

Annual Roundup

News for rural doctors from the Rural Doctors Association of Australia
December 2023



RURAL DOCTORS
ASSOCIATION
OF AUSTRALIA



Doctors in Training impress at Parliament House

Our panel of junior doctors made a real impact on Federal polities.

See p32 for the full story

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News for rural doctors from the
Rural Doctors Association of Australia

December 2023

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Memories of
Dennis Pashen

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Hello to all our RDAA members and friends, and thanks for having me in the captain's chair for the next two years.

I have already done quite a bit of travel as part of this role, and with all the recent issues around delayed, redirected or cancelled flights, and missing luggage, I couldn't help but think there are quite a few similarities with Rural Medicine.

If we were running flights to destination '**Rural Medicine**' we would need to set up systems to do a number of key things:

We need to sell you the ticket

How do we make people want to board a Rural Medicine flight? First, we need to engage them early, before they have their heart set on going somewhere else.

- Early (positive) engagement with students, interns and residents is essential, and **#DestinationRural** has been working to do this.
- We need to be providing opportunities to train, especially during the formative years, in rural and remote sites, such as through the John Flynn Prevocational Program.
- We need to make it easier to arrive at your preferred destination. A clear pathway to training and Fellowship through implementation of the RG program.
- We need to get you there on time – or early! College-led training is key to getting our doctors trained and placed in the optimum time frame.
- We need a place to land:
 - There have to be jobs where RGs can use their skills. Rural hospitals and surgeries must remain viable and maternity units open.
 - It has to be financially viable. MBS, SEM or other remuneration fit for service must be available.
 - Ground crew: Supervisors with access to training, the time to supervise, and proper remuneration.

No lost baggage

- Appropriate entitlements, supports and training need to be there when you arrive.

International arrivals

- International doctors need clear pathways to Fellowship, good support, and a removal of duplication in the red-tape they need to navigate in order to be able to arrive in Rural Medicine.

So what will be on the agenda for the next two years? Well, first, I'll be doing my best to carry on the legacy that Dr Megan Belot has left.

I'll be working to keep paid parental leave on the agenda for GPs. This is so important to many of our younger doctors, and the future of general practice as a whole.

Similarly, the continuing push for a broader rollout of the Single Employer Model. Junior doctors are crying out for reform in this space, and early indicators are that it simply isn't that important to some of the bigger players in the GP space. We think that without it, interest in general practice will continue to decline. The SEM is particularly relevant to RGs, and we will keep fighting for reform in this space.

Other areas include the expansion of procedural WIP payments, and continuing on the work that Megan led in advocating for rural maternity services.

Most importantly Megan has worked with Peta to establish RDAA as a point of truth for rural medicine. We have moved from asking for a seat at the table, to being invited to the table. Thanks to Megan for her tremendous effort and commitment. I am looking forward to continuing with the momentum that Megan has already started, particularly for rural birthing services, and taking advantage of the great foundation established over the past two years.

When thinking about what RDAA aims to achieve over the next two years, I first reflected on what RDAA is:

- We are an association dedicated to ensuring the highest standard of healthcare for the people of rural and remote Australia
- We are rural doctors including rural GPs, Rural generalists and rural specialists as well as medical students and doctors in training.

If you happen to be reading this and are not a member, consider standing with us; sign up and become part of our mob. We get things done.

So what work will we be doing next year? Well, to continue my flight analogy, we'll be:

Selling the ticket

Early engagement and appropriate selection at all levels to generate docs for the bush. →

We have moved from asking for a seat at the table, to being invited to the table.

Correct destination and time

Continue to support and advocate for the implementation of the national RG program.

International flights

Press for implementation of recommendations from the Kruk report, especially a centralised document repository, which will also have the potential to streamline credentialling for our domestic flights as well.

We need a reduction in the moratorium, and we need to better support those Australian doctors trained overseas working in rural and remote communities to be able to provide the care needed, as well as have the professional and personal support needed to make their practice safe and long-term attractive.

On time:

We need to do this now. And we need things to be done now. RDAA will continue to push for reform and initiatives to be funded and rolled out as fast as possible.

With bags:

SEM. Our doctors need preserved entitlements. We need to ensure that smaller sites are supported to access the model, that the plans are appropriate for rural and remote sites, and that doctors and practices have a choice to either continue on fee-for-service or move to SEM.

Place to land

We need to ensure that rural doctors can use their full scope of practice in their communities. RDAA is involved in a review of regulations and supports to ensure that they are not hindered by regulatory issues or by lack of support.

We are reviewing MBS to ensure access to appropriate access to item numbers for rural generalists within their advanced skills. We need to push to expand training in, and utilisation of, non-procedural services like paediatrics, palliative care and mental health, as well as procedural services with endoscopy being close to my heart. And we need to keep pressing forward with revising the rural maternity framework as a first step in finding solutions to the rural birthing crisis.

Reasons we fly

We need to stay focused on the needs of the people of rural and remote Australia, who need the right doctor, in the right place, delivering the right care to our communities.

We need to continue to work to narrow the disparity in health outcomes between Indigenous and non-Indigenous Australians. As rural doctors, a large part of this role falls to us.

I was personally saddened by the 'No' outcome of the referendum; however it doesn't change the disparities in health outcomes that is, at least in part, due to loss of locus of control. We have to find another way to reach parity and we will work with and stand beside Elders to support a solution.

I am looking forward to working with the great team of staff at RDAA: Peta, Ineke, Patrick, Anita, Pranesh and Olivia. They are hard-working, and great fun, and we'll all be working together to see outcomes for rural doctors really take off over the next two years.

And an early thanks to my amazing wife Tish for encouraging me to take on this role. I wouldn't be able to do it without her support.

Dr RT Lewandowski, RDAA President

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Dr RT Lewandowski is a Rural Generalist providing endoscopy and gastrointestinal services at Cairns Base Hospital, and obstetrics, endoscopy and emergency services at Innisfail Hospital.

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#DestinationRural?**

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Practice challenges in a rural town

Have you ever considered the medico-legal and ethical dilemmas we face, as rural clinicians, that may be unique or more common in the bush?



Dr Brittney Wicksteed, MDA National Member, Emergency Medicine Registrar and Vice President, Rural Doctors Association of Western Australia

According to the Australian Bureau of Statistics, around seven million people live outside of metropolitan centres – and they are more likely to smoke, drink dangerous amounts of alcohol, sustain serious injuries, and be hospitalised. Overall, health outcomes are worse in the bush. Fortunately, there are incredible doctors who choose to provide their services to our rural and remote population – but these doctors can find themselves in situations which might never cross the mind of their colleagues in metropolitan areas.

Patient confidentiality & boundaries

The first (and probably most obvious) issue our rural colleagues face is confidentiality for their patients – who might also be friends, neighbours, grocers, or teachers at their kid's school.

The lines between professional behaviour at work and being able to exist as a fellow human in a community may be blurred, especially when Doris wants to (loudly) talk to you in the supermarket about her unresolved health issues, or when Mark wants to question his treatment plan over a couple of beers at the bowls club.

It can also be difficult to maintain social relationships with people you have a professional relationship with, and boundary setting is an essential component of this.

Ad-hoc calls for assistance

Some of you may have come across the ethical dilemma of providing care when one might be compromised. In a small town with a very limited workforce, some mass casualty event may

require the assistance of every available person – even those who aren't on call or working. Where does the responsibility lie for a practitioner who (while not at work or on call) has had a few alcoholic drinks and receives a phone call begging for help in a life-or-death situation? How does knowing those involved in the incident and their families change the lens through which the decision is made? What happens if, despite best efforts, the outcome is a bad one?

Cultural complexities

Navigating cultures different from yours can be challenging without some help and guidance, particularly for those new to an area. Those of you who've worked with our First Nations Australians may be aware of the complex kinship and family structures that are an essential part of their culture. These don't always align with the western ideas of parents and next-of-kin. This can make it challenging to determine who the adult accompanying your paediatric patient is; what their relationship is to the child; and how that relationship relates to the medico-legal frameworks.

While it can be difficult at times, navigating life in smaller communities is also enormously rewarding. If you come across any situation that makes you wonder if it would pass the pub test, or stand up in court, please get in touch with your medical defence organisation.

MDA National is RDAA's Major Medical Defence Organisation (MDO) Sponsor. Find more information on MDA National, including how to become an MDA National member and a significant library of medico-legal resources, at mdanational.com.au.

This article is provided by MDA National. They recommend that you contact your indemnity provider if you need specific advice in relation to your insurance policy or medico-legal matters.

Thank you MDA National for your great support!

We are excited to be continuing our partnership with MDA National, and greatly appreciate their ongoing support as our Major Medical Defence Organisation (MDO) Sponsor – support that has extended over many years.

"Through its generous support, MDA National is actively helping RDAA to continue to advocate for rural doctors across Australia and the communities they serve" RDAA President, Dr RT Lewandowski, said.



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"MDA National continues to partner with us to provide a national bursary that supports up to seven junior doctors annually to experience the rewarding career path of Rural Medicine, or to undertake additional training or placements to help them in their future work as rural doctors.

"We thank MDA National for their ongoing support, and look forward to continuing to work with them in the year ahead."

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Outgoing President's Report Message from Dr Megan Belot



My second year as RDAA President was just as busy and productive as the first.

I approached the year thinking – well, this is my time to effect change. I will never have this same opportunity again, and I need to make the most of it.

But it is not just my time. It is our time. It is just TIME. Time for change. Time for us to come to grips with the new paradigm of delivering medicine. Time for us to change and adapt what we do, what we expect, and what we deliver.

The face of rural medicine is changing. Actually, the face of all medicine is changing. This change needs to be embraced, and nurtured, and respected, so that we can continue to deliver quality care into rural and remote settings.

Many doctors these days don't want to work in the same job, the same community, the same field, for their entire career. They want flexibility. They want change. They want a vibrant workplace that supports them to live their best life.

For some, this revolves around work. For others, it revolves around family, or having recreation time, adventures, or building new skills and using them.

And all of that is OK. We need to make it OK for rural doctors to want different things. Because if we don't, they'll want

something different to rural medicine and we'll keep being short doctors and medical care in rural and remote parts of the country.

Earlier this year RDAA hosted our Federal Politicians Forum at Parliament House where we heard from an amazing panel of early career doctors... and me. Assistant Minister for Rural Health Emma McBride was there and, despite bells ringing and senators having to attend for a division, she was deeply affected by our presentation.

Afterwards, she reached out to me to have an additional meeting to further discuss the Single Employer Model and its potential to increase the attractiveness of Rural Generalism and rural general practice to young doctors. This is directly thanks to the excellent contribution made

Many doctors these days don't want to work in the same job, the same community, the same field, for their entire career.

by our panellists. I want to say a huge thanks to Drs Ben Dodds, Marian Dover, Brit Wicksteed and Dan Wilson who all shared their experiences and thoughts, and to our awesome Past President Dr Adam Coltzau who facilitated the event.

We have worked hard to build a strong relationship with both Minister Butler and Assistant Minister for Rural Health, Emma McBride.

Last year we felt we had got off to a bit of a rocky start after a contentious build up during the 2022 election campaign, where we heavily criticised Labor's policy change when it comes to DPA applying to all MMM2 and some MMM1 locations. Minister Butler seemed a bit apprehensive coming in to our initial meeting not long after he took office.

But what is done is done, and election promises have to be delivered upon, so we committed to being the bigger person and to focus on what we could improve going forward.

We have spoken a lot to government about the future, the opportunity that single employer model presents and the need to get future policy settings right for rural and remote. We were →

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also happy to see that the October Budget saw follow-through on those promised election commitments.

