



RURAL DOCTORS ASSOCIATION OF QUEENSLAND

MEMBER NEWSLETTER

August 2009

PRESIDENT'S MESSAGE



Hello Everyone – my term as RDAQ President has got off to a busy start and I'm looking forward to working with the new Management Committee during the year. At the Annual General Meeting held during the RDAQ conference, I thanked outgoing President Jim Finn for the significant contribution he made to RDAQ during his term, and I'd like to repeat that message here. Jim did a great job and I'm pleased that he still has an important role on our Executive as Immediate Past President.

Dan Halliday is our President Elect, Dan is a great advocate for RDAQ and for rural medicine, especially amongst our younger members, and I look forward to working with him. Dan has also agreed to be our Conference Convener for 2010.

At the AGM, I also outlined some of my objectives for my Presidency. We are all concerned about the implications of the current economic climate and the budget cutbacks that will be imposed by both the State and Federal governments. We will need to work hard to ensure that the rural health is not adversely affected by program changes. I am also concerned that the combination of tighter budgets and increased numbers of medical graduates might lead to fewer career opportunities and less favourable working conditions for our graduate doctors. Once again, we will need to be vigilant, and I encourage all young doctors to join RDAQ to help us support you.

It is worth remembering that the majority of rural doctors work in the private sector. Closer co-operation between private practitioners and the public system should be mutually beneficial, especially when we know that primary care is often delivered far more efficiently in the private sector. At the same time it has also been shown by RDAA research, that because of inadequate Medicare funding, rural medical practices often need alternative funding such as remunerated hospital work, to remain sustainable. RDAQ has been a strong advocate of increasing the collaboration between the public and private sector, and I will continue to campaign strongly for initiatives to encourage this.

As a private GP myself, I would also like to promote opportunities for flexible employment models such as positions which are part-time GP and part time public hospital positions which might be attractive to the next generation of doctors. Many doctors like to mix GP work with other medical work such as teaching or research and the ability to be flexible is one of the great benefits of GP work. Also, being a female overseas-trained doctor has given me some understanding of the challenges of working within a new system and culture.

It is also true that the majority of rural doctors are 'non-procedural' but are managing very complex patients, often at a specialist physician level with limited access to specialists. These doctors form the quiet, and often under-recognised, backbone of rural medicine. Our urban colleagues are also doing this high level work, every day in their practices and I strongly believe that there is a lack of understanding and hence undervaluing of GP work at a Federal level.

We have made some very pleasing gains in membership over the past couple of years, but there is still much work to be done. We particularly need to work at broadening the appeal of RDAQ, and to make sure that we represent the interests of all rural doctors. We have been very successful at improving the conditions of procedural GPs and doctors working in both the public and private sector.

However there are still enormous challenges in supporting rural medical services and improving Indigenous health which is why we need a broad membership and also why our membership of RDAA at the Federal level is so vital.

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RDAQ NOTICEBOARD



President's message cont....

It is obviously important that we continue to maintain a strong relationship with Queensland Health. I congratulate them on their support for the Rural Generalist Pathway, which is really set to rejuvenate procedural rural medicine in Queensland. They have indicated their enthusiasm for much more collaboration with private rural doctors so that we can all make the best use of the health dollar. There are some welcoming trends in rural investment, including the upgrading equipment in emergency rooms in rural hospitals with video linking equipment to provide greater support for isolated doctors and improvements to the living quarters for nursing and medical staff which has had boosted morale. Good things are happening and RDAQ hopes that this trend continues over the coming years.

I shall be actively promoting these issues during my Presidency along with the aim being that we can enjoy providing excellent medical services in rural areas in ways that are healthy and sustainable for those of us who deliver these services. I welcome input from all members and encourage you to become more actively involved in RDAQ.

Sheilagh Cronin

PEPA Applications for Medical Officers are closing on Friday 30th October.

The Program of Experience (PEPA) is funded by the Australian Government Department of Health and Ageing and offers 4 day supervised clinical attachments in Specialist Palliative Care Services. Placements in various host sites around Queensland are still available. GPs, GP

Registrars, SMO's, and Medical Supers are all eligible to apply. Participants are entitled to receive a Backfill allowance of \$140 per hour plus GST for the 32 hours of the placement. Rural participants qualify for travel, accommodation, and meals allowances. RACGP offers 40 Category 1 QA & CPD points while ACRRM offers 32 PD points.

For a PEPA promotion pack, PEPA DVD, or further information, please contact Kathy Laurent, PEPA Manager Qld, Ph 3636 6216 or Email: Kathryn_Laurent@health.qld.gov.au. The Application Information kit can be downloaded from www.health.qld.gov.au/cpcrc and click on PEPA.

