has faced during his 32 year career. The changes in general practice over that time have been significant, not least the major reforms of the Hawke government during the early 80s with the reintroduction of Medibank, under the name Medicare, which he refers to as the ‘real watershed’.

“When I started in general practice, all local GPs did their own obstetrics, each practice had their own operating list and most hospital in-patients were managed by their GP. It's always interesting when people talk about rural practice and rural procedural skills. I'm not certain many of the younger generation understand that 30 to 40 years ago all GPs did these skills.

“What we have now is a product of some significant decisions made during the early 80s. It is an offshoot of the burgeoning of Medicare which resulted in a huge drop in private health insurance take up rates and with that came rising indemnity premiums, spawning from a differential payment system. GPs could no longer cover themselves as patients went public. In a period of about 2 or 3 years, 90 per cent of GPs in Mackay doing obstetrics dropped to around 2 to 3 per cent of a total cohort of 50 GPs.”



*“One of the joys of working here is the solid relationships established with a number of other services”*

Despite the obvious challenges throughout his years of experience, it is clear that Dr Jacobs has had and continues to have a rewarding career. Some of his fondest memories are those in his Mackay practice where he worked alongside his wife, Fiona, a practice nurse who also took on the role of practice manager there for many years.

His voice lifts as he recalls those times. “Many warn against working with family and it was certainly a challenging time for us building up the practice. You would take work home and wake in the night and sometimes I'd find Fiona had gone down to the practice at 3 am to complete bookwork or fix a problem from the day before. But we are fortunate to have complementary skills that enabled us to successfully work together.”

The joys of teaching continue for this doctor with his locum work, work with the RACGP and his academic appointment with the James Cook University (JCU) School of Medicine and Dentistry. These days you can find Dr Jacobs just as easily on the other side of the world presenting to international conferences, supporting students and registrars in a remote village outside Johannesburg as part of his JCU work or doing rural and remote locum work closer to home. On the odd occasion you may even find him on a surf board catching a wave at Little Cove in Noosa enjoying that retirement he speaks of! He is a true testament to just how versatile a career in rural general practice is. ●



*Dr Karin Jodlowski-Tan*

**Dr Karin Jodlowski-Tan** shares her story which is one of contrast and commitment. It's a journey that has taken her from the far north-west of New South Wales to the remote communities of Australia's Red Centre. This doctor shows a strong resolve and work ethic that is driven by a need to bring about lasting change for those who are living remote and experiencing social disadvantage. She works tirelessly in these communities to inspire others to be and stay well and to build resilience through education and opportunity. Here is her story.

Dr Jodlowski-Tan came to Australia as a 9-year-old during the 80s when her family relocated to Sydney from Hong Kong. Growing up in a large city for the majority of her life means Dr Jodlowski-Tan's remote journey and rural connection is quite remarkable. She now resides in 'the sticks of Sydney', 80 km outside of the city, with her husband, Dr Martin Jodlowski-Tan, their children, 12-year-old Kiara and 9-month-old Dominic. Their 19 chooks and resident goannas, foxes and wildlife also take up residency at the property.

The Jodlowski-Tan pair are dedicated rural locums, with both doctors spending the last few years flying out to the remote communities of Brewarrina and Walgett in the far north-west of New South Wales; a vast region scattered with scantily populated townships also known as Outback NSW. Rich in Aboriginal culture, these lands are ancient settlements that hold a spiritual significance to the many descendants living there today.

The couple married in 1997 and have dedicated most of their professional lives to rural practice since then. Spending time as remote area locums in central Australia based out of Alice Springs from mid 2007 to 2009, they visited communities from near the Western Australian

border to the middle of the Territory. Prior to this, the doctors ran a practice for almost 6 years on the north side of Port Stephens, in a small twin village called Hawks Nest/Tea Gardens, 220 km north of Sydney.

"I thought my internship in Orange was rural – I had never heard of the place before and so decided I should go there – now it really doesn't seem so rural compared to the other places I've seen. But that was where it all began and I've never looked back. I love being out in the country; neither of us can enjoy the city for more than half a day," she said.

After they left Hawks Nest, Karin began to visit the outback towns of Bourke and Brewarrina. At the same time she undertook personal development courses. She realised that for fundamental changes to occur in the rural communities she has 'adopted', there needs to be the sort of experiential teaching that helped people understand their values and beliefs which influence their behaviours and choices in life.

Since it was unlikely that Tony Robbins (an American self help teacher and motivational speaker) was going to go bush, Karin decided to take the initiative herself and lead a number of outreach educational programs in these communities. An important focus was to offer workshops in these areas that provided mentoring and life skills. Dr Jodlowski-Tan believes these are the areas where governments are failing these towns, which are ironically the very areas that build the resilience and the skills needed to escape from disadvantage.

She started to run leadership workshops that combined teachings on communication, how to achieve goals, as well as basic nutrition and health. The programs are often unfunded and done by her own initiative. She managed to secure some funding to run an employment readiness course for the disadvantaged. These essential life skills and information are readily available in more built-up areas, but sadly lacking outside the metropolis.

"If we wait till someone approaches us with depression, it is far too late in the cycle. We need to teach them how to succeed in life so they can stay well physically, emotionally and spiritually. I cannot even start to imagine how hard it must have been for my Aboriginal friends to grow up with such low self esteem."

Identifying a need in her communities, Karin has sought to change things in areas complementary to, but beyond, the usual scope of medicine. Mentoring and community resilience strategies are often left unfunded, yet they are often the answer in many disadvantaged communities.

Dr Jodlowski-Tan describes remote work and the community life as transforming. "It is a life changing experience that provides you with a unique insight into a community and allows you a place within it. It provides the space and flexibility in medicine to take on a much



*“My focus is on inspiring people to be and stay well and to bring education to as wide an audience as possible.”*

broader scope. You get to do everything, have numerous roles and be many things to many people.”

With their base in Glossodia, the couple fly in and out to their two north-western NSW town communities of Brewarrina and Walgett. Brewarrina is a small town comprising of around 1000 people on the banks of the Barwon River, 10 hours from Sydney. It has a strong Aboriginal population. Karin also started an outreach acupuncture and nutrition/lifestyle clinic there. “It’s about giving people choices and bringing skills to them locally. By the time they drive 4 hours back from Dubbo to see a physio or chiropractor, most of the work has been undone.”

Walgett is a slightly larger town of around 1700 with a more mixed demographic, located at the junction of the Barwon and Namoi rivers. The town takes its name from an Aboriginal word meaning the meeting of two rivers. In Walgett, Karin also performs support work for the Walgett Aboriginal Medical Services (WAMS), where she gains knowledge about the local bush medicine. “I’ve seen some amazing results from patients who use these traditional remedies. It’s similar to traditional Chinese medicine. We need to document them before the knowledge is lost.”

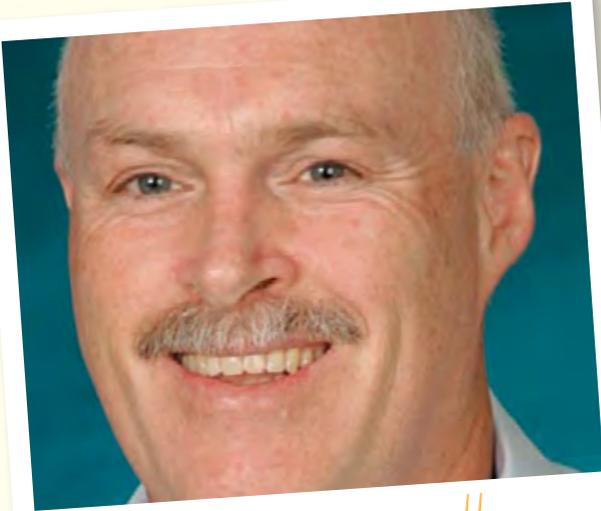
Dr Jodlowski-Tan encourages governments to invest more in these types of programs. “It is these types of community strengthening programs that provide people with a capacity to have and set goals and the will and need to be healthy. They help to change lives for the

better, provide the resilience needed to take control and leave poverty behind.

“My focus is on inspiring people to be and stay well and to bring education to as wide an audience as possible, especially in rural and remote areas. It’s necessary to give people a reason to have good health, otherwise what’s the point? You need to see it from their perspective, help tackle the obstacles holding them back and start to build that resilience.

“I am working to bring wealth and health to the outback and improve access to comprehensive models of health, including nutrition, lifestyle, acupuncture, coaching and laser and light technologies. I have started using internet technologies to develop outreach educational programs to rural communities, as well as help small businesses establish their niche markets. I help people find the resources they need to achieve their goals, be they human resources or technological tools.”

Dr Jodlowski-Tan is also the Education Director at the Australian Medical Acupuncture College. She is working toward applying acupuncture to her rural work, bringing a teaching focus on medical acupuncture and introducing that opportunity to rural GPs. A member of the National Rural Faculty Rural Education Committee for the past 7 years, she has recently supported the work on the new FARGP as well. ●



Dr Angus McDonnell

The RACGP Rural Registrar of the Year 2012, **Dr Angus McDonnell**, through great determination realised his childhood dream to become a doctor in his forties. Now the Medical Superintendent at Joyce Palm Health Service on Palm Island, a remote Aboriginal community located off the coast of Townsville in Queensland, Dr McDonnell shares with us his remarkable journey. This is a story that encompasses many accomplishments along the way to fulfilling a dream; experiences that, he says, have helped shape the doctor he has become today.

Dr McDonnell says he always wanted to be a doctor but having not attained the grades in high school, he first chose to pursue science; however his desire to practise medicine never faded. He enrolled in a Bachelor of Science and later gained a Research Masters after converting his PhD studies in Bio-inorganic Chemistry. From those academic beginnings, he commenced hospital based nursing training at the Austin Hospital, Melbourne, in response to a yearning for more clinical practice and patient contact. Taking him even closer toward his ultimate career goal, Angus then embarked on a rural and remote pathway working as an Intensive Care Paramedic, Senior Flight Nurse for the RFDS and Aeromedical and Aviation Retrieval Paramedic/Nurse to rural areas of North Queensland.

"I always wanted to be a doctor from a tiny boy but didn't get the grades required initially, so took the longer course I suppose. A move which in itself, was very rewarding, but that finally led me toward my ultimate goal. It was a hard but worthwhile journey which took me from science initially to hospital based nursing, then to remote retrieval nursing and intensive care paramedic work."