My second meeting this year with Minister Butler focussed on rural funding models.

I made sure to also bring along a big stack – about 50 pages – of paperwork required for a locum in SA. It seemed to make an impression. We desperately need a centralised credentialing repository that will reduce the red tape allowing more doctors to do more locums to more rural and remote hospitals. This could only be a good thing.

At every chance I get I push the need to fully implement the National Rural Generalist Pathway recommendations. It feels like it is taking forever, but we are making progress.

What has particularly struck me during my time as President, is just how long it takes for changes to come into effect.

Five years ago, Dr Adam Coltzau was RDAA President, and his big ticket item that he worked on was WIP reform. Well, we just got it. Five years later. Patience is important, but it is also so important that we keep chipping away at the massive list of jobs that we already have, and continually push for change.

When my baby was on the way, I was personally very excited when the changes to the Commonwealth Paid Parental Leave program came into effect. This was something RDAA had been working on while we wait for bigger reform in relation to GP entitlements and employment models. Yes, I know it is not as much as we would earn at work, and I ended up missing out completely because Molly was born just a few days short of the start date, but it's much better than the nothing we were getting before. Persistence paid off. Literally.

Another highlight of our year was the Rural Maternity Forum, hosted by Ruth Stewart and organised by RDAA and the Australian College of Midwives. This forum was focussed on coming up

What has particularly struck me during my time as President, is just how long it takes for changes to come into effect.

with solutions to the maternity crisis that persists in so many parts of rural Australia. We are hopeful that we have come up with some potential solutions to help reverse the ongoing trend of closures, bypass and downgrading. Watch this space.

In September I attended the Remote Matters Conference in Charleville. I did this while touring rural and remote Queensland with my husband, toddler and baby for three and a half weeks.

Despite previously working in remote Australia as a junior doctor I was reminded how remote really is different to rural, and very remote is different to remote.

The difference in access, and the difference in how we deliver primary care to remote and very remote communities, is stark. And the primary difference seems to be shaped by how communities engage with and support their health service.

It is clear to me that in many cases we need more mechanisms to empower communities to employ different models to attract and retain doctors. It seems like if we could better enable this for remote, then there would be valuable lessons that could trickle down into rural. State and Federal governments need to work together to ensure that very remote, remote, and also rural, communities have a viable model of providing primary care. There needs to be the flexibility for this to be shaped to the needs of the community, because, as they say... *if you've seen one rural town, you've seen one rural town.*

Further use of block funding, facilitation of innovative models and greater community engagement could be the key.

And RMA23! What a fantastic event!! You can read more about it on pages 17-20.

That's probably enough of my reflections on the year.

I extend my sincere thanks to new RDAA President, Dr RT Lewandowski, who stepped up early and filled in for me while I was on leave. I am so confident that this role is passing into excellent hands. RT has a great perspective on the Australian health care system, and will bring his own focus to this role, which will be fantastic, not just for those of us trained here, but also for his fellow OTD colleagues, who RDAA has been looking to further support for a long time.

These two years have gone much more quickly than I could have imagined, and now that it is coming to an end it seems not long enough. Maybe because I was stupid enough to have another kid during it. Who knows.

It has been both incredibly rewarding, as well as frustrating, particularly with the slow rate of change, when all you want to do is go – hey, this could, and SHOULD, be soooo much better! Just do this... And get it done. Sadly, it doesn't work that way, but we keep pushing for it regardless.

I extend a massive thank you to our ridiculously hard-working CEO, Peta Rutherford, who made this role possible for me. Her tireless energy, enthusiasm and passion for the work that we do, her regular contact and collaboration, and the relationships she has built within the Department of Health and throughout the rural health stakeholder community make such a difference to getting things done and getting our voice heard. She works long hours for the benefit of our members, and has delivered on too many things to list. We are privileged to have her at the helm.

Big thanks to Peta's team of Ineke, Patrick, Anita and now Pranesh and Olivia. They all deliver outstanding work, and their →

honest desire to improve rural health outcomes really adds to their value.

While Ineke and Patrick have kept me busy in the media for the past two years, they have also made sure it is manageable for me in amongst my work and life commitments. If I can do this job with a toddler, a pregnancy, birth and new baby, anyone can do it. I encourage other female doctors out there to consider taking on leadership roles like this, as our contribution can be impactful and make a real difference to those coming after us.

I also thank everyone who came up to me at RMA and said such lovely things about my Presidency. It was amazing to be made to feel like I brought something different to the role, and demonstrated that you don't have to be a recognised statesman of rural medicine to be the RDAA President. Actually, that the fact that I *wasn't* one of these was seen as valuable. Thank you all so much.

Also thanks to Sandpiper Australia who gifted me with a much coveted Sandpiper Bag, presented at our AGM. I have wanted one of these for years, and I really REALLY love it.

I am so grateful for all the people who have supported me while I was President. In particular I want to thank my mum for all the child minding. She has visited some unexpected places, which I'm sure weren't that interesting for her, in order to enable me to bring Mack, and now Molly, along.

My husband Mick, who is generally busy working the farm, supported me to take on this role, and kept on supporting me throughout it, even when our circumstances changed [insert baby here].

Special thanks go to Dr RT Lewandowski, to my sounding board and support friend Dr Jane Neyland (a solo GP in Robinvale), Dr Rob Phair (past RDAV President), Dr Sue Harrison my long time mentor, Dr Dan Halliday (current ACRRM President), Dr Sarah Chalmers (particularly when she was ACRRM President) and Dr John Hall (over the first year when he was RDAA's Immediate Past President) as well as to the rest of the RDAA Board for their continual help and support.

Thanks to members who actually write back to requests for submissions. We really want to represent your voice, so if you see a topic that affects you,

then please email back and give that feedback. This information really does mean that we get change for the better.

It has been an honour to serve my fellow RDA members in this role. I started out feeling like I was stepping into the shoes of giants, but have received nothing but support and encouragement from these greats of rural medicine over the past two years. Thanks for backing me. Thanks for the work you have done in the past and continue to do. I am looking forward to supporting RT over this coming year, and, looking at the calibre of young doctors coming up, I'm excited about the future of rural medicine.

I am looking forward to supporting RT over this coming year, and, looking at the calibre of young doctors coming up, I'm excited about the future of rural medicine.

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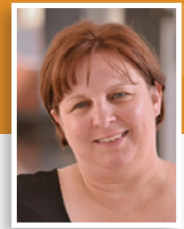
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We welcome your feedback!

RDAA encourages feedback from all rural doctors on current rural health policy issues, RDAA policies, submissions, advocacy activities, member needs and publications.

 ceo@rdaa.com.au

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In this year's edition of the RDAA Annual Roundup you will see we continue to work hard and get the message out there about all the good things in rural medicine, while doing the advocacy to push for how things can be better.

As hard as the team all work, we still manage to have fun and plenty of laughs while we do it. That is what I love about my job – working with a group of people who genuinely want to improve things for their communities, but don't take themselves too seriously and manage to find the enjoyment out of life.

Our advocacy work has been at full steam ahead all year. We have worked closely with both sides of Government, as well as the Department, to ensure that rural and remote challenges are front of mind and don't get bundled up with what is happening in outer metro areas.

The focus on rural maternity services which we are seeing across a number of key organisations has been driven by RDAA kick-starting the conversations with the Australian College of Midwives, and the Office of the National Rural Health Commissioner. Our team led the organisation of the Rural Maternity Think Tank in May 2023, and then the National Rural Maternity Forum held in Canberra in August 2023. There is still much to do, but the issue would just continue to be a headline without RDAA bringing it to the national agenda. The timing of a President having a baby during her term... Megan could not have been a better spokesperson for this issue and need for action!

Speaking of Megan, I am so pleased that many took the time and opportunity to thank her for her leadership as RDAA President during RMA23. She was a great President to work with and as I said in my report for the Annual Report, I think there will be many who look back on her time as RDAA President and recognise a shift in many aspects of Government policy to align with the strong female participation in rural medicine, changing expectations of employment, recognition of part time work, and much more.

From Megan to RT as the new RDAA President – he has already hit the ground running. In the job a matter of days and meeting with the Secretary of the Department of Health and waving the RDAA flag at an international conference (WONCA Sydney).


I extend my heartfelt thanks to both of you, and all the RDAA Board for your continued support and work.

RMA was again a huge effort from the RDAA team and I love working with the conference team headed up by Michelle and Rach at ACRRM to help deliver this spectacular event. We have had so much positive feedback about RMA23 and are already planning and looking forward to delivering another amazing event next year in Darwin.

It was an exciting year for RDAA staffing with the commencement of our medical students providing administrative support. Pranesh and Olivia are both studying at ANU and have taken on casual positions with us to help with the administration tasks in the office. We work around their clinical placements and exams, but I think we have given them a good taster with RMA23... though the need to be actors and get into costumes, in addition to their excellent support, may have been a little more than they were anticipating. The team of Patrick, Ineke and Anita – both the organisation and I are blessed to have the support and backing of a great team. Love your work and appreciate all the support. Patrick will be celebrating 20 years and Anita 10 years of service in 2024 (Ineke is somewhere between the two), so watch out for that party!

Best wishes for the festive season and happy new year!!!!

Peta Rutherford, RDAA CEO

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That is what I love about my job – working with a group of people who genuinely want to improve things for their communities, but don't take themselves too seriously and manage to find the enjoyment out of life.

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RMA24 is heading to the Top End!

Hobart too chilly? Start your summer early in the tropical paradise of Garamilla (Darwin) at RMA24, Australia's premier event for rural doctors.



GARAMILLA (DARWIN)



WED 23 – SAT 26 OCT 2024



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RMA24 IS HOSTED BY THE AUSTRALIAN COLLEGE OF RURAL AND REMOTE MEDICINE (ACRRM) AND THE RURAL DOCTORS ASSOCIATION OF AUSTRALIA (RDAA).





Vale Dennis Pashen

In November the rural medical community was rocked by the sudden loss of Doctor and Professor Dennis Pashen. Dennis was a rural doctor legend, star medical educator, saviour of health services, and champion of rural generalist medicine.

He had been president of RDAA, RDAT and ACRRM. He established and managed the North Queensland Rural Division of General Practice and was Director of the Mt Isa Centre for Rural and Remote Health. He had been named RDAT Rural Doctor of the Year and RDAQ Legend of the Bush, and awarded the Centenary of Federation Medal. He had been Director of Medical Services for the South Burnett and Rural Darling Downs regions, a Senior Lecturer at the University of Queensland, and shaped rural health services with his innovation and vision while practising procedural rural medicine across Australia for 50 years.

Dennis could build an army from nothing. His passion, his devotion to rural communities, and his ability to say how it is, was infectious. He never dwelled on his achievements, but looked to the future. How can we be better for our communities? Whose door can I bang down until we get some real change?

We mourn the loss of Dennis, and extend our deepest condolences to his wife Vicki Sheedy, herself a huge contributor to rural medicine, his family, friends, and all who loved and miss him.

Dennis was a passionate and strong advocate for improving rural health to communities across Australia. I loved seeing him in action at RMAs as he challenged us all to work hard to achieve ACRRM's goals in training our rural colleagues, achieving national recognition as a college. He was also a fun person to be with late in the night having a laugh and a quiet one with mates.

**Dr Pete Rischbieth,
RDAA President 2006-2008**

Anyone reading this will have already heard and read a number of things about Dennis Pashen.

There was no way to avoid being affected by Dennis and we will all remember him for things beyond his achievements. Just like he had an effect on the face of Rural Medicine, he had a great effect on my heart.

