

Story Kate Van Poelgeest

Bush telegraph

Akubra. Check. Jackie Howe singlet. Check. Blue Heeler. Well, they could always pick one up on the way. So, it was with (nearly) all the accoutrements of rural life on board that AMA Queensland President Dr Steve Hambleton, Membership and Marketing Manager Neil Mackintosh and Pfizer representative Neil Midgley embarked on the President's first rural tour for 2006. There was, of course, a serious side to the trip – namely to meet with doctors at the coalface of health.

AMA Queensland has consistently told the Government that it needs to be talking to people delivering health services on the ground, and Dr Hambleton set out to do just that.

"We are constantly arguing that reform needs to be driven by – and responsive to – issues at the coalface. The Queensland Government and all Queensland Health Managers should know that it is amazing what you can find out in 10 minutes over a cup of tea!" Dr Hambleton says.

On Monday 20 February the trio flew into Mt Isa where they met with the Mt Isa Health Service Council, new Area Health Service General Manager Roxanne Ramsay and Dr Dennis Pashen from the Mt Isa centre for Rural and Remote Health.

"The Health Service Council is a group of dedicated representatives of the community who are working to stabilise and improve their health service. They are ideally placed to provide input into planning decisions," Dr Hambleton says.

Dr Hambleton lunched with doctors at Mt Isa Hospital where he particularly wanted to address how the new Medical Officers' Certified Agreement (1), delivered in early February, was to affect doctors working in rural areas.

Later he met the Acting Director of Medical Services Dr Gordon De Cean and Director

of Emergency Medicine Dr Pieter Nel, who reiterated local doctors' concerns about the need for simplified pathways to registration for International Medical Graduates (IMGs) coming to Queensland.

Dr Hambleton says the Productivity Commission report raised the issue of a single registration standard for the whole of Australia and the AMA was supportive of this.

"We do need to ensure that candidates are well selected, appropriately mentored and have access to ongoing training. The Boards must remain efficient or we will lose doctors to overseas positions just as Queensland is losing doctors to other states now," he says.

Indeed, conditions for IMGs was a resonant theme throughout the trip, with concerns raised over limited funding, mentoring, training, orientation, employment conditions, variable accommodation quality, and access to Medicare and schooling for their children.

Adequate relief in rural areas was also a burning issue with many rural doctors reporting there are neither sufficient doctors on the roster to prevent burnout, nor reliable relief to allow for self-education, professional development, holidays or just to allow the 'batteries' to recharge.

Dr Hambleton says the Government reform package has gone some way towards addressing financial inequities with the new rural loadings, recognition of the value of senior medical practitioners and the broadening of the rural incentive payments. He adds that money was never the focus of conversations for long.

"It was widely argued that sustainability of the service in the short, medium, and long-term was more important."

Despite the emphasis placed by the media on doctor shortages in the South East Corner, rural areas are facing the same problems of recruitment, retention and training as in the city – only magnified. Thus any significant

administrative and management potholes in Queensland Health mean the effect on morale is more devastating for rural Queensland.

"Despite the reassurance of an attitude change in the upper echelons of Queensland Health, we need the further reassurance that local attitudes to doctors have changed," Dr Hambleton says.

While in Mt Isa Dr Hambleton also visited the Yapatjarra Aboriginal Health Service. Dr Margaret Culpan is the first Australian-trained doctor to work there for some time. She was full of enthusiasm and will no doubt have a huge impact in this area.

From Mt Isa the trio began their trip east, a journey that was to see them cover more than 1,300 kilometres in just three days and stop along the way to pay homage to many of the great icons of the Australian bush. They drove to Cloncurry, Winton and then Longreach where, despite the oppressive heat, they were continually overwhelmed by the warm welcome they received from local doctors – a welcome in stark contrast to the one received from the eponymous mascot of Kynuna's Blue Heeler Hotel when Dr Hambleton failed to see him under foot!

The bush reputation for hospitality was cemented in Winton with a high tea worthy of any of the great tearooms of the world. Again, in a few minutes, enormous opportunities to improve efficiency, increase engagement of the doctors and to develop the private practice were identified.

In Longreach a combined meeting was held in the evening with North West Queensland Primary Health Care, AMA Queensland, and visiting Brisbane Specialists Dr Bill Glasson and Dr Peter Stevenson.

Here the local private GPs service the hospital via a process of contracting with Queensland Health.

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practitioners in the practice, and the morale of those we met, the system is working very well,” Dr Hambleton says.

“In terms of surgical waiting lists, the wait for cataract surgery in Longreach is the shortest in Queensland.”

The team made a valuable side trip to Blackall, the home of the proverbial Black Stump, where they were made aware of considerable issues concerning the quality of accommodation and the management in that area. Local doctor Dr Viney Joshi spoke of his gratitude for the overwhelming personal support from the local Blackall community that Dr Hambleton notes appeared to be in stark contrast to that from Queensland Health.

In Blackall, just beyond the black stump, they stopped to pose with Jackie Howe before driving via Alpha to Emerald for their last night in the bush. In Emerald, doctors highlighted many similar issues, adding concerns about training places for interns and registrars, lack of access to medical schools for rural students, the importance of comprehensive training with procedural skill and the inadequacy of rural relieving services.

Not since 2001 has an AMA Queensland President travelled so far west to meet with doctors and talk directly about the problems rural doctors face on a daily basis.



Dr Hambleton says the trip reinforced the need for reform to be implemented at the coalface, not just in the upper echelon.

“These are critical issues that need to be addressed immediately,” he says.

“Fortunately, AMA Queensland is in a position to bring these to the attention of the Director General and also to the Minister and to the Premier if necessary.”

“We will do whatever it takes to ensure that these doctors’ concerns are heard and are acted on – we cannot afford to lose one more doctor,” he says.

Dr Hambleton says the priority now should be working together to rebuild confidence,

recruit and, most importantly, retain more doctors. He cites as important examples the procedural focus of the Australian College of Rural and Remote Medicine and the Royal Australian College of General Practitioners’ Graduate Diploma in Rural Medicine.

“They foster procedural competence in the rural workforce and provide a foundation so the next generation of doctors are capable of accepting the baton of comprehensive quality rural healthcare,” he says.

Previous page: Dr Steve Hambleton at Mt Isa, above image: Dr Eric Lai and Dr Claire Poolman with the President at Winton, Below image: Dr Viney Joshi and Dr Steve Hambleton at Blackall.

Common concerns raised

Budgets

- The need for management to move on from an historical budget focus to a population and patient health focus.
- Hospital supplies are wasted every month due to a standard ordering system that is not flexible enough to allow for consultation with doctors about clinical need.

Management

- Some Queensland Health managers are still held in low regard, with some seen as part of the problem, not part of the solution.
- Remnants of the culture of bullying and intimidation need to be further addressed.

Administration

- Doctors need clerical support to relieve them of excessive paper work.
- Relief for leave and study needs to be guaranteed.
- Some doctors do not have computer access for official Queensland Health purposes, e.g. emails.
- More support is needed for procedural GPs.

IMGs

- Further general support and respect is needed.
- Guaranteed time for leave, study or training is needed.
- Improvements are required in the orientation and mentoring system.

- Medical Boards needs to be supportive, understanding and efficient.
- Medical Boards need a common entry standard throughout Australia.
- There is no access to Medicare or public schooling for tax paying temporary resident IMGs and their families.
- Strengthened Industrial Relations support is needed.