Having graduated from James Cook University School of Medicine with first class honours and granted the University medal in 2005, Dr McDonnell had finally fulfilled

his life dream. The following year he was also awarded the RACGP Peter Doyle Medal for being the student voted by peers as the most deserving in the graduating class of 2005. But this was just the beginning and there would be many awards to follow in his distinguished career.

It is easy to see how this unassuming, yet passionate doctor, has settled so well into his current role on Palm Island; a role he has held since December 2010. The hospital services a community of just under 3500 people, predominantly Aboriginal people and holds many challenges and rewards.

"It's a challenging job but a great one because it's quite broad with lots of chronic disease management. You cannot help but love the people here, there is a strong sense of community and place that captures all that come here. It is a sharing and supportive community – we cry and laugh together, there are shared tears when an elder dies and much celebration for new life when a child is born."

Dr McDonnell says he enjoys the diversity the role brings that enables him to see patients across a whole range of settings from work in the clinic and in the community as well as the emergency department. But the role has its drawbacks as well and has required some personal sacrifice. However, despite this his commitment has not waned.

Such is his passion and commitment for this community that he has had to live quite some distance from home since he began in the role with his wife, Anne-Marie, and children, Emma, Angus Junior and Liam, being a 30 minute flight away in Townsville.

"The role does not provide for a very liveable structure for families unfortunately. My family, my wife and children, live in Townsville while I live here but I manage to get off the island five or six days a month. My wife plans to join me full time here next year while the children are in school. It has taken some time to get the built infrastructure to standard but you expect those problems when taking on a role of this type."

Ensuring better access to culturally-sensitive care, while improving care across a whole range of settings is essential in a remote community and access to specialist services, both in maintaining the specialist outpatient clinics and enabling visiting specialists from Townsville, is an area Dr McDonnell has worked hard to sustain. Undertaking advanced skills training in anaesthetics has enabled him to treat many Palm Island patients who would otherwise require transfer to further care.

"It's important to treat as close to home as possible, and adding skills in line with community needs is also crucial and requires a lifelong learning commitment. I try to attend workshops, up skilling events and conferences to keep up-to-date and to help others in their learning



*“It’s important to treat as close to home as possible, and adding skills in line with community needs is also crucial and requires a lifelong learning commitment.”*

through online tutorials and virtual classroom sessions for other remote doctors.”

The RACGP National Rural Faculty 2012 Rural Registrar of the Year award recipient is not short on awards with this latest honour adding to a long list attained throughout a diverse career, including an Australian Bravery Medal and a Queensland Government Disaster Hero Award. He is also not shy of taking on a challenge on foreign shores having worked in a rural refugee camp in Africa and deployed to Bougainville, East Timor and Afghanistan through his role with the Australian Defence Force.

“In the Middle East and Afghanistan I had an opportunity to assist in the delivery of health services in a very austere setting. It was a great opportunity and one I will never forget.

“Similarly, closer to home the teamwork and comradery felt during the North Queensland natural disaster in 2011, in the lead up to and aftermath of a category 5 Cyclone Yasi is another unforgettable experience. Both exciting, yet frightening, we all worked together to form an emergency response team of health workers to ensure our community was safe. Some were taken off the island and those left behind had to fend for themselves for about 5 days but we were fortunate that no-one sustained significant injuries as the full force of the cyclone was felt much further north.”

It is this sort of community responsiveness that we know melds rural communities closer together and it is through these experiences that they grow stronger. But it is also through a selfless commitment from individuals like Dr McDonell that these communities stay strong and resilient overcoming difficulties and entrenched disadvantage.

While the challenges for the Palm Island community may be many and brought about by historical wrongs they now have, in Dr McDonell, a doctor who understands adversity and has himself worked hard through many barriers in order to realise a dream. This is a dream that now includes them, a vision for a strong and healthy future for their community, working together to bring about positive change for this much loved place and its people. ●



*Dr Sarah McEwan*

Originally from the central west of New South Wales, **Dr Sarah McEwan's** unwavering passion for rural practice and desire to support the local community saw her returning to Port Hedland as a locum in 2009, after initially coming to the region as a medical student in 2001.

The remote Western Australian town is home to around 20 000 people and is known predominantly as a mining town, producing significant iron ore and salt exports. "The town is hot, red and comprised predominately of middle aged men. The sea of reflective orange shirts that now covers the landscape is testimony to the 'fly in, fly out' workers of the town," Dr McEwan says, describing the majority of Port Hedland's workforce.

"Port Hedland is a melting pot of people from all over Australia. It is truly a unique location. The gorgeous landscape, the intact Aboriginal culture and also the diversity of people brought about by the nature of the work available in the town, all add to the charm of the place."

Thanks to this diversity, Port Hedland provides a unique and challenging workplace. "Rural medicine is not straightforward. You not only need to deal with the health issues of the community, you also have to consider much broader impacts such as social isolation issues or other aspects of disadvantage when making decisions for patients. It is about offering a holistic approach and trying to amend inequities, whilst also dealing with distance and service constraints," she explains.

Dr McEwan's country upbringing instilled a strong sense of place and culture, which evolved into a determination to address disadvantage in her community.

"Disparities between non-Indigenous and Indigenous Australians are extremely obvious in this particular area. It's a constant struggle attending to all types of presentations



*"Apart from the obvious joy of the birth, it was also a moment where it felt like we were finally witnessing progress."*

with very few resources. This, combined with an acute shortage of GPs, infrequent access to specialist support and the added load of trauma and workplace accidents from the mines, requires unwavering dedication. Often the challenges of working in a rural community pale in comparison to the moments that make it all worthwhile.

Dr McEwan proudly recalls the recent experience of delivering an Aboriginal patient's baby with an Aboriginal midwife. "Apart from the obvious joy of the birth, it was also a moment where it felt like we were finally witnessing progress. We are making the shift to community control in healthcare, something governments have been trying to do for years." Dr McEwan believes this signals a bright future for Indigenous doctors. "It's fantastic to see we are starting to make a difference to the quality of healthcare in Australia. I was one of the first 70 Aboriginal doctors in the country – there are now around 140. It is a long term goal to continue to increase those figures, challenging the views of mainstream health and bringing to focus the struggles our people face."

Dr McEwan believes a lack of resources and infrastructure is a significant problem in these communities. Despite the significant mining population residing in the area, the town is without planned infrastructure and relies on already stretched community medical services. "If governments are going to entice people to live in regional, rural or remote locations throughout Australia, it is imperative adequate resources and infrastructure to support these growing communities is provided. These investments will ensure places like Port Hedland receive adequate medical services and continue to thrive accordingly." ●



*Drs Beth and Mark Miller*

Doctors **Beth** and **Mark Miller** are an inspiring husband and wife team with an unsurpassed dedication to their community of Goolwa, a town 83 km south of Adelaide. They provide a fresh approach and unique insight into how doctors are leading the way in addressing need in rural communities. Their commitment and approach epitomises what it means to be a rural general practitioner.

Doctors Beth and Mark Miller work and live in Goolwa, South Australia, with their two sons, William, 18, and Sam, 13. The couple met during medical training and married during their fifth year of study. They have been in Goolwa for 21 years, after relocating there in 1991 to support and respond to an urgent doctor shortage.

Mark had already completed six months of training in anaesthetics and the couple had both just completed a diploma in obstetrics. The Millers had jobs lined up in the UK but Mark's sister, Dr Carolyn Miller, had started practicing in Goolwa a few years earlier and was increasingly imploring them to settle in her small town instead, as there were only two doctors practicing at the time. Evidently, it's hard to argue with family.

However, the decision to go rural is not always the easiest pathway to choose. Dr Miller recollects his introduction to rural practice and his first weekend on call in Goolwa.

"On my first day on call I was called in succession to a cardiac arrest at the local tip, a diner choking at the local hotel and an attempted suicide by Ratsack. We started to suspect that we may have made a mistake not accepting the UK jobs, but figured that we had overextended our work visas by then!"

Distance is often cited as a barrier for rural communities, particularly in the event of an emergency. Goolwa is more than 20km from the nearest hospital in Victor Harbor.

The nearest tertiary hospital, Flinders Medical Centre, is a further 1½ hours away.

The couple, in collaboration with their colleagues, have developed a model to overcome such constraints which addresses the distance burden in response to community need. It is a unique practice model designed to overcome distance constraints in urgent situations that involves operating an emergency triage from their clinic. This arrangement enables the GPs to attend to emergencies brought in by the local ambulance service which is staffed by volunteers and offered backup from Victor Harbor paramedic crews.

"To service the community, we have arranged for our practice to be the designated ambulance drop off site, and we are one of the few private practices in the state doing so. We attend to around 600–1000 ambulance drop offs and 12 to 15 flight retrievals each year. All our practitioners are dedicated to meeting this demand. There is a strong commitment to maintaining our emergency skills and ensuring the practice is adequately set up to cope with this added demand," Dr Mark Miller explains.

*"To service the community, we have arranged for our practice to be the designated ambulance drop off site, and we are one of the few private practices in the state doing so."*

Having the practice as a designated drop off for ambulances allows for initial triage, stabilisation and identification of appropriate services relative to each patient.

The situation in Goolwa is not unique. Currently, many rural communities are struggling with both distance and access to adequate health facilities. The uniqueness of the Goolwa practice lies in the innovative response developed by local doctors to respond to these issues.

"Our model is one that governments should seek to support the implementation of across more rural communities. It allows patients to access early initial care and also means that some patients can be managed and sent home without being unnecessarily directed to often overloaded hospital emergency departments.

"Those that do have to be transported to the local hospital can bypass accident and emergency and go directly to the ward. Patients sent to tertiary centres have already had an initial assessment, stabilisation and relevant documentation including referral and results, which should make their care more efficient when they arrive. To achieve this requires active management, cooperation and goodwill between all members of the healthcare team.

"In the past, we have been successful in securing government grants to sustain our after hours work, but it requires an established business case and maintaining that momentum is a constant battle. Stopping our operations in Goolwa, would be the catalyst behind 600 or so more ambulances converging on Victor Harbor each year causing a significant cost impact on the hospital budget," he explains.

The 14 doctor practice – which includes six partners – provides 12 consulting rooms with two smaller satellite surgery facilities at nearby Hindmarsh Island and Middleton. Goolwa and the surrounding area is comprised of 7000 to 9000 people, a population that can triple at holiday time.