It is difficult in a few paragraphs to truly describe Dennis Pashen, the man as I knew him.

First though, a few things that he wasn't. He wasn't a braggart. While he deserved to be proud, he didn't spend his time saying how great he was. I came to find out about most of his achievements not from Dennis but from others. He also wasn't subtle - you never had to wonder what Dennis was thinking because he told you.

What he was, was one of a kind. He was a good mentor. He knew his stuff, had high expectations and set a good example. He seemed to always know the right thing to do and how to get it done.

Most importantly, he was a good friend. He was one of those people who truly listened and really cared. He was passionate about rural health, about his community, about his friends and family, and especially about his wife Vicki.

Dennis was one of those people who only comes along once in a lifetime and he left too early. His parting leaves a huge void in the rural medical community and in my heart.

Vale my friend.

**Dr RT Lewandowski,
RDAA President**





Dennis will obviously be remembered for what he did, but even more so for who he was. His striking presence, combined with his no-nonsense, frank and idiomatic way of expressing himself, ensured that he left an impression wherever he went and with whomever he met.

It is unlikely that anyone who met Dennis will ever forget him.

While Dennis could certainly be frank and often 'politically incorrect', his comments were always based on his extensive knowledge and experience at the local, national and international levels; and more importantly, on his deep knowledge and commitment to improving the wellbeing of rural, remote, and Aboriginal and Torres Strait Islander people.

Dennis 'walked the talk'. While he was comfortable and a strong and effective advocate in academic settings and with politicians and senior bureaucrats, he was a rural generalist at heart. His experience and understanding of the rural and remote context and delivering health care in these settings always shone through.

Dennis was a giant who will leave both a gaping hole and a huge legacy; and on whose shoulders we all stand.

Jenny Johnson,
RDAA CEO 2010-2016

I think my favourite story of Dennis is actually when I first met him. When I was a 3rd year Medical student in the holidays my mum was heading down to Queenstown to do some work as an RN for the Aged Care Assessment Team and I was aware of this 'legend' who was working down in Queenstown who was a rural generalist and had fierce passion for rural medicine. So I accompanied mum on the 2.5 hour drive to Queenstown to check out what the town, practice and hospital was like.

I turned up to the practice and introduced myself and Dennis happened to be working that day and he straight off the bat was welcoming, ushered me into his consultation room and then spent the next 20 minutes telling me all about rural generalist training, the type of work in Queenstown, his advocacy

work and stories from Queensland (many of which were repeated again over the years!). This is despite a waiting room full of patients!

I am truly grateful for his generosity in that moment and from then on, I had someone I could look up to and aspire to be like. Dennis then went on to supervise my Year 5 Medical student placement and Junior doctor rotation in Queenstown throughout which he simultaneously gave me the space I needed to develop as a doctor but the support to not get myself into trouble. His ability to teach, mentor, learn new things and build relationships will be qualities that I will continue to strive to have in my career.

Dr Ben Dodds,
RDAT President

Dennis' sudden death was a shock to everyone. Dennis was unique, we will not see his like again. Plus he was an icon in the field of rural health. He was tireless in his provision of care to rural communities and his input into rural health education and medical politics.

It is very sad that he had such a short time in which to put that energy into retirement, as well.

There are many stories about Dennis. Just to add to them - a number of

years ago we were holidaying in Tasmania and visited the Cheese Factory on Bruny Island. Who should we meet there but a friend from my old home town and Dennis' mother. Their connection is another story, but meeting Dennis' mother gave an insight into Dennis. Sometimes our big country is small and my heart goes out to everyone who has a story about Dennis.

Dr Nola Maxfield,
RDAA President 2008-2010 →

I first met Dennis in the halls of ACRRM in 2009 during his presidency. I was chatting to the staff when this larger-than-life character bounded past and quipped, "I'm Dennis Pashen, who the f**k are you?!!" It was right then when I knew, here's one of my people!

Dennis was an absolute legend, with a rough exterior, a kind soul, and a heart of gold. He knew how to make work fun, and never took himself too seriously (or anyone else for that matter)! He was one of the most hardworking and selfless doctors I've worked with, who always put his community, and patients first.

I had the pleasure of working closely with Dennis through his time on the RDAA board and as president, then as colleagues with Ochre Health while he was the Tasmanian director for them. I appreciated Vicki and his hospitality

at their home in Middleton and have the fondest memories of a day when he took Jeff Ayton and I out for a sail across the Bruny Island channel.

It was an honour to work alongside a true giant of rural medicine, someone we all aspired to be. I remember working with him in Queenstown in remote Western Tasmania, I was staying in Dennis's work house, and in the morning, I woke up to breakfast and coffee fully prepared, no fanfare just pure generosity.

He was a true friend, the type that tells you what you need to hear, not just what you'd like to hear. I will miss his humour, friendship, and support. He has left a gaping hole in the rural medical family and his legacy will live on. Farewell my friend.

**Dr John Hall,
RDAA President 2019-2021**



So much has been said since Dennis's shock passing. To know Dennis was to laugh with joy and sometimes in shock, but laughs were aplenty.

From the time of meeting him, way back in 2005 with my first foray into the rural medical workforce space, my encounters with Dennis somehow always seemed to result in me getting jobs to do, regardless of who he was representing and who I was working for, and over the next 18 years of knowing him and working with him, not much changed.

His vision and leadership for rural medicine whether at a local service level, state level or nationally... he just got it. He worked hard to make so many things better for our rural and remote communities and those who work there.

When I stepped into the CEO role at RDAA, Dennis continued to provide me with sound advice, warnings to watch for the wankers of the world, as well as strong endorsement of the good ones. His networks and connections to people were second to none.

I can never thank him and Vicki enough for welcoming me and my husband Al into their home and providing their support through the various roles/jobs I have had. Dennis will be missed by many, and appreciated by so many more for all he achieved, rural medicine would be much worse off without his involvement.

**Peta Rutherford,
RDAA CEO**



Who is Dr RT Lewandowski?

RT is an ACRRM Fellow with Advanced Skills in Operative Obstetrics and Endoscopy, PGY 28 with 25 years of rural experience in 4 countries (counting brief stints of relief work in Mexico and Haiti).

Currently a Senior Medical Officer at Innisfail Hospital, where he works in the Emergency Department as well as providing obstetrics and endoscopy services, he alternates this with a role as a Senior Medical Officer at Cairns Base Hospital where he provides endoscopy and gastrointestinal services.

His initial training was in the US, where he obtained board certification as a family physician (remaining a Diplomat of the ABFM and a Fellow of the AAFP), and was part of a private practice in rural Missouri (the Ozarks) for 12 years. (Is it like the TV show?? Apparently, in some ways, yes. Ask RT for the story).

RT and his wife Letitia (Tish) came to Australia in 2008 on a sabbatical and decided to move here permanently in 2011.

In the small world that is rural medicine, RT worked as Superintendent of Kingaroy Hospital, where Peta Rutherford was the administrator and Dr Dennis Pashen was DMS and his mentor.

Showing he is a glutton for punishment, RT is also a past president of RDAQ and previous board member for the Rural Doctors Foundation.



Tish is a rural emergency nurse and they have two adult kids: their eldest works in Melbourne in IT, and their youngest you may have met, as she is a fifth year medical student at JCU!

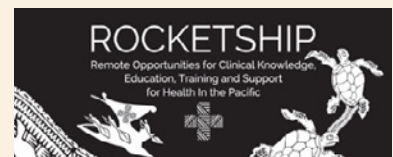
Why RT? Well, RT stands for Raymond Casimir Lewandowski III, so RT was always going to be the better choice.



RDAA is proud to be providing support to the Rocketship medical charity

Ryan Toa and Randy Vagaha from Santo, Vanuatu attended RMA23, sponsored by ACRRM and RDAA as part of our support for Rocketship.

Santo is the largest island and has a busy training hospital – which is a classic rural generalist model.



CONNECT: @RURALDOCTORSASSOCAUS @RURALDOCTORSUSAUS RURAL DOCTORS ASSOCIATION OF AUSTRALIA

#DestinationRural

Flight	Time	Destination	Gate	Flight	Time	Destination	Gate
PR 364	08:55	RURAL GENERALISM	B5	KY 152	11:05	GENERAL SURGERY	A12
IK 761	09:25	GENERAL PRACTICE	E9	EK 265	11:50	PSYCHIATRY	D10
AR 956	10:00	GENERAL MEDICINE	F1			+ MUCH MORE	



We kicked off 2023 again at the Royal Brisbane and Women's Hospital Intern Orientation week. We continue to collaborate and our education sessions for intro to rural obstetrics and intro to rural paediatrics continue to rate as some of the most popular RMO education sessions of the year. The team at RBWH love us and we look forward to continuing to work with them again in 2024.

Events are always a big part of our #DestinationRural campaign with the team attending RANZCOG's Regional Forum in Hobart this year. It was great to let more consultants know who RDAA is and what we can do for them. We also headed to Perth in May for RANZCP Annual Scientific Congress and covered off Physicians in Sydney.

The states were also busy with #DestinationRural activities and WA Scrubs in the Bush was another huge success.

With a change in the funding agreement from 2024, our campaign will continue to roll on but with some new strategies so keep an eye out for a new plan to prove rural medicine is the best job in the world!



What is #DestinationRural?

Established in 2019 with funding from the Australian Government Department of Health and Aged Care, RDAA's #DestinationRural campaign highlights to junior doctors the opportunities that Rural Medicine offers for their training pathway and medical career.

Numerous initiatives have been implemented through #DestinationRural to help junior doctors to build networks and find the rural or remote community that aligns with their clinical training pathway, career aspirations and individual lifestyle factors. Through #DestinationRural, RDAA and state RDAs have met with hundreds of early career doctors to promote the amazing opportunities that are available in rural and remote medicine.



VISIT [RDAA.COM.AU/RURAL-CAREERS](https://rdaa.com.au/rural-careers)

Work will be continuing apace over the year, so find us on Facebook, Twitter or online and keep #DestinationRural trending!

Close to 1000 delegates 'Take a Walk on the Wild Side' at RMA23

Hobart came alive with around 1000 rural doctors, trainees, medical students, industry reps and other attendees gathering for what is undoubtedly the best event in the rural health calendar, Rural Medicine Australia.

There was a great range of keynote speakers talking about Artificial Intelligence in healthcare, Climate and Health, 'Me Too' in healthcare, and Geographical Narcissism, plus plenty of social networking functions.

The breadth and depth of this year's program was staggering with yet another packed program which included sessions for everyone, whether a doctor that has been practising rural medicine for decades, a junior doctor training as an RG or rural GP, or a student interested in rural health.

Let's take a Walk on the Wild Side, day by day!

PRE CONFERENCE

In advance of the conference, many rural and remote doctors arrived early in Hobart to attend critical upskilling courses in:

- Extreme Sports Medicine
- Rural Emergency Skills Training
- Emergency Dentistry
- Rural Emergency Obstetrics Training
- Advanced Life Support
- Rural Anaesthetic Crisis Management
- Pre-Hospital Emergency Care

WELCOME RECEPTION

Sponsored by Dementia Support Australia, the welcome reception was located on the spectacular Hobart Waterfront, and was the first big opportunity for delegates to meet up. To say that the room was buzzing would be an understatement! →





[Click here to watch the Great Debate Skit delivered by the City Slickers team.](#)



THURSDAY

The first day got off to an early start with an Aboriginal and Torres Strait Islander Member Breakfast, which was a particularly important event given it was just days after the referendum on the Voice.

