

# REMOTE-CONTROL TRAINING

The tyranny of distance may not necessarily prove a barrier to those registrars determined to stay in remote communities. Leigh Parry reports on a small, but important, registrar training scheme.

FOR Dr Rachel Harvey leaving her community to complete her fellowship was not an option she wished to consider.

As a solo GP in the remote Queensland town of Glenden, the idea of leaving her patients without a doctor for extended periods was simply unfeasible.

The solution for Dr Harvey, and a handful of other GP registrars, lay in the Remote Vocational Training Scheme (RVTS).

Developed in 2000, the RVTS allows registrars already working in isolated rural towns to achieve their RACGP or ACRRM fellowship without leaving the community to complete vocational training.

The scheme uses remote supervision to help the registrars complete their training, and incorporates both the RACGP and the ACRRM primary curriculum. It specifically focuses on key areas of remote practice, from essential emergency skills such as trauma and obstetrics to remote population health, psychiatry and Aboriginal and Torres Strait Islander health. The four-year training program can also be completed on a part-time basis.

Dr Harvey – who was named RACGP

Registrar of the Year in 2007 – says one of the scheme's strengths is its use of remote mentors, so registrars have someone at the end of a telephone who can truly identify with the unique challenges of remote practice.

"You ring people [for advice] in the city and they just don't have a clue," she says, explaining one response to her description of a patient's symptoms.

"The suggestion of 'Why don't you get a CT scan and a MRI?' is simply not workable when you have to pack the patient in a car and transport [them] 600 km to the nearest MRI machine."

Originally a joint training initiative of the two colleges, the RVTS began with just 11 registrars. The scheme currently has an annual intake of just 15 registrars, however thanks to a Federal Government commitment of \$18.4 million, this number will grow to 22 next year.

The funding was announced in late 2008 as part of a \$150 million package to boost GP training across the nation.

Having just earned her fellowship and happily working combining general practice and country hospital work in Tenterfield, NSW, Dr Harvey cannot

praise the RVTS enough.

RVTS chief executive Dr Pat Giddings says he knows of no other program in Australia or other Western countries that uses distance supervision for vocational training.

He says its key difference to the General Practice Education and Training (GPET) program is that the RVTS is a workforce retention program as well as a training provider.

**"We have trouble getting people to finish up – it's like getting adolescents to leave home"**

Dr Pat Giddings

"The major difference between us and GPET is that to qualify you need to be already working in a remote medical setting," Dr Giddings says.

"We are a specialist distance education provider. GPET is a traditional training program – it's a placement program. RVTS simply caters for those who fall through the gaps.

For this reason, the program complements, rather than competes, with GPET.

Dr Harvey agrees: "The difference is

you stay in your rural community and you don't need to be taken out and put in a training position – this is the training position, therefore the community benefits as well."

The scheme relies on self-directed learning, tele-tutorials and face-to-face workshops.

"We have 30, 90-minute tele-tutorials per year, then 30 days of face-to-face workshops as well as clinical teaching

visits," Dr Giddings said.

The program has tried and rejected complicated IT link-ups, opting for the 'keep-it-simple' approach of teleconferencing which Dr Giddings says has proved highly successful.

He says using technology any more complicated than phone or email communication has not been shown to enhance the program's delivery.

Registrars are supported by remote supervisors and mentors with have experience in rural or remote medical

## From Columbia to country NSW: a solo GP success story

Dr May El-Khoury is one of the RVTS's overseas graduates who joined the training scheme in 2008 after learning of it through the Central West Division of General Practice.

Her place of work in the tiny town of Trundle in NSW's Central West is a far cry from her native country of Columbia.

Dr El-Khoury is the town's solo GP and VMO to the local hospital, where she is on call 24 hours a day.

She serves 2500 patients spread across a number of neighbouring towns, and is the only female doctor in the region.

The nature of her job means she must be prepared to tackle a huge diversity of cases. "We have a lot of elderly people, farm accidents, children, and lots of skin and thyroid cases," Dr El-Khoury says.

She says the strength of the RVTS curriculum lies in its

support from training staff such as tutors and clinical educators.

"You have 'hands-on' weekly support," Dr El-Khoury says. "The workshops we have twice a year are absolutely fantastic and the exam preparation is fantastic."

Aside from the educational aspects, the program is also just "lots of fun".

"It becomes a like a family. It's a really beautiful environment," she says.

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## Snapshot of the RVTS curriculum

- Clinical skills**  
Essential emergency skills and knowledge including trauma, obstetric skills, internal medicine, surgery, paediatrics, psychiatry, women in rural practice and retrieval medicine as well as and other essential skills and knowledge particular to the remote setting
- The nature of remote communities**  
Issues such as support structures and family issues, professional boundary issues, confidentiality, social and cultural influences of mental health, home visiting protocols, and cultural frameworks.
- Public health**  
Remote population health, public health infrastructure, disease control, remote environmental health,

- remote preventive medicine, relevant legislation, community roles, and the role of the remote doctor as community advocate and government medical officer.
- Aboriginal and Torres Strait Islander Health**  
The health status of Aboriginal and Torres Strait Islander people and comparison with the health status of non-Indigenous Australians; diagnosis and management of common diseases affecting this population; the impact of history and current social, environmental, political and cultural factors on Aboriginal and Torres Strait Islander health and the provision of culturally appropriate, accessible health services.

- Management skills and professional networks**  
Effective practice management and integration with other health services, teamwork, support networks, media management in crises, information technology applications, and developing healthcare projects.
- Self-care**  
Professional development strategies, self-analysis, working in a remote context and stress management.
- Advanced skills training**  
Twelve months training is available to registrars in advanced skills curricula such as anaesthetics, obstetrics, emergency medicine, paediatrics, mental health, population health, and small rural town practice.