The practice services a mixed demographic from children to retirees. There are two nursing homes in the district with a combined 200 bed capacity. The practice has several thousand patients that fall into the 75+ demographic, with many individuals in the community exceeding 90 years old. Consequently, the practice manages a lot of chronic disease, with age and rurality having an obvious impact.

"With the trend in medicine – particularly in rural practice – leaning towards sub-specialisation, we are finding that we are taking on more of a general physician type role. GPs in rural areas are often called upon to fill the gap when implications such as geography or a patient's inability to travel prohibit equitable access to specialist general medical care. Rural GPs often practice advanced skills in lieu of specialist services.

"We also actively head hunt specialists to visit the town and currently have visiting specialists in ophthalmology, gynaecology, dermatology, gastroenterology, orthopaedics, geriatrics, paediatrics, rheumatology and cardiology," Dr Miller says.

Teaching is a key focus of the practice, which accommodates two medical students each year as part of the rural clinical curriculum at Flinders University. The program involves a full academic year placement for third year medical students in a community based setting. They are involved in patient management in the practice and at the South Coast District Hospital and also spend time with visiting specialists.

"The practice has always had a strong teaching ethos; we have always had registrars and students. Beth and I believe that professionalism means putting teaching and learning first and working in a spirit of cooperation and generosity for the benefit of the community. It is our hope that our registrars and students adopt this ethos."

In addition to their role with Goolwa Medical Centre, Mark is also the RACGP Censor for South Australia and the Northern Territory and both Beth and Mark are involved with the South Australian RACGP Exam Panel. Beth



*"The practice has always had a strong teaching ethos; we have always had registrars and students."*

also works for Sturt Fleurieu, one of the South Australian regional training providers.

The couple are more than willing to be involved in community talks regarding the important work they do in Goolwa. They have developed innovative teaching styles and approaches to learning to support these workshops. Aside from enriching the community with adequate medical access, the pair also spend their time chasing their boys around school and sporting commitments.

The family enjoys music of most genres, pursuing the sheet music to any memorable songs they hear. Leading a relatively relaxed life that is not necessarily indicative of their professional endeavours, Drs Beth and Mark Miller are a true example of the essence of rural general practice. ●



*Dr Annette Newson*

**Dr Annette Newson** works in Barmera on the edge of Lake Bonney in the heart of South Australia's Riverland region where her family has lived for around 90 years. Having practised in the town for the past 20 years, Dr Newson has undoubtedly seen many changes, some government driven with funding cuts to health services including lost procedural services and others brought about by more natural forces in enduring drought. But amongst all these challenges there has been one constant for Dr Newson that is 'the beauty the place brings' both in its people and the natural majesty of the land that has kept her captured.

Dr Newson, like many rural GPs, is both practical and resilient. It is not surprising that she adapts so well to change given over the years she has had many challenges; so often a rural characteristic. The many significant changes that have occurred within medicine alone are substantial, including in general practice, with many of the key reforms occurring during her career.

Impervious to such constraints, with each challenge Dr Newson has worked hard to protect her community and secure resources for them. These sorts of changes are often intensified for those in rural areas, the areas usually the first to endure budgetary setbacks or feel the tightening the most and for Dr Newson this is all part of the rural challenge.

When starting out in general practice, Dr Newson did both obstetrics and anaesthetics, and whilst those services have long gone in the town, she has been able to build up other elements of healthcare for her community. In finding other ways to improve access to services for her town she has focused on more holistic elements to the role.

"You have to be a bit flexible and work with the changes to your role. My focus now is to ensure adequate

responses and policy for childhood intervention, adolescent medicine and geriatric rehabilitation services. For older people in particular, in small rural communities, keeping the elderly in their homes as long as possible is important as is getting them into appropriate care facilities when the time comes to secure quality of life and maintain dignity," she said.

But in difficult times when challenges seem great, she has a unique coping mechanism. The stars against the desert night sky remind her of why she has stayed in this community, providing a simple yet effective reinforcement for her. "The desert stars are out of this world here, with no light pollution it is the most spectacular sight. When you look at that you then realise you can't live anywhere else and that this is where you are meant to be. The community as well of course and all of their great attributes keep you here."

*"You have to be a bit flexible and work with the changes to your role. My focus now is to ensure adequate responses and policy for childhood intervention, adolescent medicine and geriatric rehabilitation services."*

Barmera can be described as a place of contrasts, the landscape alone shifts from vineyards to Mallee scrublands and abundant waters to desert lands. The lake, on which the town settled, Lake Bonney, is renowned for its sunsets and life here is dependant on the river. Birdlife and the local ecology thrive as do its people despite years of drought and the continued economic downturn. For while Barmera may be a small town of only 4500 people what it lacks in size it makes up for in community spirit.

Dr Newson has spent periods working elsewhere, mostly rural, including 18 months in the UK in North Wales as well as in the northern New South Wales towns of Tamworth and Inverell but it is here – in Barmera – where she has found home.

"They are good country people the people of Barmera, a supportive community – it is 16 km away from the bigger centre of Berri where the regional hospital is and close enough to Adelaide. My family has been here for generations, my mum and dad met on the local tennis court. There is a connection to family here for me; although my parents have since moved from Barmera, I still have plenty of extended family in the area."

Dr Newson enjoys the holistic approach to medicine that these roles provide 'being a little bit of everything to a lot of

people' and whilst the role has changed quite a bit over the years she reinforces the need to be flexible and work with the changes in your role as well as ensuring adequate work life balance for yourself and colleagues.

"We have a great team here of seven GPs, a strong female quotient and most doctors work flexible hours. The ongoing care element of the role is something I particularly enjoy. While some services may have been lost and shifted further down the road to the large centre of Berri, we have worked to ensure access and a strong health service for this community.

"This type of team work ensures that we have that right mix of services and personal balance so that work doesn't take over our lives. That is important in a small community and the community here respect the need for retreat. For those starting out, my advice is to try to find somewhere where you are happy living, somewhere that will enable you to pursue both professional and personal goals."

Dr Newson is on the board of the RACGP's National Rural Faculty and the need for flexible medical practice is an area of focus she has endeavoured to highlight in her contributions to the faculty board.

"Family friendly HR practices which blend both the need for flexible or part time working hours with support for career goals will become more and more important with prolonged workforce shortages worsening in rural, particularly as many long term rural GPs are nearing retirement age."

Safety in practice is another area where she has supported the Rural Doctors Association of Australia (RDAA) in their 'working safe' framework which seeks to develop policies to ensure safety in rural hospitals and in the rural practice setting more broadly. This is an interdisciplinary project involving police and also education providers to ensure safety and protection for workers in rural communities across many professions.

"In rural healthcare you can be left feeling quite vulnerable particularly female doctors and staff in the hospital setting where staff cut backs leave you in relative isolation sometimes. It's about not tolerating violence and putting in place policies to protect people from harm."

Adolescent health and her work for headspace – Australia's National Youth Mental Health Foundation – is another aspect of policy of significant interest.

"In rural communities a service such as headspace provides the integrated care needed to support young people dealing with depressive disorders which we know often present in adolescence. Effectively helping to put young people back on track, headspace looks at burden



*"But an essential ingredient for an enduring legacy is the need to love where you live as well as your work."*

and onset, risk factors, assessment and treatment to help address and treat substance use disorders, depression and anxiety in young people."

In a career spanning 30 years, Dr Newson has maintained her passion for rural practice through embracing change and taking on new challenges and making the most of all opportunities. Her resilience provides for a successful mix of attributes that have brought about a lasting and rewarding career in rural practice. But an essential ingredient for an enduring legacy is the need to love where you live as well as your work. ●



Dr John Penna

**Dr John Penna** has spent nearly his entire career supporting the community of Berri in the Riverland region of South Australia. The area is surrounded by irrigated orchards and is strongly reliant on the River Murray, which is the lifeblood of the town. When Dr Penna came to this region three decades ago, it was considerably medically underserved with a severe doctor shortage. His story provides an insight into how he has helped build up the town's health service over a 32 year period, showing not only great determination and endurance but tenacity to ensure his town gets the support it deserves.

Dr John Penna has seen many changes over the 32 years since coming to the region in 1980, in both advances in medicine and socioeconomic impacts, as is often the case with the many peaks and troughs that characterise farming in Australia.

The practice in Berri has grown from a three doctor operation to the large 15 doctor practice it is today. Dr Penna also works as the Clinical Director of the Emergency Department at the Riverland Regional Hospital. The hospital is adjacent to the clinic, providing an integrated service model for the town of 8000 people and broader regional population of 35 000.

You would think some enthusiasm might start to wane after such a long time in the one place, but for Dr Penna, his commitment to his patients and the community of Berri is clear. What particularly motivates him now is his teaching focus. He and the other practice partners provide training across the full clinical training continuum.

"We teach everybody; we have two medical students here for the whole year every year. Our interns rotate out of Flinders, for 11 week terms and we have four RMOs a year from the Royal Adelaide. We also have two registrars

this year. I also train IMGs working both in general practice and the ED.

"Teaching is one of the real highlights of our work and I get a real kick out of helping young doctors establish themselves in rural general practice. There are great rewards in helping them through to Fellowship and on the road to a good career, hopefully in a rural area. In fact most do stay. Many of our registrars have stayed on with the practice, at least for a time – of our last half dozen all but two have stayed."

Dr Penna says he has found there has always been a strong interest in rural practice in his region and the ever increasing numbers coming through his practice indicates that more and more are pursuing rural and remote opportunities. Despite this, retention is not always that easy for some rural communities, although happily, policy is now moving in a more positive direction as Dr Penna explains.

"Until the recent tsunami of graduates, younger doctors were a little bit scared of what rural practice may do to their lifestyle. But now, it seems, there is a great enthusiasm for rural work and it keeps building.

"For us we've never had a problem in terms of interest in our practice. When they come and see what we do they are always enthused and tend to want to stay on. They find the work is challenging and rewarding and the area is a great place to live and all that uncertainty around lifestyle tends to dissipate."

For Dr Penna there was no such hesitation; he always wanted to be a rural GP, an aim he grew up with. As a country boy going through high school in Port Lincoln, it was always his ambition. He spent his hospital years and intern year at the Royal Adelaide in 1978, then went to the UK to study obstetrics and gynaecology the following year. He returned to Australia and spent a further year at the Children's Hospital in Adelaide before coming to Berri.