The opening plenary session kicked off with an address from Tasmanian Minister for Health Guy Barnett, on behalf of the RMA23 Platinum Sponsor, the Tasmanian Government. This was followed by a heartfelt address from RDAA President, Dr Megan Belot.

A/Prof Malin Fors from the Arctic University of Norway then took the podium and delivered what was one of the most popular and insightful addresses of the conference, on Geographical Narcissism.

There were many great concurrent sessions – too many to list, but they included:

- Telehealth cultural safety for First-Nations people
- Respectful Workplaces Forum
- Single Employer Model policy update (led by RDAA CEO Peta Rutherford)
- Rural Generalist Surgery, Yes or No?
- GP registrars and Indigenous cultural safety
- Dodging snakes and climbing ladders (delivered by the RDAA Female Doctors Group)
- Taking Rural Medicine to the stars - healthcare in space (and its similarities to rural)

The delegates then all came together for the ever-popular and definitely the most entertaining session: The Great Debate.

The first full evening was hectic, with four separate functions delegates could enjoy:

- Future Rural Doctors Networking Event – Howdy! Let's get rowdy!
- Doctor in training networking function
- Rural doctor and academic networking functions:
 - **Agrarian Kitchen:** Paddock to Plate local food experience
 - **Frogmore Creek Cellar Door and Restaurant:** 'Island Bite' dining experience

All were amazing!



FRIDAY

In another sell-out session, it was another early start with the Presidents Breakfast bringing together key experts and Presidents who delved into a range of current and topical health matters, and key advocacy and policy topics in an interactive Q&A format facilitated by Dr Norman Swan.

The panel included:

- Dr Megan Belot, RDAA President
- Dr Dan Halliday, ACRRM President
- Dr Nicole Higgins, RACGP President
- Dr Simone Raye, AIDA President
- Mr Matt Williams, First Assistant Secretary Workforce Division Department of Health
- Adj Prof Ruth Stewart, National Rural Health Commissioner
- Dr Vijay Roach, Chair Council of Presidents of Medical Colleges

Friday's plenary session began with an address from National Rural Health Commissioner, Adj Prof Ruth Stewart and finished with a powerful Indigenous Health Panel who discussed *What are the next steps for Australia to Close the Gap on Indigenous disadvantage*. This was an important discussion, given it was held in the wake of the Voice referendum.

Highlights of the concurrent sessions included:

- Clinical Courage: the lived experience of rural doctors
- Addressing a rural nemesis: Geographical Narcissism
- Resuscitating a dead procedural service
- The migration experience for International Medical Graduate doctors
- Rural specialist training: cutting the mustard! (led by RDAA's Rural Specialists Group).

The afternoon plenary featured a Ministerial Address by Emma McBride MP, Federal Assistant Minister for Rural and Regional Health and a Keynote Address on Artificial Intelligence, by Dr Alan Thompson.

Gala dinner

This black-tie affair was enormous and saw around 700 delegates letting their hair down, networking with colleagues and celebrating and supporting those who have exceeded in their contributions to rural and remote medicine for 2023. →



SATURDAY

The final day of RMA23 started with an address from Shadow Minister for Health and Aged Care, Senator Anne Ruston, and a powerful keynote 'Courage under fire' from Rabia Siddique, and closed with 'Climate and Health' from Dr Anika Molesworth.

Session highlights included:

- It's BS! We can do better
- Indigenous cultural safety: assessment of GP Registrars
- Rural Generalist recognition - how, what, why?
- Queer Rural Doctors and Students Network Lunch

When RMA23 officially came to an end, ACCRRM congratulated and celebrated the achievement of Fellowship for the most recent cohort of Rural Generalist doctors at the ACCRRM Fellowship Ceremony.





2023
RURAL
DOCTOR OF
THE YEAR

Two year plan leads to 35 years' service – and major Award – for SA rural doctor

A dedicated Rural Generalist doctor who recently retired after serving the SA rural community of Crystal Brook for 35 years – and has been a passionate advocate for saving rural maternity services across the state from downgrade or closure – has received the RDAA Rural Doctor of the Year Award for 2023.

Dr Richard Mackinnon was presented with the Award at the Rural Medicine Australia (RMA23) conference dinner in Hobart.

Presented annually by RDAA, the Award recognises a rural doctor who has provided exceptional service to their community, as well as outstanding advocacy and leadership for the profession of Rural Medicine.

RDAA President, Dr RT Lewandowski, said: "When Richard applied for a position at the local general practice in Crystal Brook 35 years ago, he only planned to stay for a year or two – but just before arriving to take up the position, the existing doctor told him that he was selling up and moving on. Consequently, Richard ended up becoming the new practice owner...all in the space of a few months!

"Richard's decision to continue with the move to Crystal Brook couldn't have worked out better for the local community – as he was a dedicated Rural Generalist doctor there for more than three decades.

"His general practice grew from being only two doctors, to now having more than 10 GPs (which includes 3 registrars)...as well as a second practice in Crystal Brook and another in nearby Laura.

"In addition to providing General Practice care, he also provided on-call Obstetrics, Anaesthetics, Surgery and Emergency Care for that entire period.

"Richard has been a strong advocate for retaining procedural services in rural communities, and was instrumental in establishing regular theatre days

at the local hospital – this enabled the retention of Obstetric services in Crystal Brook.

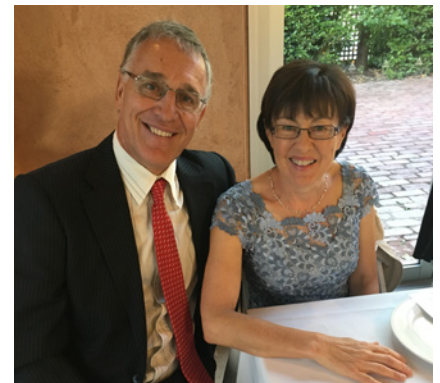
"He has also attracted many specialists to his practice, including a resident Gastroenterologist, which is no small feat for a rural community.

"Over the decades he was a central figure in the fight by the Rural Doctors Association of South Australia (RDASA) and South Australia's rural communities to save rural maternity units across the state from being closed by the SA Government and the threat from rising Medical Indemnity costs. His commitment and efforts were greatly appreciated by the many communities that stood to be impacted, and by his rural medical colleagues across SA. →

“Richard’s leadership in Rural Medicine over many years continues to have an impact today. His contribution as a Founding member and initial Vice President of RDASA, Founding member of the Australian College of Rural and Remote Medicine (ACRRM), and Chair of SA’s Rural Doctors Workforce Agency for 15 years – in addition to numerous other roles – has been immense.

“While Richard may have retired from Medicine, he continues his strong commitment to the community of Crystal Brook. Among many community roles, he’s Chair of a local not-for-profit organisation building affordable accommodation for aged residents in the area, Commodore of the Royal Port Pirie Yacht Club and President of the Crystal Brook Golf Club (where he can be regularly found outdoors on a lawnmower keeping the club’s fairways tidy). He also has a longstanding commitment to his local church.

Dr Mackinnon said: “I am very honoured to receive this Award. I am so lucky to have been nominated for this from a pool of so many rural doctors around the country, doing exactly what I do. It really is a team effort, and I would like to acknowledge the colleagues I work with, and the support I have received over many years from my family and friends. I am truly blessed to have been led to this vocation, and in turn am pleased that I have been able to enhance the wellbeing of my rural community.”



Dr Richard Mackinnon and his wife Chrissy.

Richard’s decision to continue with the move to Crystal Brook couldn’t have worked out better for the local community – as he was a dedicated Rural Generalist doctor there for more than three decades.



17-19 MAY 2024

VRHC24

A RURAL HEALTH HARVEST

MILDURA, VICTORIA

#VRHC24

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RURAL DOCTORS ASSOCIATION OF VICTORIA
SUPPORTING RURAL DOCTORS



RDA is proud to be providing support to the Sandpiper Australia medical charity



Sandpiper Australia aims to develop a National Rural Emergency Responder Network equipped with prehospital Sandpiper Bags, stocked with appropriate emergency responder equipment, enabling rural clinicians to respond to incidents.

Huge thanks to Sandpiper who gifted a bag to outgoing RDA President Dr Megan Belot!



Young Punjabi-Sikh doctor raised in remote NSW receives inaugural Award

A junior doctor of Punjabi-Sikh heritage, who grew up on a farm in remote NSW and went on to study Medicine in India, has received the inaugural Rural Doctors Association of Australia (RDAA) Rural Doctor in Training of the Year Award for 2023.

Dr Mandeep Kaur was presented with the Award at the Rural Medicine Australia (RMA23) conference dinner in Hobart.

"Mandeep is the perfect example of someone who grew up rurally, and plans to return to rural Australia to work as a doctor in the future" **RDAA President, Dr RT Lewandowski, said.**

"Raised on her immigrant family's vineyard in Hillston, NSW – nearly 700 kilometres from Sydney – Mandeep knew early on that a career in Medicine was for her.

"After undertaking her medical studies in India (her family's country of origin), she trained as a junior doctor at Wagga Wagga Base Hospital before moving to St Vincent's Hospital in Sydney in 2021 to commence Basic Physician Training.

"Throughout her junior doctor years, Mandeep has been a tireless advocate for improving access to healthcare for rural Australians.

"She has helped develop a remote Rheumatology telehealth service for the Riverina region – making it much easier for patients to be able to access the additional specialist care they need without having to travel long distances – and she hopes this service ultimately may be able to be rolled out more widely across rural and remote Australia.

"Additionally, she was a key contributor behind various initiatives to support the wellbeing of junior doctors – support that was particularly required during the peak years of the COVID pandemic, when it was often difficult for junior doctors to access consistent face-to-face training.

"Mandeep has also organised numerous initiatives to boost rural health research capacity, including the Murrumbidgee Regional Research Symposium that was held last year at Wagga.

"Her efforts as a junior doctor saw her named Resident of the Year at Wagga Wagga Base Hospital in 2020.

"While her passion is cardiology, Mandeep is committed to a career in Rural Generalism, and will undoubtedly be welcomed with open arms by any rural community she calls home in the future."

Dr Kaur said: "I'm really grateful to the RDAA for this award – I feel so honoured! I love Rural Medicine because of the breadth of clinical medicine you practice and the difference you can make while becoming a part of the community. Growing up in Hillston, I've always been aware of the challenges that rural patients can face, but value the opportunity to help those who often don't have the same access to care as those in the city."

Throughout her junior doctor years, Mandeep has been a tireless advocate for improving access to healthcare for rural Australians.

Junior doctors benefit from MDA National bursary in 2023



Seven junior doctors from across Australia have been the latest recipients of an important national bursary offered by MDA National and RDAA to attend the Rural Medicine Australia (RMA23) conference in Hobart or undertake other rural medical placements or projects.

The MDA National and RDAA #DestinationRural Bursary is offered to up to seven junior doctors annually, with each receiving \$1500 to undertake a rural clinical placement, attend a rural health conference, or attend a skills workshop in a rural town.

Five of the Bursary recipients for 2023 used their funding specifically to attend RMA23. They were:



Dr Anne-Marie Aubin – Anne-Marie is a PGY2 doctor at Manning Base Hospital in Taree. She actively sought to complete her medical training in a rural location, and plans to follow Rural Dermatology as her medical career path. She also hopes to further contribute to advocacy, research and innovation in Dermatology, with a focus on prevalent skin conditions affecting rural and Indigenous populations. Outside Medicine, Anne-Marie volunteers for the Old Bar Coast Care group and Old Bar Tennis Club, and enjoys hiking, tennis and kitesurfing.