Diary & Date Claimers

16 October—QH Rural Scholarship Scheme 65th anniversary dinner, Brisbane

28-30 October—Indigenous Health Forum, Brisbane

INTERESTED in PROVIDING INPUT?

The Courier-Mail is researching a series into emergency departments at the state's public hospitals.

They would like to speak with any doctor or medical professional who can give an insight into emergency departments.

Please contact Michael Crutcher (07 3666 6775); email crutcherm@qnp.newsltd.com.au or

Matthew Fynes-Clinton (07 3666 6393); email: fcClintonm@qnp.newsltd.com.au

VR GENERAL PRACTITIONERS—8 VACANCIES

Join Growing Practices In Rapidly Growing Areas

1. Brisbane Region

2. Dalby – Darling Downs

Work Full or Part Time, choose your days, choose your hours, overtime available if willing

- ⇒ \$160,000 per year on 12 months contract or by negotiation
- ⇒ Free New Car
- ⇒ Free Accommodation
- ⇒ Money towards relocation
- ⇒ No ties for years

Please email your CV (in confidence): dynastyz@bigpond.net.au

THANKS, ASHRAF

Many thanks to Dr Ashraf Saleh, who was the official photographer at the RDAQ conference. Ashraf is responsible for the great photos which appear in this newsletter. More conference photos will be available on the website soon.



FROM THE RDAQ DESK.... A WORD FROM THE EXECUTIVE OFFICER

I was very honoured to be awarded Honorary Life Membership of RDAQ at the David Horn Memorial dinner during the recent RDAQ conference. As I mentioned at the time, as a new RDAQ member, I will be keeping a very close eye on the policies and administration of the Association! I remain in awe of the commitment of our rural doctors, both to RDAQ and to the communities in which they live and work. Thank you all for your support.

I recently attended the Associations' Forum conference at the new Melbourne Convention and Exhibition Centre. Over 300 delegates participated, representing an enormous variety of Associations and not-for-profit organisations. Some of these organisations were smaller than RDAQ, whilst others had thousands of members and annual turnovers of millions of dollars.

The new Centre is a huge complex, with a variety of flexible meeting and display areas. The administrators are very proud of its 'eco-friendly' status, which includes energy-efficient lighting and insulation. It is largely a 'paper free zone' and very little printed material was provided; however there were computers and printers available if delegates wished to print out presentations from particular sessions. This was not very successful, as there were several equipment malfunctions, which resulted in long lines of very frustrated delegates!

One of my dilemmas was which of the concurrent sessions and workshops I should attend. Topics included membership recruitment and retention; lobbying strategies; constitutions and governance; media skills; marketing; conflict management; using technology; attracting young people to your organisation; financial reporting and conference and event management—most of which was relevant to my work at RDAQ.

It was interesting to observe how the conference was organised; the dynamics of the Trade Exhibition; and to get ideas for our own conference from the event. It also prompted me to reflect on what we do well at RDAQ; how we can improve our operation and services to members; where our future challenges might lie, and how to best address them.



School of Medicine
Discipline of General Practice

HOW DO GPs PROVIDE PALLIATIVE CARE IN RURAL AND REMOTE QUEENSLAND?

AN INVITATION TO HAVE YOUR SAY

Palliative Care refers to the specialist care given to people living with and dying from an eventually fatal condition such as advanced cancer, severe heart failure or COPD. We want to know how the land lies for rural GPs caring for these patients

WHY? With an ageing population, the number of deaths from cancer in Australia is expected to rise. A likely flow-on is an increased need for palliative care.

We know that in the absence of palliative specialists, rural GPs are pivotal to the provision of this care. However, research indicates they may have limited specialist support and facilities. Research also tells us caring for palliative care patients can be very rewarding for rural GPs.

We need to know the realities – what works, what isn't working, what could be improved. Our hope is that the knowledge we gain will help identify strategies which will enhance outcomes for palliative care patients.

HOW? If you are a General Practitioner working in a rural or remote location of Queensland (RRMA 4 to 7) **AND**

- You have looked after one or more palliative care patients in the last 12 months **AND**
- You are not principally employed by Queensland Health

THEN we invite you to tell us of the joys and challenges caring for these patients brings.

We will interview you over the phone at a time convenient to you. We respect that you may be time poor, and we will adhere to scheduled times.

To find out more or express your interest in participating please contact Anne Bucetti on:

Phone: (07) 3346 4835 Fax: (07) 3365 5130 E-mail: a.bucetti@uq.edu.au

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines.



ATTENTION! ASPIRING JOURNALISTS

Have you been to an interesting workshop or conference recently?

Are there issues you would like to bring to the attention of your colleagues?

MEMBER
CONTRIBUTIONS
(eg letters, articles, photos.)
WELCOME!