"I was pretty well prepared for the responsibility. I had imagined that I would need to cope with a lot of things that I hadn't necessarily been trained for. Often, the telephone can be the most useful instrument and I tell that to my students too. It decreases the distance burden and makes you feel less remote – at the very least you could always phone a friend for advice.

"It's an important message for those starting out – that you need to remember to get advice. People need to realise that there is no shame in asking for it. Too much time these days is spent googling information on medical websites when we should really ask and rely more on colleagues first and call on their experience."

He lives in Berri with his wife, Josie. They own a vineyard and both enjoy the relaxed lifestyle. The couple brought up two children there, now grown and both based in Adelaide. His daughter, Eloise, has just married and is an



*"We really see the whole spectrum in emergency and the most challenging things are the things people do to themselves."*

architect, while son Matthew, is a chemical engineer and finishing his PhD and law degree. While describing himself as a pretty average sportsman, Dr Penna has always enjoyed sport and was a keen tennis and squash player in his younger days and is now keen on golf and cycling. The region's climate is ideally suited to outdoor pursuits and he makes the most of this advantage.

Dr Penna describes Berri as a multicultural town that embraces a diverse community with origins in Greece, Italy, India, Vietnam and Turkey. For many, particularly the older people, English is their second language. The people of Berri have a strong attachment to the land and reliance on the river with many of the vineyards and fruit orchards established early last century. There are now over 3000 hectares of irrigated orchards surrounding the town.

"We enjoy community life and the involvement that brings. It is a relaxed and enjoyable lifestyle with its heart in the wine and food it produces which melds the community together. The climate and river that sustains such harvests also provides an outdoor sporting lifestyle which is perfect for cycling and recreational water sports."

But that perfect climate and farming life also brings its problems resulting in lots of work with skin cancers, musculoskeletal problems and arthritis; the results of hard outdoor manual work over many years. There are also many socioeconomic issues that result in problems such as depression; the effect of drought and poor commodity prices.

"The Riverland staggers from rags to riches and to rags again depending on the economic cycle. With the current economic decline, many of the young men are leaving for work in the mines up north. They leave their fruit property to do their week on the mines up in Roxby Downs or the

Olympic Dam area. This is also having a social impact on the community, but it will turn around again as it always does in farming communities."

Dr Penna also sees plenty of emergency presentations with coronary disease and trauma, as well as mental health presentations.

"We really see the whole spectrum in emergency and the most challenging things are the things people do to themselves. These incidents stay with you and you hope they are infrequent. However, in those extreme cases, distance and time matter hugely and Adelaide is 2½ hours away by road. Luckily, we have good air transfer services, either via RFDS or Medstar helicopter retrieval service, which cuts it down to a 40 minute flight to Adelaide."

For Dr Penna, these types of events add to the diversity and interest of rural practice. Not many find a career that can sustain them for thirty or more years but in rural practice and in the community of Berri, Dr Penna has found that often elusive fulfillment. He offers some parting advice for those looking to follow in his footsteps.

"If there is one word of advice I could offer others then it would be from one of my own mentors, Dr Bob Ross of Renmark. He once told me not to worry about the money, as by doing a good job the money will follow. I think it is a good principle as those concerned most with the money tend to practice bad medicine." ●



*Dr Mehdi Sanati Pour*

**Dr Mehdi Sanati Pour**, a registrar in Mildura and the National Rural Faculty's Rural Registrar of the Year 2011, shares his story as part of NRF's twentieth year celebrations.

Having grown up in the Iranian capital of Tehran and undertaking his medical studies in Turkey, Dr Mehdi Sanati Pour found a sea change in the beautiful regional town of Mildura on the banks of the Murray in north western Victoria, where he would continue his working life as a doctor. "It was both the people and the beauty of the place that first attracted me to the region, however the diversity of presentations associated with rural practice and support from colleagues here played a huge role in my reasoning for remaining in the area," he said.

Dr Sanati Pour relocated to the region 4 years ago after making the decision to train in Mildura whilst on regional rotation at the Mildura Base Hospital in 2007. Prior to this time, Dr Sanati Pour spent 2 ½ years working within the public system in Melbourne, recognised as a highly respected and valued member of the health team.

An important focus of Dr Sanati Pour's work has involved ensuring access to healthcare and health education to groups that may not seek medical care due to social isolation and/or language barriers. Improving access to mental health services has also been a focus Dr Sanati Pour has strived to achieve through advancing and consolidating training in rural areas. In recognition of his commitment to rural general practice, Dr Sanati Pour was awarded the RACGP's National Rural Faculty's Rural Registrar of the Year 2011.

"Mildura is a farming region and with that, there are many associated problems that come with rural isolation and climatic events such as drought. I see mental health as one of the main issues impacting this community,

*"The reaction from the townspeople in regards to my work is what makes it all worthwhile."*

"As part of the health promotion team at the local assessment clinic, one of my key focus areas was to address these underlying issues in the community. We have achieved great results through the introduction of community based health assessments and after hours women's health clinics," Dr Sanati Pour explains.

After personally experiencing transitions in not only his work environment, but also a dramatic cultural conversion, Dr Sanati Pour appreciates the importance of mentoring and the need to combine work experience with theoretical study.

"Naturally, there are many cultural transitions to be made, but I found support from colleagues combined with a structured training environment assisted with my adjustment. The learning of cultural norms can be easily gained through observing colleagues in a supportive environment."

Dr Sanati Pour has found the heart-warming support of the local community most inspiring. When describing the many rewards of rural practice, he notes the kinship of rural communities. "The reaction from the townspeople in regards to my work is what makes it all worthwhile. Many locals have made the effort to personally thank me for choosing to practice in their region. Country people truly value the contribution of local doctors, you are made feel part of the community and it is a life I would highly recommend to individuals considering a career in rural general practice."

Dr Sanati Pour stresses the importance of potential rural doctors gaining theoretical knowledge and practical skills.

"Having a firm understanding of the fundamentals is crucial in this field. Rural medicine exposes you to a wide range of presentations and there will be situations where you will need to rely on your own skills and experience," he explains.

The future is looking bright for north western Victoria, which is enjoying recent rainfall and a constant growth in population. New doctors and health services are establishing in the area, further cementing the importance of providing quality primary healthcare to remote, regional and rural Australian regions. ●



Dr Gary Sinclair

**Dr Gary Sinclair's** journey to rural practice has seen him traverse southern continents and islands providing an abundance of enviable cultural experiences. A story spanning South Africa to New Zealand and Australia, Dr Sinclair has spent a professional lifetime supporting Indigenous peoples and developing the Indigenous health sector both here and abroad.

South African trained, Dr Gary Sinclair began his working life in Howick, a small rural town located in the KwaZulu-Natal Province of South Africa. Dr Sinclair describes a unique training ground and primitive conditions where he first commenced an enduring vocation supporting those most in need.

"The population comprised around 3000 white people and some 300 000 rural Zulus. I spent the first 10 years of my working life there and enjoyed the full mix – everything from obstetrics to minor surgery. I even gained rudimentary training in dentistry in order to give dental blocks and mixed and dispensed medicines," Dr Sinclair explains.

From Southern Africa, Dr Sinclair moved to New Zealand for 15 years and after a short spell in Hawkes Bay, landed in South Auckland, a predominantly Polynesian population of Maori and Pacific Islander peoples. There he started up a small two-man practice which grew into a large teaching practice and integrated health centre. He also led the chronic disease management program for the local district health board as Clinical Director of Primary Care for Counties Manukau (a public sector role which enabled him to work with all 300 GP practices in the district addressing health priorities). This expertise would later help Dr Sinclair to inform chronic disease management practices in Indigenous health in Australia.

*"Remote health needs are complex and doctor continuity is important."*

In pursuit of a long held dream to experience remote outback work in Australia, Dr Sinclair, together with his Australian wife, undertook a 6 month sabbatical from his practice in Auckland in 2009, negotiating a contract in the Northern Territory.

"I recall meeting this guy at the airport who, after 20 years in a busy practice in Melbourne, went to the Territory to help out for a 3 week period. After his relatively short-lived experience, the appeal proved too good, selling up his practice in the city to remain permanently in the top end. The man had told me he couldn't wait to get back, back to the life changing experience and great quality of life. He warned me that I might also get infected with this way of life and may not return to the city. At the time I didn't believe him and still envisioned myself returning to New Zealand."

Following an initial 6 months in the Northern Territory, Dr Sinclair decided to broaden his Australian rural experience with periods in metropolitan practice, as well as urban Indigenous health. He joined a family practice in suburban Geelong for 6 months and then proceeded to spend 6 months in Townsville at an Aboriginal Community Controlled Health Centre (ACCHO). "The time away from rural practice confirmed my commitment to the rural field, heading back to the Territory in June 2010 – a place I have worked at ever since."

Dr Sinclair is now a Senior Remote Medical Practitioner (SRMP) working with Remote Health based in Alice Springs. "We provide all general practice services to 28 communities spread across an expansive area of central Australia. Some communities are located within a few hours drive of Alice, but for the most part we need to fly in and out of communities that spread from the WA border to the Queensland border.

Dr Sinclair explains that supporting remote communities is a multifaceted task and requires a coordinated team approach. Depending on the size of the community, some clinics may get a single 2 day visit a month, while the larger communities are permanently provided with a GP.

"Remote health needs are complex and doctor continuity is important. Many emergency situations require a team effort where the on-call doctor talks through the management of the emergency with the remote nurse and must ultimately make a call on whether retrieval is required. This decision involves tasking the retrieval and coordinating the activities of emergency physicians and the air evacuation service."



*“Continuity of care is the key – we need to build trust. We try to follow the patient journey, providing culturally appropriate care.”*

As described by Dr Sinclair, the model of care has evolved into three main roles:

- A visiting GP role – involving face-to-face clinical contact
- The remote program support role – involving telephone and email contact with clinic staff, review of results, referrals and providing non-urgent medical advice and support for the clinic
- An on-call role, which provides a 24 hour on-call service for the whole of central Australia.

“Some of our team wear all three ‘hats’ at different times, while others elect to only take on certain aspects of these roles. In all situations however, continuity of care is vital and the benefits of doctors having ventured to the community to see the patient in their mind’s eye – knowing the history and context – is a key aspect to delivering high-quality care.”