Dr Jasmine Elliott – Jasmine was raised in the remote town of Nhulunbuy (NT) and regional city of Gladstone (Queensland), and is now a PGY1 doctor at Bendigo Health in Victoria (with rotations to Echuca Regional Health). She is passionate about rural mental healthcare and is actively involved in the youth mental health space. She is due to commence Psychiatry Training in 2024 at Bendigo Health, and hopes to complete advanced training in Child and Adolescent Mental Health. Jasmine is also interested in increasing rural/regional Psychiatry research and the associated evidence base. Outside Medicine, Jasmine enjoys hiking and baking.



Dr Erica Musgrove – Erica is a PGY2 doctor currently working in Victoria. Born and raised in Mildura, north-west Victoria, she suspected during medical school that Rural Medicine might be her calling. This was confirmed after she negotiated a move into the medical school's Extended Rural Cohort and spent 2020 in Echuca, learning from a wonderful group of Rural Generalists there. Since graduating, Erica has returned to her hometown of Mildura twice on rotation to work, including for her Paediatrics rotation this year. Next year, Erica is moving to Alice Springs with her partner, where she will be commencing her Rural Generalist training with ACRRM. Outside Medicine, her interests include hiking, cooking, spending time with her beloved rescue greyhound "Boy", and enjoying a nice glass of wine with friends.



Dr Bianca Strugnell – Bianca is a PGY2 doctor at Royal Darwin Hospital with medical interests in Rural Emergency Care, Palliative Care, public health and the social determinants of health. Although hailing from inner-city Melbourne, clinical placements in rural and remote Western Australia cemented her desire to help rural and remote communities to achieve better health outcomes and health equity. She plans to become a Rural Generalist doctor with specialist skills in Palliative Care and Population Health to ensure individuals can receive dignifying treatment on country. Outside Medicine, Bianca enjoys the outdoors (camping, hiking, playing sports and gardening), as well as reading and spoiling her dogs, Celeste and Scout.



Dr Sarah Woodford – Raised in north-west NSW, Sarah is a PGY3 doctor in the Hunter New England Local Health District (based in Tamworth), and has commenced Rural Generalist training through RACGP. Sarah loves the breadth and continuity of care that comes with General Practice, and also has a strong interest in Paediatrics. Outside Medicine, she enjoys running, cooking, reading and spending time with her husband Ryan and Jack Russell, Benji. She is also a Christian and spends lots of time reading the Bible for herself or at church, or helping to teach it at her local youth group. →



Two other recipients are using their Bursaries to fund other clinical placements or projects. They are:



Dr Janie Smith – Janie is a PGY2 doctor currently working at Mildura Base Hospital in Victoria as a locum. In 2024, she will move back to Western Australia to work for the WA Country Health Service in Albany, and will commence training with ACRRM in an Advanced Skill in Remote Medicine. She plans

to pursue a career as a Rural Generalist doctor with a specific focus on Remote and Retrieval Medicine. She is also interested in Wilderness and Expedition Medicine, and is hoping to gain more experience in this field to be able to participate in expeditions around the world (as an expedition doctor) in the future. Outside Medicine, Janie loves hiking and camping, and also spends a lot of her free time baking and reading. Janie used her Bursary to attend a Rural and Remote Retrieval Weekend, hosted in Karijini by Rural Health West, earlier this year.



Dr Victor Soong – Victor is a PGY1 doctor at Goulburn Valley Health in Shepparton, Victoria, with an interest in Ophthalmology. He plans to undertake further training to become an Ophthalmologist servicing rural and remote communities. Victor is also passionate about rural health on a global scale. Earlier this year,

he travelled to Arusha in Tanzania to work as an international volunteer conducting vision assessments for school students,

and has also travelled to Valencia City, Philippines, to engage in health promotion activities and provide medical assistance to the local German Doctors Hospital. Outside Medicine, Victor enjoys running, listening to music and reading (especially about human psychology and communication styles). He used part of his Bursary to fund his attendance at an ophthalmology conference in Melbourne earlier this year, and plans to use the remainder to subsidise both an ophthalmological microsurgical skills course in 2024 and an overseas volunteer trip.

Outgoing RDAA President, Dr Megan Belot, said: “We warmly congratulate each of these young doctors on being selected as our latest Bursary recipients, and we commend their dedication to pursuing a career in Rural and Remote Medicine. We also thank MDA National enormously for their continued support of the Rural Doctors Association, our members and future rural doctors. It is crucial that we continue to build interest in Rural Medicine as a fulfilling career path, and MDA National is helping us achieve this by enabling more young doctors to experience it first-hand.”

MDA National President, Dr Michael Gannon, said: “In building the rural medical workforce, it is incredibly important that we provide as many opportunities as possible for junior doctors to spend time undertaking a clinical placement or skills training in a rural location, or even simply attending a rural health conference like RMA23 where they can talk with rural health professionals from across Australia. MDA National is very pleased to be able to support this important Bursary, and hopefully help build the future rural medical workforce.”



RDAA represents the interests of rural doctors on national issues

We achieve a LOT!

- Direct, upfront and MMM tiered payments for AGPT registrars
- Establishment of the National Rural Health Commissioner role
- Rural retention payments – more reform coming!
- Rural loading for PIP payments
- Annual procedural training grants
- Rural loading for bulk-billed consultations
- National locum scheme for rural specialist obstetricians and GP obstetricians

As a member you get:

- Access to advocacy and industrial support
- Access to the industry’s best peer networks
- Discounted registration at RMA
- Early information on hot topics relevant to rural doctors
- Conference support grants - 7 prevoc regos & 3 presenter grants/year
- Free advertising on the RDAA Jobs Board
- Access to 24/7 Member Assistance Support counselling
- Free media training and assistance on local issues

Whether you are a doctor, registrar, intern or medical student – or simply have an interest in rural health – visit rdaa.com.au or call 02 6239 7730 for more information or to join.

#DestinationRural #GoRural



Future doctor recognised for efforts to empower disadvantaged high schoolers to study Medicine

A final year medical student from Wagga Wagga in NSW has received RDAА’s Medical Student of the Year Award for 2023 in recognition of her strong commitment to Rural Medicine, and her efforts in empowering disadvantaged rural high school students to consider careers as doctors and other health professionals.

Kate Hurst was presented with the Award at the Rural Medicine Australia (RMA23) conference dinner in Hobart.

“After completing her Bachelor of Pre-Medicine, Science and Health with Distinction at the University of Wollongong, Kate moved back to her home town of Wagga Wagga to study Medicine at the University of Notre Dame’s regional campus there” **RDAА President, Dr RT Lewandowski, said.**

“She is a great example of someone who has benefitted from rural medical training opportunities being provided by universities, giving local students the opportunity to study in their home town where they have good support networks, know their community well, and are involved in the community.

“Having witnessed the challenges that rural high school students face when considering studying Medicine or other healthcare degrees – including getting the right information about study options and having the self-confidence that they can succeed – Kate decided to help.

“She established an initiative called Rural Medicine Pathways that this year saw Aboriginal, refugee and

disadvantaged students from more than 31 high schools in rural NSW attend a day-long event in Wagga – to talk about health issues, lifestyle choices, and pathways into health careers.

“The students were then enrolled in an individualised mentoring program with local medical students to help build their connections and self-confidence when applying for careers in healthcare.

“An additional information session was also held for families and friends to recognise the students’ achievements and to enable parents and others to ask questions about study pathways into health careers.

“That is only one element of what Kate has been doing though.

“She has also been active in ensuring the wellbeing of medical students and junior doctors through a range of projects, and volunteers with organisations including the Wagga Wagga Red Cross, the Riverina Cancer Care Centre, and a local complex disability support service.

“She is spending her final year elective in the small Riverina town of Finley, and has been offered an internship at Wagga Wagga Base Hospital in 2024.

“Ultimately, she plans to become a rural-based Orthopaedic Surgeon.

“We warmly congratulate Kate on receiving this much-deserved Award.”

Kate said: “It is an incredible honour and great surprise to receive such a prestigious award from RDAА and I would like to thank everyone involved. I have always been extremely passionate about pursuing Rural Medicine and I can’t wait to start my career in Wagga next year. I hope to keep working with rural communities, schools and RDAА in the years to come to continue to close the gap for rural healthcare at the ground level. Being a doctor is one thing but being a rural doctor is truly something special and I feel so privileged to be fulfilling that dream.”

2023 MEDICAL STUDENT OF THE YEAR



Group effort to break rural doctor barriers





Rural doctor recognised for exceptional 40 year commitment to alpine towns

A dedicated Rural Generalist doctor who has served the Victorian alpine community of Mount Beauty for more than 40 years, as well as the nearby ski resort of Falls Creek and other towns in the region, has received the ACRRM-RDAA Peter Graham 'Cohuna' Award for 2023.

Dr Mark Zagorski was presented with the award at the Rural Medicine Australia (RMA23) conference dinner in Hobart.

Presented annually by ACRRM and RDAA, the Award recognises rural doctors who provide outstanding advocacy and medical service to their community.

It has been awarded since 2008 in memory of the late Dr Peter Graham, who served the Cohuna community in rural Victoria for 48 years.

ACRRM President, Dr Dan Halliday, said: "Mark is one of those exceptional rural doctors who is not only an icon in his local community, but more widely across the profession of Rural Medicine.

"He has shown a life-time commitment to his community, both as a dedicated GP who has looked after his patients from cradle to grave, and also as a Rural Generalist Anaesthetist who has supported a visiting surgical service to the region for many years – making it easier for local patients to access surgical care close to home.

"A dedicated teacher and mentor to the many medical students, registrars and interns who have passed through his town, Mark has been instrumental in the recruitment of doctors to his community – including his own daughter, Laura.

"He has been highly sought after by hundreds of students and registrars in no small part due to the skills, experience and easy going teaching style that he and his colleagues have provided.

"Mark has also been a mentor for John Flynn Scholarship students for many years, which involves a medical student being 'attached' to his practice. Mark has made himself available to these students 24/7, a commitment they have no doubt greatly appreciated.

"He is a Foundation Fellow of ACRRM and has been an active member of our College since its inception, particularly as a GP Supervisor – we are greatly appreciative of his significant service in this regard."



Mark is one of those exceptional rural doctors who is not only an icon in his local community, but more widely across the profession of Rural Medicine.

RDAA President, Dr RT Lewandowski, said: "Mark has not only made an exceptional contribution to his community, but also to the profession of Rural Medicine.

"In addition to his work with ACRRM, Mark served on the Management Committee of the Rural Doctors Association of Victoria (RDAAV), including as Treasurer for 27 years – and while we have joked that being Treasurer for this long is surely worthy of an Award in its own right, for a busy rural doctor this is an additional role that has had to be factored into an already busy schedule – so his service in this respect has been greatly appreciated.

"He is an active medical trainer to the local Falls Creek Ski Patrol – providing regular training to ensure they can cope with the trauma that occurs on the ski slopes – and he provides regular training sessions to the local hospital nursing staff as well as health education to local community groups.

"Mark was awarded an Order of Australia Medal in 2019 and was named RDAA's Rural Doctor of the Year in 2008. Just like this Award, both were highly deserved recognition of all he has done for his community and for his profession."

Dr Zagorski said: "Peter Graham was the quintessential Rural GP, providing not only complete services to his community of Cohuna but also supporting rural doctors throughout Victoria and Australia. He was an inspiration and mentor to me and I was proud to work alongside him for many years on the RDAV Committee. I continue to enjoy working in my community as a Rural GP and feel extremely honoured to receive the Peter Graham 'Cohuna' Award in recognition of my work, but I must thank my wife Jane and my practice team who have been with me all the way."