WE'RE OFF TO MACKAY IN 2010

RDAQ will be holding its 2010 conference at the Mackay Entertainment and Convention Centre.

This is a brand new venue which is located in the heart of Mackay. It consists of a number of versatile spaces, including plenary and seminar rooms—all of which will be ideal for our purposes. The venue is equipped with state-of-the-art audio and backstage facilities. It is linked to the Regional Art Galley and library, and surrounded by tropical lawns and gardens.

The Centre is within walking distance of a number of accommodation options, including hotel rooms and self-contained apartments. Alternatively, delegates may wish to stay at the marina or on the beachfront, both of which are only a short drive away. There are many attractions in the area, including beaches, tropical islands and an interesting hinterland to explore. Information on a range of accommodation options will be provided to delegates.

Preparations for the 2010 conference have already started under the leadership of the Conference Organising Committee, chaired by Dr Dan Halliday. We welcome Sarah Smith, who is our new Conference Coordinator. Sarah brings a wealth of experience to this position and we look forward to working with her. Our previous Coordinator, Zena Horton, is now managing the Medical Education and Training team at Health Workforce, so she will still be involved.

Do you have suggestions regarding conference sessions or format?

Are there any particular workshops or issues you would like to be included on the program?

NOW IS THE TIME TO HAVE YOUR SAY—We will be aiming to finalise the conference program by Christmas!

Please contact Jenny at RDAQ with your feedback.

RDAQ PRESIDENTS ROLL UP TO CONFERENCE



It was wonderful to welcome all RDAQ Past Presidents to the 20th anniversary conference dinner.

From left to right:

Front—Merrilee Frankish; Tony Balston; Bruce Chater; Col Owen; Digby Hoyal; Ross Maxwell;
Sheilagh Cronin

Middle—Shane Sondergeld; Jon Outridge; John Lock; Bruce Cameron; John Hall; Roger Faint;
Christian Rowan

Congratulations to RDAQ Award Winners 2009

One of the highlights of the David Horn Memorial dinner at the RDAQ conference is the presentation of awards. This year we were especially pleased to welcome Roger and Robin Faint, who gave a tribute to David and presented the Honorary Associate Membership Awards (the David Horn Memorial Medal). Robin is David's daughter and Roger is a past RDAQ President.



Robin Faint presents Jacquie May from Q'ld Health with Honorary Life Membership.

Dr Ross Maxwell from Dalby was awarded Honorary Life Membership. Ross is a past RDAQ and RDAА President who has made an outstanding contribution to the rural doctors' movement and to his local community.



Outgoing RDAQ President Dr Jim Finn presents Dr Desley Marshall (St George) and Dr John Evans (Emerald) with Meritorious Service Awards. Both these doctors have provided dedicated service to rural medicine and to their communities.



RDAQ Legend of the Bush 2009, Dr Damien Nevin, is a well known Rural Rednecks band member and a strong advocate for rural doctors and for RDAQ.



Dr Denis Lennox received a President's Award for his contribution to rural medicine and in particular to the development of the Rural Generalist pathway.



Louis Wilson from Charleville was a worthy recipient of QRMFN's "Backbone of the Bush" award.



Student prize winners Megan Newman (JCU); Allan Davies (UQ); and Emily Moody (JCU) with Dr Jeff Thomsett, who presented the prizes.



Jim Finn congratulates RDAQ Executive Officer Jenny Johnson on being awarded Honorary Life membership.

RDAQ 2009 CONFERENCE

'Celebrating the Past; Embracing the Future'



What better way to celebrate RDAQ's 20th anniversary than with a great conference! Over 200 delegates and their partners and families; medical students; sponsors and trade exhibitors; partner organisations and other stakeholders turned up at the Gold Coast International Hotel ready for a great weekend of workshops; debate and discussion; and of course, the all-important celebrating!

The conference got off to a flying start with the Queensland National Ballet providing the official welcome. Other highlights included an inspirational keynote address from Professor John Pearn; an interesting 'hypothetical' session; student presentations; and some great workshops.

In the lead-up to the conference, the ABC Country Hour had broadcast some interviews with rural doctors, and we welcomed journalists Robin McConchie and Neroli Roocke, who presented CDs of the interviews to RDAQ.

Many delegates donned their '80s gear for a social night at the Hard Rock Café, while all stops were out for the David Horn Memorial dinner on the last night of the conference. MC Bruce Chater kept the evening running smoothly and the formalities concluded with the customary performance by the rural rednecks.

Thanks to everyone who contributed to the success of the conference, especially to Convener Dr Michael Rice and the organising committee; coordinator Zena Horton and Health Workforce Queensland; and QRMFN, who organised a great family program.

Special thanks to Platinum sponsor Pfizer; Gold Sponsor Queensland Health; and all other sponsors and Trade Exhibitors.