Dr Sinclair also described the room for broader interests in the field, making it possible to have a remote practice experience and remain very connected with mainstream Australia.

“At Remote Health, the SRMP team cover a number of portfolios which include chronic disease management, child and maternity health, youth and adolescent health and information and communications technology.”

Upon reflecting on his time spent working as a GP in rural and remote Australian communities, Dr Sinclair concluded:

“Addressing the continuing crisis in Aboriginal health is challenging. It requires building a system that works in the remote context, and changing the model of care and broader health service delivery reform. The system must focus on reducing the burden of chronic disease, addressing the life expectancy gap between Aboriginal and non-Aboriginal Australians, and improve the overall quality of life for people living in rural and remote communities.

“We are starting to see encouraging changes at a population level but continued work and resources are required. Continuity of care is the key – we need to build trust. We try to follow the patient journey, providing culturally appropriate care. Communicating with Aboriginal people is a two-way journey requiring much self-reflection. While there are many hidden complexities, it is challenging work but most rewarding when you start to see results.” ●



Dr Sonia Singh

**Dr Sonia Singh**, and her husband and fellow GP, Dr Birender Singh, share their story of cultures emerging and community acceptance beyond all expectations from their new home on Flinders Island.

Dr Singh moved to Australia in 2006 with her husband, Dr Birender Singh, who is also a general practitioner. The couple lives and works on Flinders Island (“the island”) in Bass Strait, forming part of the state of Tasmania, 20 kilometres from Cape Portland on the north-eastern tip. Their move to the “Apple Isle” followed more than 20 years of rural service in India, practicing amongst some of the world’s poorest, where widespread issues in equity of healthcare and problems of poverty and disease are rife.

“In India you are dealing with the ‘disease of scarcity’, where poverty generates associated health impacts such as malnutrition, anaemia, infections and climatic diseases. In contrast, in Western cultures such as Australia we have the ‘disease of plenty’, where a sedentary lifestyle and diet lead to the onslaught of cardiac disease, diabetes, kidney and liver diseases and cancer,” she explains of the stark contrasts she has witnessed between the countries.

“Although India has started to catch up on these first world diseases following the migration of its rural people to cities, which often coincides with an extreme change to diet and physical activity. The increased prevalence of these risk factors has led to a rise in the aforementioned lifestyle related diseases. It’s not all bad news though; I return often, and have seen the improvements in equity and system enhancements that are leading to better support for India’s poor,” Dr Singh reflects.

The Singh’s new home on Flinders Island is worlds apart from the suffering in India and the couple credits the

*“Rural medicine is all about integration. For our student placements, we strive to not only support the clinical requirements but also include as much of the community side of rural life as possible into their experience.”*

island’s community with ensuring the easy transition to their new home, going to great lengths to welcome both doctors. Dr Singh describes with affection a strong community with a unique closeness enriched through its relative seclusion and the sense of belonging that only distance can espouse.

But Dr Singh has also been keen to impress a little bit of India on the people of Flinders Island as well. In their first year on the island, the couple planned a ‘Holi Festival’ or ‘Festival of Colours’ for their new community. The ‘Holi Festival’ is a religious spring festival celebrated by Hindus at the onset of harvest and endeavours to break down social structures by embracing equality and belonging. In bringing people together through celebration, individuals apply coloured powder to the face of another as an expression of the freedom found through equality.

“This would have to be my fondest memory – the meshing of two cultures. The Flinders Island community coming together to celebrate an Indian Festival is something I will never forget. The population joining together for an Indian inspired barbeque on the beach and embracing the value the festival holds – everyone as equal – expressed through a riot of colour was truly incredible.

“Flinders Island has wholly embraced our culture. The selection of Indian products at the local supermarket, ordered initially to accommodate us, is now highly sought after. You have to get in fast or miss out these days!” she adds.

The island also offers plenty of diversity and challenge in terms of healthcare. Dr Singh has a special interest in gynaecology and obstetrics, while her husband has a passion for paediatrics. There is regular surgery work as well as emergency medicine and aged care services on the island. Seasonal variations lend to a busier summer period requiring extensive on call work.

“As with many tourist areas, it is common for us to see all types of accidents. One gentleman out shark fishing was baited by his own hook! The thick steel hook lodged firmly in the back of his hand. We didn’t have the equipment to dislodge it and had to improvise using garden shears from a local garage, which was



*“Flinders Island has wholly embraced our culture.”*

a memorable experience that I’m sure myself and the patient would rather not go through again,” she muses.

Dr Singh is proud of the community she practices within and believes many more should pursue a career in rural medicine. As a means of encouraging more doctors to go rural, she strongly advocates for rural placements. Dr Singh currently has two medical students, from Sydney and Bond Universities, completing their rural placements. Her practice often supports medical students from the University of Tasmania as well.

“Rural medicine is all about integration. For our student placements, we strive to not only support the clinical requirements but also include as much of the community side of rural life as possible into their experience. This ensures the student also witnesses what we deem the most rewarding part of remote practice. It is also important that students and registrars get a taste of what rural general practice is really like early in their training. For those not convinced immediately, it’s a way of keeping the door open; to return to this facet of the profession at a later point in their career if they so wish. And many do, for obvious reasons.” ●



*Dr Shannon Springer*

**Dr Shannon Springer** has recently returned home to Mackay, a place that holds a historical connection to him and his family, where he is now seeking to make lasting change for the community he loves. His story is one of great determination and commitment, taking a less conventional approach and making the most of the opportunities along the way.

Dr Springer, 33, has returned home to Mackay in tropical North Queensland to work in an Aboriginal and Torres Strait Islander Community Health Service in the area. He resides there with his Iranian-born wife, Farnaz, and their two young daughters, Sophia, 5 years and Misha, 3.

At the age of 17, following completion of his secondary studies at the Mackay State High School, Dr Springer – a promising young rugby league player – moved to Brisbane on a scholarship with the Brisbane Broncos. While harnessing his talents in football, he also enrolled in a Bachelor of Indigenous Primary Health Care at the University of Queensland. This decision fulfilled a long held interest in Aboriginal and Torres Strait Islander health and shifted his focus back to his community.

“Being an athlete I was interested in health and wellbeing as a general concept. But my focus and passion shifted towards that of my own community during my university studies when I learned about the associated wider health impacts stemming from years of neglect and the hurtful policies of the past. This is a history that was absent from my school curriculum and a story not often shared among our family. It soon became apparent that I wanted to be part of painting a brighter future for many struggling Aboriginal and Torres Strait Islander families and communities,” he explains.

Following the completion of his three-year Bachelor of Indigenous Primary Health Care, Dr Springer decided

to further his studies. In 2000 he chose medicine at Townsville’s James Cook University (JCU) due to its strong rural, remote, tropical and Indigenous health curriculum. Choosing JCU had an unplanned bonus too, as Dr Springer explained, he also met a pharmacy student, Farnaz, who later became his wife.

Dr Springer’s extensive studies in healthcare led him to his role with the Aboriginal and Torres Strait Islander Community Health Service, Mackay. In his four years working for the service, he has seen many positive changes coupled with substantial growth over that time. “The demand is large and as our capacity grows so too does the expectations of the community. I see around 18 patients a day, which is quite small in comparison to normal general practice terms, but given the high disease burden and levels of disadvantage, each presentation involves unique challenges that are often not seen in the usual general practice context.”

Dr Springer details the wide scope of pathology, particularly chronic disease management and mental health issues in the context of a complex social backdrop that make working in Aboriginal health both challenging and rewarding. “We engage frequently with allied health services and are conscious of the need to provide as many culturally appropriate services as possible from the one location. Continuity of care with systematic service integration and co-ordination is particularly important to creating inroads to the unique health profile experienced by Aboriginal Australians and overcoming issues associated with access to healthcare.”

For the broader Aboriginal and Torres Strait Islander community, access issues and concerns regarding trust are among the largest barriers to healthcare provision. Visiting a doctor from their own community helps to establish the rapport and trust needed to overcome these barriers and address some of the preventable health problems. “I’m treating in the community I grew up in, many I have known all my life. For some doctors, seeing family as their patients is regarded as crossing that line in the sand that we draw to remain professional and objective in our work, but here it is unavoidable. Often this means that most community mob is more forthcoming with problems and concerns as they know they are dealing with someone who understands their circumstance.

“Whilst it can be a burden at times, it is mostly rewarding, particularly when someone goes out of their way to tell you that you have positively affected either their life or that of a family member. The job provides many memorable moments as well. I can recall one bloke with some significant health issues. We worked through these systematically during the consult only for him to tell me at the end that he was actually hoping for my help in getting a permit to hunt turtle!” Dr Springer laughs.

Dr Springer believes that models that have the flexibility to have both service integration and community collaboration



*"It is important that our graduating medical students have an understanding of the health and wellbeing of Indigenous people."*

issues regarding access to health care and its delivery for Indigenous people."

In terms of meeting the overall health needs of the community, Mackay's recent transformation from being a regional cane-farming town of around 60 000 people to a mining hub of 80 000 plus has had a huge impact on the town.

"The population explosion and new industry has had many implications for this community. In particular, the lower socio economic groups that are reliant on social services and support from government have become more marginalised and housing affordability is also impacting on people's wellbeing. Many underlying issues are compounded and going untreated due to inadequate accommodation and other social problems taking over," he said.

Dr Springer has not forgotten the opportunities that football provided for him. He supports the training and development of local rugby league players in his role as club doctor for a local team and also plays in the regular All Blacks carnivals on the Gold Coast and in Cairns.

"Football provides a mechanism through which people can relate to me, which then helps to break down barriers. Also, I'm sure people love seeing the doctor run around on the football field," he jokes.

For Dr Springer, rural general practice is a perfectly suited vocation which allows for both career satisfaction and personal fulfilment.

"People often comment on me giving back to my community in my role, but for me it involves coming home back to where I want to be. In Mackay I have a large extended family and I can still fish and be involved in local football, albeit from a side line. Although a relatively large community, Mackay still has a sense of belonging that I am yet to experience elsewhere." ●

are the ones making a real difference. This is particularly true for youth and young families, he explains:

"It is easy to look at people as empty vessels with lots of health issues and provide them with the 'right' things to do in life. As most community service providers know, such an approach often becomes fruitless. When you are looking at a similar health profile to some third world countries and consulting people with a living history of dispossession, providing a diverse culturally appropriate service edifice becomes integral to addressing such enormity in need. Working with young people and having a role in improving their capacity to be or stay employed or engaged with the educational sector and working on their family unit is central in addressing health."