Meet an RDAA Board Member

What do RDAA, horse racing and horror movies have in common? Dr Clark Wasiun, that's what!



I spent my childhood in... The Kalgoorlie Boulder racecourse learning all the benefits drinking and gambling can bring to adult life.

Before becoming a doctor... I thought I was the most hard done by and unfortunate person on the planet.

If I hadn't become a doctor I would have... Become a bookie - but unlikely because I always wanted to be a doctor.

My main interest in rural medicine is... The diversity and opportunities it brings with respect to the type of medicine I can practice.

My most satisfying moments in medicine... Truly helping people, sometimes with clever medical skills but mostly with simple advice and being remembered for it for years to come.

My biggest challenge in rural medicine... Keeping a work/life balance.

If only I had... Hair.

If I were the Federal Health Minister, the one rural health policy I'd change would be... Overhaul Medicare billing to remunerate general practice appropriately.

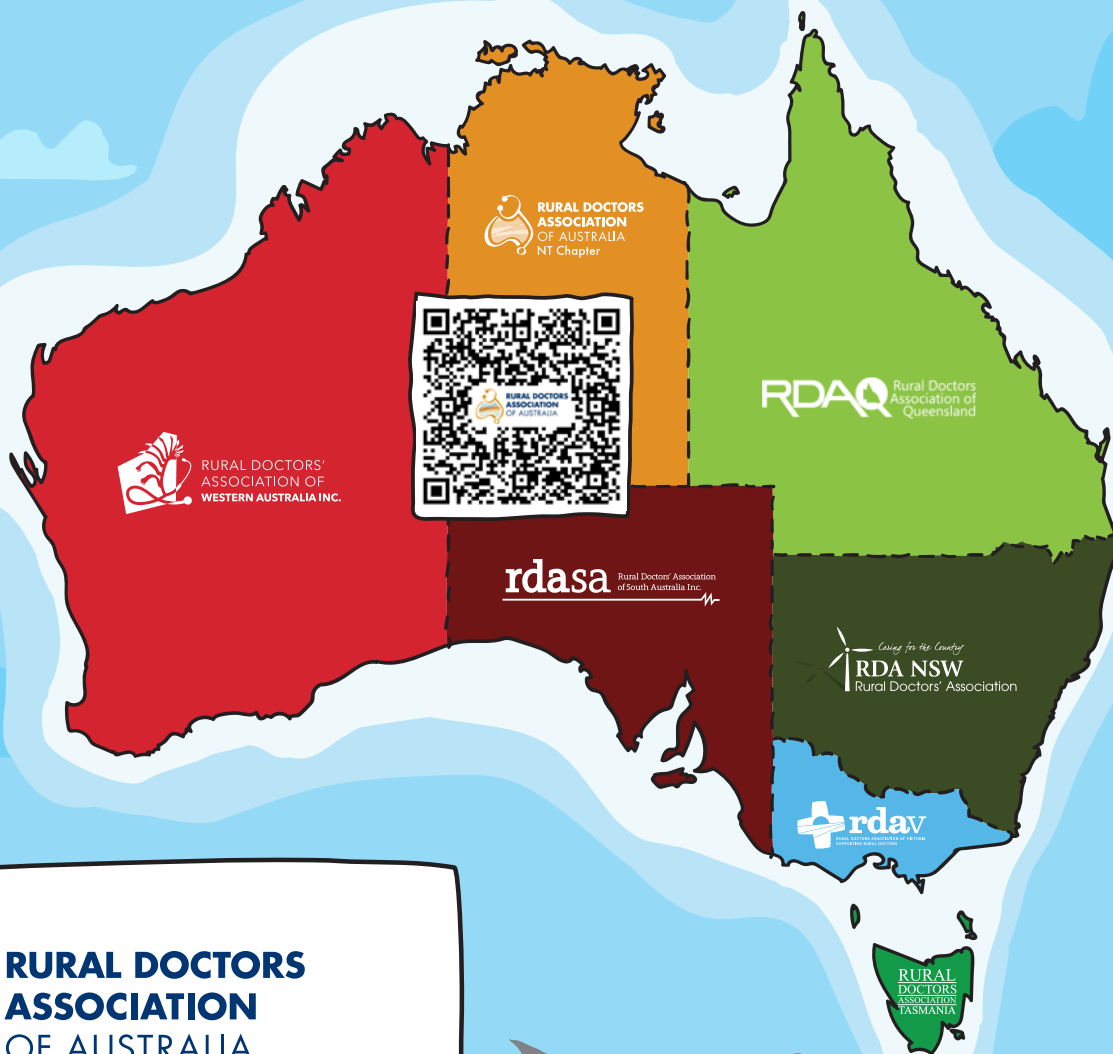
We could get more young doctors to go rural if... There were more family and partner supports.

What I learnt the hard way... Many people ultimately have their own best interests at heart.

My interests outside of medicine include... Cricket, gardening, spending time with the family and horror movies.

Being involved in RDAA is important because... It's an organisation that truly has at its core the interests of rural doctors and their communities.

If I were an Arnott's biscuit, I would be... Baby biscuit - I don't know why they are just my favourite.



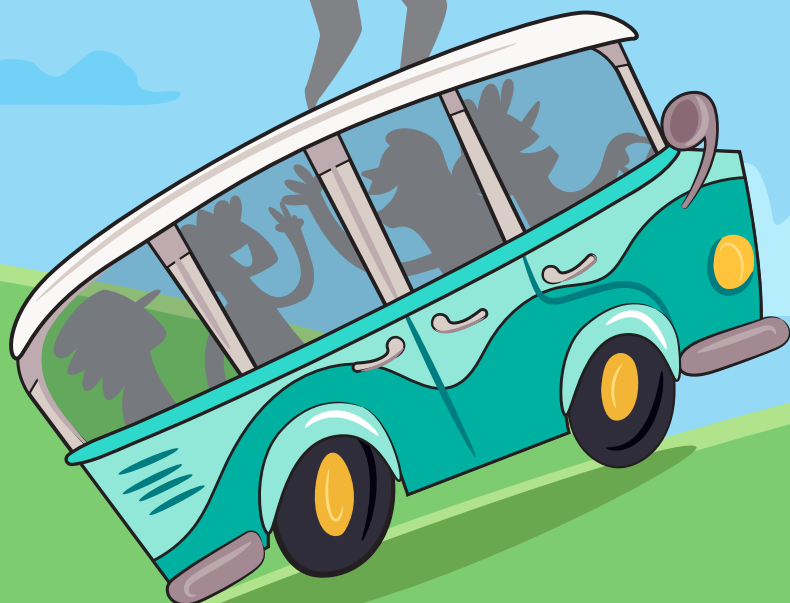
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To policy... and beyond!!

Just kidding. It's only policy.

Another year almost gone and it's time to look back at the submissions and other feedback to government and other stakeholders that RDAA undertakes, the consultations that inform them and the work that arises from them (including a huge number of meetings mostly for our committee nominees and Peta).

Being able to attend a number of events this year and having some great conversations with members and stakeholders about all things policy and the implications for practice has been one of my highlights for the year.

Done and dusted (well at least the initial submission part):

- Federal Pre-Budget 2023-24
- Australia's Disaster Resilience
- Nursing and Midwifery Board of Australia *Consultation regulation impact statement: Registration standard: Endorsement for scheduled medicines – designated registered nurse prescribers*
- Responses to the Australian Commission on Safety and Quality in Health Care including on the *National Safety and Quality Primary and Community Healthcare Standards Guide for Healthcare Services* and the *Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard*
- Inquiry into Diabetes
- Alternative Commonwealth Capabilities for Crisis Response Discussion Paper
- Kruck Report

- KPMG Single Employer final report and GP Attraction Strategy
- Input into the design of the Diploma of Psychiatry
- ANAO design of the PBS
- Tasmanian Transfer of Care Delays (Ambulance Ramping)

...but wait, there's more! (no, not a set of steak knives)

Submissions on the go (at the time of writing):

- Recognition of Rural Generalist (RG) Medicine as a protected title, and as a Specialised Field within the Specialty of General Practice
- Review of General Practice Incentives
- Scope of Practice Review
- Specialist Training Program Review
- Federal Pre-Budget 2024-25

Needless to say, many of these reviews will require further work over the next year or two or will have outcomes and implications for RDAA's ongoing advocacy on workforce and the reform agenda. New consultations, and requests for feedback and meetings continue... All. The. Time. So please keep an eye on our weekly RuralDoc e-newsletter for requests for feedback and have your say by calling or emailing policy@rdaa.com.au.

Anita Rodrigues Macias, RDAA Senior Policy Advisor

policy@rdaa.com.au

RDAA's policy positions and submissions can be [found here](#).

RDA conferences - 2024

RDANSW Rural GPs Refresher Conference, Sails Port Macquarie 12-14 APRIL

Victorian Rural Health Conference, Mildura 17-19 MAY

Tasmanian Rural Health Conference 24-26 MAY

RDQA Annual Conference, Brisbane 20-22 JUNE

RDASA Masterclass, Berri 24-25 AUGUST

Rural Medicine Australia, Darwin 23-26 OCTOBER

Rural GPs Conference, Coogee Beach DATES TBC

Please keep an eye out in RuralDoc for more event information as details are finalised.

Ready for your #DestinationRural?

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Please share!

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Advocacy in Action



RDAA panel of young docs impress at Parliament House

In March RDAA brought a panel of young rural doctors in to Parliament House to address politicians, advisors, key staff from the Department of Health and other stakeholders in a panel session.

Their passion and dedication, as well as their insight into the challenges in attracting more young doctors into a rural medical career, was impactful, and they expressed their view on the changes needed to make rural medicine a career of choice and to reverse the declining percentage of doctors choosing general practice, and rural general practice as their medical speciality.

The panel featured (pictured left to right):

- **Dr Ben Dodds:** Tasmanian rural generalist in Scottsdale and President of the Rural Doctors Association of Tasmania and RDAA Board member
- **Dr Dan Wilson:** Victorian Rural Generalist in Maryborough Victoria, and President of the Rural Doctors Association of Victoria
- **Dr Marian Dover:** Rural Generalist trainee in Port Macquarie, RDAA Board member and Chair of the RDAA Doctors in Training group
- **Dr Megan Belot:** Rural Generalist in Kerang Victoria, and (then) President of RDAA
- **Dr Brit Wicksteed:** Emergency Medicine Registrar in Western Australia, Vice President of the Rural Doctors Association of Western Australia and (then) RDAA Board member
- **Facilitator: Dr Adam Coltzau,** Rural Generalist in St George, Queensland and former RDAA President

It was an excellent session with genuine questions from those attending keen to get the views of our panel members.

As always the lunch provided excellent opportunities for our doctors to engage directly with politicians and their advisors.

The lunch was preceded by a rural workforce roundtable discussion with key Department of Health staff.

You can read our media release about it [here](#).



RDAA Special Interest Groups

Get involved!

How can we help you?

RDAA hosts some fantastic special interest groups that bring together groups of RDA members - Consultant Specialists, Residents and Registrars and Female Doctors - to support and address the particular issues affecting them. They are free to join and we want as many of our members to get involved as we can, because if we don't know what you need, we don't know how to help you!

Female Doctors Group

In 2023, the FDG maintained its unwavering focus on addressing issues that impact not only on female medical students, trainees and doctors throughout their career, but also on gender- and culturally-diverse doctors and the medical profession more broadly. Thank You! to Dr Sue Harrison for her continuing commitment and chairing of the FDG, and her vision and drive for more junior doctors to become active in the group to take on the challenges that affect them.