Dr Springer is also working for Bond University on the Gold Coast as the Clinical Lead for Aboriginal and Torres Strait Islander Health. With the assistance of Associate Professor Brad Murphy, Chair of the RACGP National Faculty of Aboriginal and Torres Strait Islander Health, Dr Springer is heading up the establishment of the Aboriginal and Torres Strait Islander health curriculum in the School of Medicine.

"It is important that our graduating medical students have an understanding of the health and wellbeing of Indigenous people. Institutions have a social obligation to respond to the unique needs of this country and Indigenous health is a part of that. Developing a culturally competent health work force is crucial in overcoming



Dr Ashraf Takla

**Dr Ashraf Takla** fell in love with the town of Boort in Victoria 6 years ago when he and his wife, Annalaise, first visited Australia in 2006. Knowing the town was in need of a GP, it was a friend who purposefully led them to Boort in the first place. Unbeknownst at the time, it would be that fated visit to Australia that would change their lives forever, luring them back to the little township for what has become an enduring and rewarding commitment for them both.

For this couple they have found in the community of Boort a new home and a rich and complete life. In rural medicine, Dr Takla says he found not just a career, but a way of life. Working as a GP in Boort since 2007, Dr Takla has filled a critical vacancy for the town.

Originally from Cairo, Egypt, soon after graduating medical school, Dr Takla moved to England where he trained as a surgeon and worked in Northampton for some 7 years in orthopaedics and trauma surgery before deciding to undertake vocational training in general practice. Dr Takla completed his GP training in 1994, then went on to undertake several successful years in general practice as well as surgery in Northampton. It was at this point in Dr Takla's career the prospects of working in Australia came about.

"We fell in love with the place. It was the tranquillity and beauty of Boort that captured us initially but it wasn't until we returned to start work in May 2007 that we realised it was the people here that were the town's true strength. We really only planned to stay for one year, but that was over five years ago now! This community truly stole our hearts. We have no plans to go anywhere else."

Dr Takla describes the contrast of having come from such large cities including Cairo and London to Boort, a small rural town in Victoria, of around 800 people on the other

side of the world. "The way of life in a small rural town was completely different to anything we had known, yet appealing at the same time."

"Having lived most of our lives in big cities and having spent all of our professional careers in Northampton it really was a big decision to come here. I know now it is possibly the best decision we've ever made. The town's people have made it an easy transition. The rewards are immense; our lives rich and fulfilling. My only regret is not coming here 20 years earlier!"

English born Annalaise, is also highly trained as an MRI & CT Radiographer. She commutes to Bendigo for work 5 days a week; a 110 km journey each way. A commitment not lost on her husband who knows that without it he would not have been able to continue in his role. "Rural practice often requires a commitment from the whole family," Dr Takla said.

One area where Dr Takla has tried to make a difference is through ensuring the local hospital remains viable. The local hospital in Boort, like in many rural areas, is vital to the town. For country people, being treated close to home is very important. The nearest regional hospital is quite some distance away – in Bendigo, over an hour away.

The Boort hospital has an urgent care room open 24/7 as well as a nine acute bed unit. There is also an aged care facility including 10 high care and 30 low care beds.

Dr Takla expressed how when he first came to the Boort community 6 years ago, he was disappointed at the lack of advanced technological equipment essential to early diagnosis and management of patients attending the emergency room. This area became a focus for Dr Takla and an area he was determined to improve.

From that essential need and with the help of a local friend, came the idea of forming and leading the Boort cycling team. Dr Takla has championed the annual campaign to ride the Murray to Moyne. A 530 km relay-type cycling challenge, that has to be completed inside 24 hours to raise funds for the hospital. The team has successfully completed it four times in the last four years raising an incredible \$100 000+. This significant fundraising effort has all gone toward obtaining new equipment and modernising the hospital emergency room.

"So far we have purchased an I-STAT machine for bedside quantitative Trop I and biochemical analysis, A POC-H machine for instant FBE, CPAP equipment, and a Portable Ultrasound Scanner to help urgent diagnosis of DVT, early pregnancy assessment as well as numerous other uses. We are also in the process of obtaining a modern advanced emergency room table and operating lights. Each of these purchases have made an enormous difference to range of services and quality of care that we are able to provide to our community."

“When you have a community like ours, anything is possible. This community has shown its steadfast support and belief in their hospital and its staff. It is a community of genuine caring people. They do not know what selfish means. They look out for each other and would do anything for everyone. A community spirit next to none.”

Dr Takla is proud of his community and also of his cycling team that he credits for putting in an amazing effort to support the local hospital. It is clear that being part of the community is very important to this doctor as having that connection adds to the role and enables him to make more of a difference.

“In small communities you get involved in all sorts of things – sports and other aspects of community life. Building rapport and reducing the barriers that sometimes exist between doctor and patient. You can really make a difference across many fronts – in the emergency room, sports field or through health promotion. It is a very unique and fulfilling practice. ”

“People ask me how I can do so many hours at work every day. I tell them that I really spend the whole day with friends, talking to them, helping them; I support them and they support me. My community is one of honest hard working people that truly appreciate all you do for them – this is real family medicine, the rewards are limitless.”

“In the clinic I manage a whole range of general practice issues. However, the hospital across the road adds another dimension to the role. With all the equipment that we now have including our X-ray machine, I deal with minor and major issues such as orthopaedics and fractures, as well as a wide range of medical and surgical emergencies. ”

The unique characteristics of the town’s people also keep the role interesting. Dr Takla describes a hard working farming community. The people are tough and tightly connected. He says it is not unusual to find that someone has been put on the back of a Ute and brought in with anything from cuts and bruises, possibly as a result of an argument with some farm machinery, to multiple fractures following a fall.

“It takes quite a bit of health promotion work to shift attitudes and this is something I work quite hard at. We’ve had some real gains in this area. Recently we held a men’s night during Men’s Health Week to encourage local farmers, including those from the surrounding towns, to think about their health. This community has not so long ago come out of a 10 year drought which was immediately followed by floods cutting us off for over a week; many are still trying to deal with all that. ”

“We held the event in the local beautiful, historic community hall, put on buses to facilitate people’s attendance. We ended up attracting over 150 men. I conducted a talk on prostate cancer, a simple talk to



*“When you have a community like ours, anything is possible. This community has shown its steadfast support and belief in their hospital and its staff. ”*

take the fear out of the issue. This was followed with a ‘pit stop’ health check carried out by male nurses we’d arranged for the night. They did blood pressure checks, waist measurements and blood sugar levels, but mostly it was to get the men into the system for follow up and ongoing care.”

While Dr Takla says he has gained much by coming to this community, it is clear that the people of Boort have gained a great doctor determined to ensure they receive only the best. Dr Takla describes it as a lifestyle, not a career and coming to this town is a decision he says he will never regret. “Rural medicine is not just a career, it is a way of life. I have no intention to exchange it for anything else.” ●



*Drs Des and Gareth Taverner*

Rural GP couple **Doctors Des and Gareth Taverner** literally had the choice to work anywhere in the world but the couple chose the Pilbara region of Western Australia. The highly skilled pair share their inspiring story of how this area captivated them and why they have made it their new home. It is a love story of sorts which led them there in the first place, but it is their commitment to the local community which will truly inspire.

Doctors Des and Gareth Taverner met during medical school, graduated in 2002 and 2001 respectively and married in 2005. Having made that commitment to each other, they also fell in love with rural medicine during what was meant to be a 6 month contract in the Kimberleys in January 2007. They now live in Karratha in the Pilbara with their young son Nathaniel, 1½ years.

Prior to rural practice in Australia, the couple worked as procedural doctors in South Africa for a number of years. In 2005 they relocated to the UK to further their training. Gareth's training was as a specialist registrar in anaesthetics, adding to his existing procedural skills in obstetrics, anaesthetics and emergency medicine. Des trained in general practice and psychiatry, complementing her already established obstetrics and emergency medicine skills.

It was Western Australia that finally cemented the two as rural GPs. "We married in 2005 and went on a 1 year honeymoon. It was a round world trip including a list of countries, Australia being one of them. At the time we weren't too sure where to settle and raise a family. Australia seemed a good option and it offered the type of work we both needed.

"It is also a beautiful country, quite similar to South Africa in many ways, particularly in culture and climate. We

embarked on a placement in the Kimberleys for 6 months as a bit of a taster if you like. In that short time we fell in love with it and stayed on a further 3 years, and since then have never looked back," Dr Gareth Taverner says.

With rural medicine and its procedural element suiting their training and skill level, they left the Kimberleys for the Pilbara, to access rural training and Fellowship through the remote vocational training scheme. The move to the Pilbara has been equally successful, offering the challenge and variety they both thrive on as well as access to some very inspiring people.

"The variety within one given day, varying in emergency, paediatrics, mental health, obstetrics and anaesthetics, is what we both enjoy. But we also get to learn from some inspiring rural doctors, many of whom are quite legendary in their fields. Doctors such as Gavin Osgarby and David Hailes come to mind; both DMOs in Broome and recipients of the 2010 Rural Health West Award for Extraordinary Contribution to Rural and Remote Medicine. To be able to work in that environment is fantastic and it is a privilege to be considered one of their peers."

It is also the area that inspires, a fitting sentiment given the Pilbara town of Karratha is an Aboriginal word meaning 'good country' and it has certainly proven to be that for this couple. Both doctors enjoy the country living and all the other facets of life in a small town. They have crystal clear waterways and stunning beaches on their doorstep. The Karijini National Park and famous Hancock Gorge is within easy access. The fact that there is no commute to work is also an incentive for them.

The couple are also afforded the opportunity to work together, which is something they both cherish. "There was a recent occurrence that highlighted the benefit of being able to work together in surgery, not only for us as a team but for the patient. A former patient sought us out through a friend to ensure we handled her caesarean section, just as we had both done for her first baby. We were able to arrange our rosters accordingly but we found the fact that we were sought out very flattering."