There was fantastic response to the FDG forum at RMA23. Dodging Snakes and Climbing Ladders had more attendees than seats at the tables. The session focused on identifying issues and obstacles to training and continuing to work in rural areas and finding achievable solutions. This will inform the work of the FDG and RDAA in 2024 and beyond.

The oft not talked about issues around bullying, humiliation and shame in medical education, training and workplaces and the difficult conversations that need to be had were the focus of the joint FDG and ACRRM Respectful Workplaces Committee forum at RMA23. Thank you to Drs Emily Harrison and Sarah Chalmers for taking the lead in this work.

Work aside, FDG meetings and catch-ups (especially face-to-face) also continue to be great for networking ... and venting if needed.

All interested female doctor or medical student members can email Anita at policy@rdaa.com.au to join.



Rural Specialists Group

The profile of the RSG and its importance as a consultation mechanism for politicians and senior Department of Health and Aged Care officials has really grown in the past three years as our smaller (but vocal!) cohort of rural consultant specialists work to increase their visibility as part of the rural health sector ecosystem.

A BIG Thank You to Dr Simon Quilty for his passionate commitment to finding common ground among the different specialties, raising the issues impacting on rural consultant specialists wherever and whenever possible, Chairing the RSG, being an RDAA Board Director... and the unforgettable Great Debate performances!

Dr Sue Velovski, a surgeon from northern NSW, has been appointed as Chair of the RSG and RDAA Board Director. Sue is well known to many of you as a joint recipient of the 2022 Rural Doc of the Year award and as a Great Debate champion! She is also a member of the RDANSW management committee.

This year's forum at RMA23, Rural specialist training: Cutting the Mustard!, was highly successful with many issues discussed



and solutions suggested for developing a nationally agreed statement on rural specialist training, developing College action plans, making the Specialist Training Program (STP) fit-for-purpose and promoting generalist careers within specialty colleges. Thank you to Prof Jenny May, Co-Chair of the Medical Workforce Reform Advisory Committee, for facilitating the session. The RSG and RDAA will prioritise the suggestions from the forum and work to achieve outcomes in 2024 and beyond.

Rural consultant specialist members can email Anita at policy@rdaa.com.au to join.

RDAA Special Interest Groups

Doctors In Training

2023 has been a year of transition for this group as a number of core members Felloved, so we are now rounding up the next cohort of passionate Doctors in Training to continue the good work. If you are interested in joining, just flick an email to ceo@rdaa.com.au.

It was through this group that the Annual Politicians Forum in 2023 focused on the issues to make general practice and rural medicine more broadly a career of choice and what needs to be done. This group has been instrumental in RDAA's position on single employer models and the urgent need for reform for general practice employment arrangements for registrars but also beyond that.

The Doctors in Training team also delivered a workshop at RMA23 focusing on things doctors need to know as they start out in their career of rural medicine. Everything from medical indemnity, financial advice and personal insurances... often these lessons come too late for many early career doctors so the aim is to provide insights so future rural doctors don't have to learn the hard way, or much later and are impacted financially.

Big congrats to Drs Dan Wilson, Louise Manning, and Ben Dodds for attaining Fellowship and huge thanks for all that you have done as members of our Doctors in Training group.



rdasa Rural Doctors' Association of South Australia Inc.

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Meet an RDAA Board Member

Meet Sue Velovski... she'll leave you in stitches!

Sue is a surgeon in Lismore NSW who has recently come onto the RDAA Board, and taken on Chair of the Rural Specialists Group... Oh! And she was awarded Rural Doctor of the Year 2022! But who is she? And when does she find time to actually perform surgery??



I spent my childhood in...

The little "country town" of Newcastle – running, swimming, paddle boarding with friends and family.

Before becoming a doctor... I was a school kid, on the beach every afternoon or morning.

If I hadn't become a doctor I would have... maybe been brave enough to try journalism, writing, or photography.

My main interest in rural medicine is... Advocacy for equity in medicine.

My most satisfying moments in medicine... The everyday "good" outcomes in communication and treatment in surgery, particularly cancer surgery and trauma:

- When a patient realises they are "cured"
- When a patient realises they cannot be "cured" but we continue to look after them and will not "abandon" them



- When a patient realises that they can control their own anxiety – which is affecting their health behaviour
- When communicating in a second language can influence the behaviour of an entire community
- When a trainee completes a difficult surgical procedure safely and successfully (with help)

My biggest challenge in rural medicine...

My normal day holds plenty of challenges, but the ones I find the most frustrating are those I feel I have no control over. For example, unnecessary or aggressive abusive administrative decisions: unhelpful to my patients, my community, and my staff. Unhelpful to delivery of good service, unhelpful to recruitment of good professionals to the country.

If I were the Federal Health Minister, the one rural health policy I'd change would be...

In the event of a natural disaster – primary care to be considered an essential service – equal to other essential services a community needs for survival, like water and electricity.

We could get more young doctors to go rural if...

Peta organised a reality TV showcalled "FOMO in Rural".

What I learned the hard way...

Boys' testicles are painful when you accidentally hit them. I grew up with lots of boys – twin brother, cousins who would all tackle a scared little 4 year old girl... till I accidentally kicked the nether regions one time. My first true anatomy lesson!

My interests outside of medicine include...

Swimming, paddleboarding, learning to sail, running and nature photography. Travel (now that we can again), time with friends, family and "Jesse the neighbourhood watch Black Dog". And writing. (Note to self: not enough daylight hours... too many extracurricular activities).

Being involved in RDAA is important because...

Outcomes and positive change are possible, and DO occur with RDAA.

My motto in life is... "It is what it is", "Fortune favours the brave" and "Sue... don't live with regrets!"

When I am not working, you'll find me... travelling up and down the coast, or supporting a Cancer Council fundraiser.



If I were an Arnott's biscuit, I would be... well... I make a mean Christmas cheesecake with brandy soaked Kingstons. So I'd quite like to be one of those!



 **Follow us on X!** (formerly known as Twitter) Go to [twitter.com](https://twitter.com/RuralDoctorsAus) and follow us at @RuralDoctorsAus

 **Follow us on Facebook!** Go to facebook.com/RuralDoctorsAssocAus/

We welcome your feedback!

RDAA encourages feedback from all rural doctors on current rural health policy issues, RDAA policies, submissions, advocacy activities, member needs and publications.  feedback@rdaa.com.au  02 6239 7730



President's report

RDAV had another busy year. The obstetric and mental health working groups continued to make good progress, with the work of the obstetric group getting escalated to a national level, peaking with the National Rural Maternity Forum held in Canberra on 29 August 2023. RDAV President Dr Dan Wilson and RDAV Board member and chair of the working group Dr Louise Manning made the trip to Canberra to attend. The mental health working group delivered two online case discussions to provide rural GPs and doctors in training the opportunity to build their knowledge in caring for patients in rural and remote Victoria.

Our conference VRHC23 in Geelong was a highlight, as you'll see below!

RDAV AGM

Our AGM in November saw new faces come onto the Board; Dr Garry Matthews a Rural Generalist from Horsham and Dr Carmen Brown Consultant Obstetrician/Gynaecologist in Wonthaggi.

Congratulations to Dr Louise Manning who has stepped up into the President Elect role – I know I have great hands to pass the RDAV baton to next year.

We saw two fantastic members of our Board complete their term and step down at our AGM.

Dr Sue Harrison was a long-serving RDAV Board member and former RDAV President. Her service to RDAV has been critical to the work that RDAV does today as well as in the years gone by and many of the gains made, at state and national level, have been the result of her hard work. Thank you Sue, and we hope you enjoy having just that little bit more free time now!

Dr Tom Gleeson and Dr Nisha Khot also completed their terms. They have both provided valuable contributions to the recent work of RDAV and we thank them very much for all they have helped us achieve.

Our continuing board members are Dr Rob Phair, Dr Jess Paynter, Dr Emily Harrison, Dr Claire Arundell and of course, myself still as RDAV President for another year, Dr Dan Wilson.

At our next Board meeting a review of the Board's experience, skills and background will be undertaken and a decision on the appointment of two Board appointed roles will be made.

Ongoing work

Already in the pipeline for next year is work with the Victorian Department of Health to develop the Single Employer Model in the state, and our discussions to date have been very productive. RDAV's advocacy also made an impact with the inclusion of a recommendation in the Midterm Review of the National

Already in the pipeline for next year is work with the Victorian Department of Health to develop the Single Employer Model in the state, and our discussions to date have been very productive.

Health Reform Agreement to address the funding for small rural hospital emergency services – often referred to as Urgent Care Service/Centres. This has been a priority for RDAV for a long time, so it's a relief to finally get some traction on the issue, and we will work hard to have the recommendation actioned.

Our Group Practice membership continues to be popular, and has increased our membership base significantly. If your practice is interested, please get in touch via email ceo@rdav.com.au and we can send you all the info. Basically the price is equivalent to 4 full time membership fees, and all the doctors working in your practice can become members (with individual rights). Non-medical staff can join as associate (non-voting) members.



Click here to watch the RDAV webinar – Bipolar disorder

Click here for more information on Single Employer Model

Victorian Rural Health Conference goes OFF


The Victorian Rural Health Conference (VRHC) in Geelong was an epic success, inspiring, educating and informing delegates on key topics affecting rural health care in Victoria.

The program featured keynote speaker Prof Ruth Stewart, National Rural Health Commissioner, and Dr Tim Duncan, an aeromedical retrieval doctor and film maker, sessions with Prof Lucie Walters on Clinical Courage, Medicine in the Extremes: Tropical, Alpine and Remote, and a keynote address from Dr Anne Creaton, a retrieval medicine expert who trains and mentors clinicians in Pacific countries such as Samoa and Fiji.

Other session themes were Good Governance, Doctors in Training, and a Clinical stream which included women's health, sexual health and toxicology updates and pre-conference workshops from both RACGP and ACRRM.

A fabulous time was had by all – the Geelong-inspired bollards were a particular hit – and we hope to see even more rural docs enjoying our program in Mildura next year! (PS. You can [register now!!](#))

Dr Dan Wilson
RDAV President

 danwilson130@gmail.com

 rdav.com.au





President's report

It's the end of 2023 already! As usual, the end of the year is dominated by the NSW RDN and RDA Rural GP Conference at Coogee

which provides a great opportunity to learn some new things, meet with colleagues and find out what has been happening on a political level over the last 12 months. This was one of the events provided as part of Rural Health Month as well as conferences for practice managers and allied health professionals specific to rural health. Our thanks is extended to NSW Health for contributing to funding for this event, and our dedicated sponsors.

After a small, yet successful day of pre-conference sessions in 2022, the Rural Doctors Association NSW (RDANSW) arranged 'The Future of Rural Health' forum on 23rd November 2023. This year the event was larger and open to not only rural GPs and conference delegates, but also to nurses, practice managers and rural health leaders the day prior to the official opening of the Rural GPs Conference at Crowne Plaza Coogee Beach to allow for a broader discussion on the topics during the day.

The forum started off with reviewing the priorities outlined in NSW Health's Regional Health Strategic Plan 2022-2032, and discussion about the

Single Employer Model (SEM) which is due to be rolled out in 2 sites in NSW in 2024. Panellists included Dr Louise Baker, HETI State-wide Director of Training, NSW Rural Generalist Training Program, Dr Alam Yoosuff, Murrumbidgee Local Health District (MLHD) Director of Primary Health Care, Dr Joe Murphy, GP VMO and previous trainee in the Murrumbidgee SEM trial, Dr Shannon Nott, Rural Health Director of Medical Services, Western NSW LHD, and myself as I have been a GP VMO and supervisor involved in the MLHD SEM trial.