The couple work in and around their home township of Karratha, and also in Onslow and Roebourne. They both work at Karratha's local hospital, the Nickol Bay Hospital, which is a small 32 bed facility catering for paediatric, general medical, surgical and maternity patients, as well as accident and emergency and an outpatient clinic.

Both spread themselves fairly thinly in addition to their work in Karratha. Dr Des Taverner works at the Rural Clinical School (Karratha) which is part of the University of Western Australia. Dr Gareth Taverner also works at Onslow Hospital and Roebourne Hospital and the Roebourne Regional Prison Clinic. Their commitment to their community is obvious, with both demonstrating a strong empathy for the needs of these remote locations.

*“The variety within one given day, varying in emergency, paediatrics, mental health, obstetrics and anaesthetics, is what we both enjoy.”*

Onslow 1600 km north of Perth and a 3 hour drive from the nearest town is particularly remote. It boasts a population of around 850 people and quite mixed from a health perspective with 60 per cent Indigenous patients.

“There is no permanent doctor in Onslow, so we commute in and out by air, with the journey taking an hour each way. It is fair to say this is not really the level of service this town deserves and more should be done to provide accessible healthcare. In the absence of a permanent doctor we do our best for them. The entire community now know us by name – there’s certainly no need to introduce yourself there.

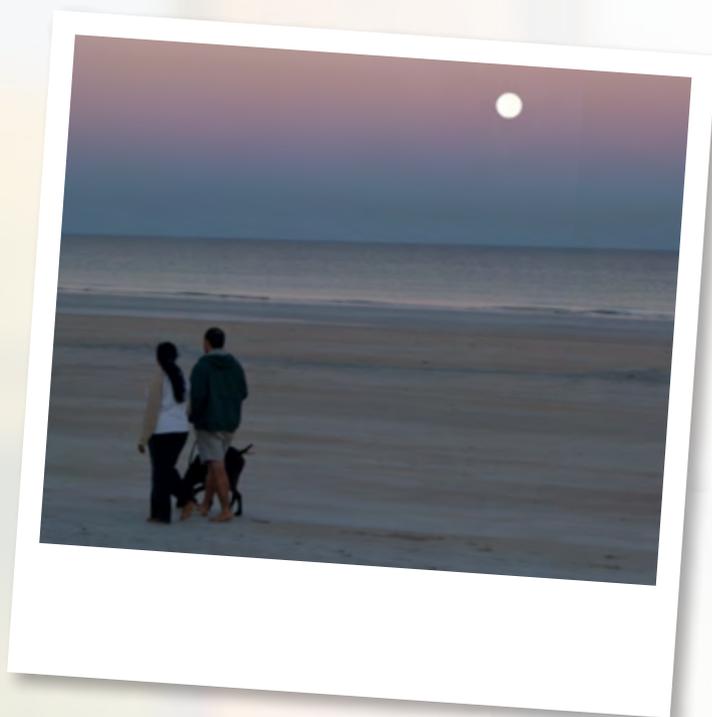
“The other area, Roebourne, with a larger population of 3000 which comprises 90 to 95 per cent Aboriginal people, is only half an hour to the next town. The prison clinic I also work out of services an overcrowded prison population of around 400, almost exclusively Aboriginal. It is a terribly isolating and challenging experience, particularly for central desert people who have difficulty around language,” explains Dr Gareth Taverner.

For Dr Des Taverner, her work in medical education enables her to contribute to rural clinical training and strengthen the rural health workforce. An Associate Professor, she is the medical coordinator at the Rural Clinical School of Western Australia (Karratha).

“Teaching and mentoring students in their penultimate year of medicine has been really challenging at times, but I find it so rewarding. It’s been great meeting past students when they come back to country. Each one is a testament to success of the program,” she said.

The couple place a strong emphasis on the role of the St John Ambulance volunteers in rural communities and credit their role as being synonymous to rural medicine and community spirit, noting that the group epitomises what community spirit is all about. Dr Gareth Taverner would recommend volunteering to anyone and is humbled to have the odd opportunity to assist them on days off from his regular hospital work.

Their important role was accentuated for the couple during the birth of their son Nathaniel, an event which reemphasised the invaluable service these volunteers provide: “You cannot talk about rural medicine and community spirit without mentioning the St John Ambulance volunteers. A very significant event in our lives is undoubtedly the birth of our son. It ended up as a crash caesarean section for foetal distress, which was terrifying,



but knowing that the staff that assisted truly cared for us personally was incredibly comforting.

“These were the same guys that we stood shoulder to shoulder with when dealing with that leaking abdominal aortic aneurysm at 2 am. We knew we were well looked after. Although it was a bit surreal when, while looking after my newborn son, I was urgently called to the labour suite because I was the only doctor with neonatal resuscitation skills and another little newborn baby wasn’t yet breathing.”

It is clear that they are both focused on ensuring their region gets the services it deserves. The couple are passionate about supporting junior doctors, setting them up for practice and ensuring they receive continued support. “We are determined to play a role in securing doctors for the community and then developing them so that the people get the treatment that they truly deserve out here. There are plenty of passionate individuals working together to support the sector and it may take a while, but we are all focused and determined to get there.”

Although highly trained before coming to rural practice, Dr Gareth Taverner says he was not prepared at all for the reality of it. “One of my first days, a colleague warned me that we were pretty remote and not to be too confident. The nearest ICU was 1800 km away and it is not until you find yourself dealing with a critical patient that the remoteness truly becomes clear. It’s when you are on your own, the only bloke there keeping this person alive, that you really feel the distance.”

But the Taverners are adamant that that should not deter anyone thinking of taking on the challenge. “Don’t think twice about it. Throw yourself into it. You’ll fall in love as we have. Suddenly you’ll find it’s 20 years down the track and you’re still loving being within that community, having never looked back.” ●



*Dr Paul Angus and  
Dr Jane Thiel*

South Australian GP anaesthetist **Dr Paul Angus** and his wife **Dr Jane Thiel**, practice in Millicent, a small town of around 6000 people, 400 kilometres south-east of Adelaide and 50 kilometres north of Mount Gambier. They jointly describe their current location as a vibrant community that offers plenty of variety both in terms of professional scope and personal fulfilment. The couple have dedicated their careers to rural health and provide a compelling case for going rural, a lifestyle change also enjoyed by their three children, Lucy (aged 10), Josh (8) and Evie (4).

Doctors Paul Angus and Jane Thiel graduated from medical school in Adelaide in 1994, where they also interned prior to setting off to Western Australia soon after to further their training. They commenced their formal rural training in 1998 through the RACGP program in South Australia. A multitude of rural placements later, the couple returned to Adelaide in 2001 where Dr Angus completed an advanced rural skills post in anaesthetics at the Lyell McEwan Hospital. In 2002, the couple's rural journey led them to Darwin for another year of anaesthetic training for Dr Angus. It was there that Dr Angus' skills were noticed by his now practice partner, Dr Pauline Wachtel and he was convinced to practice in Millicent "I was observed on the news during the time of the Bali bombings. We were in Darwin receiving the casualties off the plane when Dr Wachtel rang and put forward a compelling case to come and practice at the medical clinic in Millicent," Dr Angus explains.

Nine years later, the couple are now firmly entrenched in the Millicent community. Both are passionate about the area and spend considerable time supporting others to embrace rural practice. Their current practice has a strong teaching focus and hosts third year Parallel Rural Community Curriculum (PRCC) students from Flinders University Rural Clinical School over a 12 month period. The practice also welcomes medical students on two week placements

throughout the year. In addition, there are 3 registrars and 1 intern currently based at the clinic.

The 12 doctor practice is seeking to expand its teaching capacity even further. A development of the facility is well underway with the culmination of a Federal Government infrastructure grant to fund essential capital works.

"We want to expand the teaching side of the practice, to have a role in building the future rural GP workforce; to mentor these young doctors coming through, be part of their rural journey and stay in the loop right throughout those training years. Our goal is to bring them back to stay on and work and live in a rural community," Dr Angus said.

Dr Angus is also involved in, and instructs for, the Advanced Paediatric Life Support (APLS) program, which provides skills and training to health professionals working with acutely ill and injured children. The skills gained through the program also support the 25 bed hospital at Millicent, which has an operating theatre open 4 days per week.

"There really isn't time here to feel the professional isolation issues often associated with rural general practice. There are plenty of ways to keep current and to broaden skills to other areas. What I enjoy most about the work is the variety of presentations we see, both in the practice and at the hospital. Elective anaesthesia provides a break from consulting, together with inpatient, emergency and obstetrics, while our teaching expands the role even further," Dr Angus explains of the diversity of his profession.

Dr Thiel works part time at the clinic and for the Royal Flying Doctors Service providing women's health expertise to neighbouring towns without a female GP. Issues related to access and equity are often a problem in rural and remote locations and Dr Thiel provides an essential service for rural women in the surrounding district.

"I have been providing a women's health service to Kingston, Robe and Lucindale for 7 years now and thoroughly enjoy this aspect of my work. Although the focus is on women's health, I am also fortunate enough to be able to treat a wide variety of other medical conditions. The monthly clinics are always full and I think rural women really appreciate the opportunity to have access to a female GP if they choose."

Millicent is predominantly a fishing, farming and forestry community. The area has a broad demographic of young, middle-age and older people. With close proximity to some stunning coastal stretches and beachside towns, the Coonawarra wine district and being only a short flight to Adelaide and Melbourne, Millicent offers a terrific lifestyle when away from work. For the couple's children, the area is well serviced in terms of schooling and offers a relaxed lifestyle, fresh air, and a safe community – the very factors that provide for an idyllic family life. It seems that in Millicent this doctor duo have succeeded in securing the often elusive perfect combination of work life family balance! ●



*Dr Harneet Verma*

**Dr Harneet Verma** has lived and worked in the small, rural town of Devonport in Tasmania for 9 years now. Dr Verma moved there with her two young children, at the time aged 15 and 11, in January 2003. As an international medical graduate (IMG) from India, she has had her fair share of struggles, and her transition to the Australian healthcare environment has not always been an easy one. She is now focused on improving this system for all involved.

Dr Verma is originally from what she calls a small town; the city of Karnal in India, population 500 000. In August 2000 she arrived in Perth, and for 2½ years worked for hospitals on wards and emergency departments, before eventually settling in Tasmania. With its population of around 25 000 Devonport is quite a contrast to Perth's 1 750 000, and from the busy metropolis she had once known in India.

Dr Verma is resilient to say the least, as at the time when she first started there was little or no support for IMGs. In 2004, following her first year at the local hospital in Devonport, she finally decided to become a GP.

"It was certainly a struggle to begin with, and while colleagues were helpful there was no-one formally there to help. There is a need for more support for the transition, both from a cultural and from a professional perspective.

"These doctors (IMGs) choose to work here in Australia, often at significant personal financial cost. They do not make this decision lightly as it really does impact on both the family and the extended family. Particularly where children are involved, we want their transition to their new home to be an easy one.

"IMGs are filling a widening void in rural and remote areas, and the lack of support has the real potential to impact

on supply. I personally believe IMGs are well suited to rural and remote health, and have gone to great lengths to ensure support is there and improved upon in my local community for those who are new to the system."

Dr Verma's point on the vital role of IMGs in supporting rural and remote communities; and the need for adequate transitional advice and assistance is significant. If their experience is not a positive one this most valuable resource could soon start to degenerate.

"The government also needs to consider retention beyond moratorium obligations to ensure these underserved communities do not lose their doctors and then struggle to refill positions. I had such a difficult time initially that now I work hard to ensure there is a voice advocating for IMGs; from somebody who has been there and experienced the same issues."

Dr Verma believes there is a need for practical support to make for an easier transition. Ideally, mentoring support for new IMGs should be put in place for at least their first year, but preferably support should continue for the first few years.

*"I personally believe IMGs are well suited to rural and remote health, and have gone to great lengths to ensure support is there and improved upon in my local community for those who are new to the system."*

The RACGP National Rural Faculty (NRF) led a pilot project funded by the Department of Health and Ageing in 2009 to establish a peer mentor network for IMGs new to the Australian healthcare system. The program funded 64 IMG mentors or professional peers to support other recently arrived IMG colleagues providing up to 10 hours of formal mentoring support. This was a combination of one-on-one meetings, and regular telephone or email contact.

Dr Verma was one of the lead mentors for the pilot project. She contributed to further policy discussion when the group reconvened at the College for an IMG Forum to discuss further support and engagement strategies.

"The RACGP NRF peer mentor network for IMGs was very successful. It really demonstrated the success of strategies that engage IMGs to further mentor IMGs. This approach needs recurrent funding, and more needs to be done in broader areas to include the development of specific IMG training programs to ensure these doctors are adequately supported."

*“This to me is what Australia is all about – embracing diversity – coming to a rural area forces you to go and do just that.”*



Now firmly entrenched in the Devonport community, Dr Verma believes the IMG is a good fit for rural and remote communities. It is the strong sense of belonging and community connectedness that often means these towns will be embraced; with the cities on the other hand being less conducive to integration.

“This to me is what Australia is all about – embracing diversity – coming to a rural area forces you to go and do just that. The Devonport community has been wonderful to me, but IMGs need to make that effort to meet people and become part of the community in return.”

Devonport has its challenges with high youth unemployment contrasting with an ageing population, set against a contracting local economy. Specialist and community services are scarce and there is an unfair balance of state funding compared to the more populated areas further south.

“These challenges are frustrating at times but they are what make rural practice interesting and rewarding. Strong clinical and advanced skills in response to community need are essential. Mental health problems are an issue here, particularly for the young, as there is often very little to look forward to and limited employment options. Drug and alcohol support services are also very lacking.”

However, despite such challenges, Dr Verma says she has no regrets and has found a home here in Devonport. Her children are now grown, with daughter Arshia in her final year of dentistry at Latrobe University in Bendigo, and son Harshil currently on a gap year, undertook his UMAT 4 weeks ago and is planning to do medicine.

“There may be challenges but you really feel that you have achieved something every day. The community may be small but they certainly make up for it in spirit. It has become home for me and I intend continuing on in this community. That is the thing with rural practice, the people tend to keep a hold on you – social cohesion keeps us strong.” ●



*Dr Nicolette de Zoete*

Our final story takes us to WA's most northern town, Wyndham, in the remote yet beautiful Kimberley region. **Dr Nicolette de Zoete** lives in this far northern town with her partner, Brad, who is also the local officer in charge. Their family has recently doubled in size with the birth of their twin boys, Harrison Kevin and Spencer Jack who were born on 14 June 2012. The couple are overjoyed at becoming parents and recently brought them home to their small community.

You would think life in the country would be a significant change for a Melbourne girl given the stark differences in lifestyle between Wyndham and the city. Not least of which is the fact that Wyndham experiences one of the hottest annual average temperatures in Australia. But within a short time of speaking with Dr Nicolette de Zoete it becomes quite apparent that this doctor relishes the challenge.

Dr de Zoete has worked in Wyndham as a part time locum for 2 years, including some time in Kununurra at the Aboriginal Medical Service (AMS). Having dedicated the majority of her career to remote practice, her commitment to her rural community is undeniable. She also works part of her time for the Kimberley Aboriginal Medical Services Council (KAMSC), the regional Aboriginal Community Controlled Health Service where she holds a policy leadership role.

"As well as the locum work in Wyndham, I've been working in more of an administrative capacity reviewing regional protocols for KAMSC since October. Their focus is to provide a collective voice for the network of Aboriginal Community Controlled Health Services from the towns and remote communities across the Kimberley region," she explains.

Having worked in remote communities for most of her career, Dr de Zoete has certainly enjoyed a wide diversity of experience, environs and people. "Wyndham has a population of around 1000, consisting of only a slight margin of Aboriginal people, and it's not the most remote area I've worked, not by far.

"Following my internship I did another year in Melbourne mostly in paediatrics and emergency. I then worked in Darwin, in ICU and obstetrics, to acquire a few more skills. From there I ended up in Gove East Arnhem Land which was a nice life, not too remote but with all the challenges of Aboriginal health.

"After GP training in the Kimberleys I went really remote, to Balgo, for what was meant to be a 6 month post in 2006. There I met my partner, Brad, who commenced work there in 2008. We stayed on another 2 years and finally moved to Wyndham 2 years ago."

*"On the medicine side, I enjoy the challenge of meeting complex health needs in remote areas."*

Opting to follow this particular career path was predominantly a lifestyle choice. However, the depth this type of work provides was also an incentive for Dr de Zoete. "For me lifestyle was most important. The town is surrounded by croc infested oceans, magnificent waterholes, and miles of mudflats. The area is most known for its secluded billabongs, boab trees and ancient gorges. Our favourite weekend spots are Emma Gorge and the pristine waterholes at El Questro Wilderness Park.

"On the medicine side, I enjoy the challenge of meeting complex health needs in remote areas. These patients are those most in need due to their seclusion, and it's challenging managing the whole patient on your own, which is often necessary. It was quite common in Balgo for patients to refuse to leave the community or for no transport out to be available, which meant performing procedures I'd never even seen before, which was confronting but also enjoyable."

Dr de Zoete explains that in these areas, central desert people – particularly older individuals – would prefer to be managed as much as possible within their own community. "Although patients can be transferred much more readily in some nearby larger communities, for the more remote areas like Balgo it can be more difficult. Because of their cultural ties to country and fear of dying in a city hospital, elders in particular would prefer you to have a go at something rather than transfer them far from home."

Given the isolation, often decisions like these can be hard. Dr de Zoete advises the need for cultural sensitivity as well as good clinical judgment on these occasions. "The situation in Balgo really hit home to me, being so remote and having to trust your clinical judgement rather than relying on tests. An elder presented at a late stage, he was very ill and had lost a significant amount of weight. I had to rely on my own judgement and clinical intuition. Having felt his stomach, I diagnosed he had a cancer.

"For this patient, sending him away for a CT to confirm the diagnosis would have cost him his last hours with his family. When you are so remote, the importance of these decisions is amplified. In the end, he got to spend his final hours with those he loved."

Dr de Zoete says in these roles you need to accept the reality of remoteness early and that there is no room for heroics. "Knowing your limitations and realising that you are remote and people won't always have the best outcomes and being comfortable with that is an important understanding."

Another facet to the role is medical education and advocacy. Dr de Zoete is the rural representative on the RACGP WA Faculty Board. She has held the role for 3 years, which enables her to participate in education and curriculum development as well as policy and advocacy. Being involved in medical education and supporting registrars is also important to her.

Although remote practice is not for everyone, Dr de Zoete would urge those interested to take on a locum role. "I'd definitely encourage coming up and giving it a try; doing some locum work for a few weeks a year. It's an enjoyable workplace – more challenging and interesting with plenty of variety."

Dr de Zoete's partner, Brad, is the officer in charge at Wyndham, meaning they both take on leadership roles within the remote community. Often being the doctor or policeman in these areas takes on a new significance, quite different to the anonymity experienced in cities.

Although for Dr de Zoete, she found in Wyndham an unexpected, yet welcomed, dynamic has resulted. "Instead of being 'Dr Nicolette' wherever I went, like in Balgo, I became the policeman's wife. It has been a different experience for me, to be known by someone else for a change and quite amusing; especially as we are not married!

"In Balgo we were both in strong leadership roles, both very vocal in the community – for me it was the health issues and Brad the policing side of things. Wyndham is a little different again. It's a small town but not too small that you're always pigeonholed as 'the doctor'. The area affords some anonymity, which I enjoy."



*"I'd definitely encourage coming up and giving it a try; doing some locum work for a few weeks a year. It's an enjoyable workplace – more challenging and interesting with plenty of variety."*

With remoteness comes a significant amount of chronic disease, child health and nutrition issues, and the role provides for great autonomy in both internal medicine and emergency procedures.

"Aboriginal health is huge and there is no simple solution to these issues. Chronic disease and child health are two big issues. Women are still having babies with no antenatal care; babies are failing to thrive and as adults are going to continue the current cycle of poor health and reduced life expectancy. As a nation, in regards to Aboriginal health, we need to concentrate on bringing child health up to standard.

"Happily, Wyndham has a healthy mix, with a lot of Aboriginal people thriving here. But for some the health issues are vast and until the community is resilient enough to take ownership of their own destiny there will always be problems.

"It's a complex problem, not always solved through money, more through personal choice. We all need to make healthy choices, you need to get your own health in control or it will never improve. It's ultimately up to the individual, and it's the same for Aboriginal people. Parents and role models play a big role in ensuring kids make healthy choices that translate through to adulthood." ●





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