Dr David Cernjul and Dr Sarah Dalton from eHealth presented an update on the new Single Digital Patient Record (also known as Epic electronic medical records program) which will be rolled out in NSW Health facilities across the state over the next few years. This session was followed by a presentation by our Rural GP Conference Bursary sponsor, MDA National, on "When to contact your Medical Defence Organisation". The RDA NSW Committee and Dr RT Lewandowski, President of the Rural Doctors Association of Australia (RDAA) then provided updates from both associations to the delegates.

While there was a captive audience (and limited exits in the room), the RDA NSW Annual General Meeting was held to

elect the new President, Dr Rachel Christmas, Vice president Dr Alam Yoosuff, and 2 new Committee members.

Following the AGM, the infamous Q&A Session, facilitated once again by Dr Dan Halliday, ACRRM President, allowed the floor to ask questions of the Q&A Panel. The Panel comprised NSW Shadow Regional Health Minister Bronnie Taylor, and Dr Joe McGirr, Member for Wagga Wagga and Chair of the Select Committee, who were joined by Dr Ian Kamerman, Chair of the AMA Federal Council of Rural Doctors, and Secretary RDA (NSW), Dr Jean Littlewood, Rural Generalist trainee and RDAA President, Dr RT Lewandowski. Unfortunately NSW Minister for Regional Health, Ryan Park was required to stay in Parliament which was sitting the same week.

Questions ranged from remuneration, attraction and retention to the workplace culture in NSW Health. These issues were also raised with Minister Park by the RDA NSW Executive the following Monday.

In 2024, RDA NSW intends to increase the delegate numbers able to attend the pre-conference due to the positive engagement and feedback received from attendees, panellists, and speakers. →



The Rural GPs Conference, co-hosted with the NSW Rural Doctors Network followed on over the Friday and Saturday, with RDA NSW Committee members Dr Rachel Christmas and Dr Sue Velovski both presenting during the conference on Fatty Liver Disease, Bariatric surgery, and Cancer. Encouragingly, the National Rural Health Commissioner A/Prof Ruth Stewart, presented data suggesting that the future of general practice, and specifically rural general practice, may not be as dire as we fear. We certainly hope this is the case.

The Medical Student Rural Inspiration Conference on Saturday was once

again very popular, bringing together medical students interested in a rural medical career. Drs Marty Ryan and Jean Littlewood, also from the RDA NSW Committee, spoke on the *Life as a Rural Generalist* panel to share their experiences.

The future of rural general practice may not be as dire as we fear.

In March 2024, the RDA NSW Committee will head up to Port Macquarie to co-host the Rural GPs Refresher Conference with NSW RDN. This is a relaxed, smaller conference and a great way to recharge, network and earn some more CPD points.

We look forward to seeing you all in 2024.

Best wishes for a safe and merry Christmas,

Dr Rachel Christmas
RDANSW President

✉ admin@rdansw.com.au
🌐 rdansw.com.au

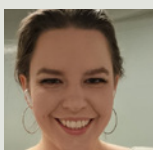


Two NSW junior doctors attend the Rural GPs conference thanks to MDA National

Thank you to MDA National who partnered with RDANSW to award two \$3000 bursaries to cover the cost of attending the NSW Rural GPs conference for Dr Anne-Marie Aubin and Dr Naomi Clements.



Dr Anne-Marie Aubin is a PGY2 doctor at Manning Base Hospital in Taree and plans to follow Rural Dermatology as her medical career path. She also hopes to further contribute to advocacy, research and innovation in Dermatology, with a focus on prevalent skin conditions affecting rural and Indigenous populations.



Dr Naomi Clements – Naomi is a rural-origin doctor with a long-standing interest in rural health, and completed four years of her UNSW Medicine degree through the Rural Clinical School in Wagga Wagga. She has completed placements in Gundagai, Deniliquin, Wilcannia and Taree and plans to become a Rural Generalist Anaesthetist.



President's report

RDASA has continued to provide strong rural workforce advocacy in 2023 as well as deliver training events, brought our rural voice to a range of committees and heard and acted upon concerns raised by members. Please read on to hear a number of highlights.

We met with the South Australian Health Minister, the Honourable Chris Picton, to advocate for a strong, healthy primary care workforce in Rural Practice. This includes remuneration for doctors who teach and train in rural hospitals. We continued to advocate on behalf of our rural doctors through pre-contract negotiation meetings with the State Government. This brought together AMA(SA)'s Dr John Williams, AMA Industrial Advocate Andrew Lewis, RDASA Treasurer Dr Scott Lewis, and Immediate Past President Dr Peter Rischbieth to help construct a new Agreement for 2024.

In March, a number of Executive members met in Canberra with RDAA and federal politicians to raise important health issues that rural Australians face, and advocated for our communities on their behalf.

RDASA received funding through **#DestinationRural**, and in July travelled to Mt Gambier to run 'Farmageddon'. This brought together students and junior doctors who had instruction on emergency procedures. This was greatly appreciated by a group of keen and enthusiastic young doctors.

RDASA and Dr Alison Edwards presented to the SA Parliament's Select Committee on Access to Urinary Tract Infection Treatment, and stressed the importance of having appropriate medical input into the assessment of UTIs.

In August, RDASA hosted Masterclass, an annual education and training event for South Australia's rural doctors. This brought together doctors and students from across the state to participate in quality training and education sessions including VAD and ADHD.

We are all looking forward to a busy 2024 where we will continue to advocate for a range of primary health care issues and host more education and training events.

Dr Bill Geyer

RDASA President

bgeyer@tanundadoctors.com.au

rdasa.com.au





President's report

It has been my pleasure to lead the Rural Doctors Association of Tasmania for the last 12 months, with plenty of advocacy activities and change in the rural health space.

Rural doctors are a fierce bunch, with passion for changing systems when injustices come to the foreground. I thank my colleagues all around Tasmania who work under extreme circumstances to deliver healthcare to their rural communities, and for their feedback, giving RDAT the credibility as an organisation that represents the voices of rural doctors.

Some key advocacy areas for RDAT in the last 12 months have been the ongoing development of the Tasmanian Rural Generalist Training Pathway, with a significant step forward being the announcement and implementation of the Single Employer Model Pilot for GP Registrars in Tasmania. This has been a key advocacy area for RDAT with regular meetings with then Health Minister Jeremy Rockliff. We are pleased that the Government is listening to our ideas and working constructively with RDAT to enhance rural pathways in Tasmania.

RDAT remains engaged in the development of the Tasmanian Rural

Rural doctors are a fierce bunch, with passion for changing systems when injustices come to the foreground.

Generalist Pathway (TRGP) through the Tasmanian Rural Generalist Collaborative Group. RDAT successfully helped this group advocate for equitable funding for the John Flynn Prevocational Doctor Program (rural general practice intern rotations) when the Commonwealth short-changed Tasmania in funding for these rotations.

The Tasmanian Rural Health Conference (TRHC) is a highlight of the rural health calendar, and once again was successfully held as a collaboration between the Tasmanian Rural Generalist Pathway and RDAT. Highlights included Prof. Paul Worley's very entertaining shear the whole sheep approach to rural medicine, Dr Louise Parry's presentation on 'What's Next?' for Infectious Disease, a panel session on rural training pathways and emergency presentations for the rural doctor.

I have worked closely to build relationships with different advocacy and health groups in Tasmania over the last 12 months. I am especially pleased that RDAT is part of the Tasmanian General Practice Forum, along with ACRRM, RACGP, PHT and AMA. I have also been working closely with Primary Health Tasmania and HR+ on the GP Recruitment and Retention Incentive Fund (GPRRIF), with a significant number of practices undertaking the AWARE tool to identify gaps in their current organisation and apply for funding. A full report on this initiative will be available once the funding has been used up.

Our political advocacy has continued, with members of RDAT meeting with politicians from all sides of Parliament and both State and Federal members.

We have made submissions to the following reviews:

- Pharmacy Scope of Practice
- RDAT Response to Select Committee on Transfer of Care Delay (Ambulance Ramping)
- RDAT Position on Patient Travel Assistance Scheme (PTAS)
- Letter of support: Commonwealth Supported Places, University of Tasmania
- Tasmania's Long Term Health Care Plan 2040

A significant concern of RDAT is the ongoing issues regarding the Rural Medical Practitioners Agreement. It is clear that this Agreement is no longer fit for purpose in supporting rural doctors in providing hospital and emergency care to rural communities at their local District Hospital. We are working with AMA Tasmania to help resolve this issue.

Be well,

Dr Ben Dodds – Rural Generalist
RDAT President

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President's report

RDAWA have had a tremendous year with many exciting events to promote careers in rural medicine and showcase our diverse state! Our long term partnership with the Rural Clinical School of WA make these events possible and we are proud to work alongside their team.

Scrubs in the Bush 2023 – Saturday 6 May

Who needs coffee when there's a brass band at brekkie! It set the tone and pace for a huge day of skills sessions, expert panel discussions and keynote talks at Scrubs in the Bush. Junior doctors, final, and penultimate year medical students participated in the annual full-day workshop at The University Club of Western Australia Crawley on Sat 6 May. There was a variety of skills stations to choose from including trauma simulation, ultrasound, surgery, defib/ALS or ECGs 'Made Cheesy'. It was also a unique opportunity to meet and learn from experienced rural mentors, GPs and specialists who live and work in rural WA.

Scrubs was proudly delivered by our Regional Training Hubs team and sponsored by **#DestinationRural**, RHW, RACGP & ACRRM.

Intern Application Evening – Thursday 11 May 2023

#DestinationRural proudly sponsored catering for the RCSWA final year



medical students located at various sites in WA including Bunbury, Albany, Broome and Geraldton. WA Country Health Service, Medical Education Unit provided outstanding presentations providing the final year students with all the relevant information required regarding WACHS Intern applications including opportunities beyond internship. We also heard personal reflections from current WACHS interns based in various locations throughout WA.

Go for Gold – Kalgoorlie – 28 August to 1 September 2023

Junior doctors Sam Thio, Thomas Drake-Brockman, Vishaka Wickramasinghe and Jeremy Jones have just tasted plenty of what Kalgoorlie has to offer – honey ants included!

The visitors embraced the **#DestinationRural** Kalgoorlie GP Immersion experience over six days, meeting local medicos and cultural custodians, and exploring a variety of healthcare facilities and landmarks.



Reflecting on his experience, Dr Jeremy Jones said "Overall, I found the program very beneficial and feel optimistic about pursuing a career in rural medicine. I would highly encourage anyone considering rural practice to participate in any such future program."

The entire experience was made possible through funding from **#DestinationRural**, RDAWA, planning and delivery by RCSWA Regional Training Hubs, and the incredible goodwill of locals.

RCSWA Rural Careers VC – Wednesday 4 October 2023

The Rural Careers VC for RCSWA penultimate students, which took place on Wednesday 4 October, was a brilliant education session MC'd by Regional Training Hubs Medical Coordinator Dr Kayla Mizzi with incredible presentations by Dr Vin Pushpalingam (Director of Rural Generalist Training, Rural Generalist Pathway WA), Dr Oliver Rouhiainen (Aspiring Rural Generalist and a participant on the Rural Generalist Pathway WA) and Prof Graeme Maguire (WACHS Director of Medical Education).

Dr Clark Wasiun
RDAWA President

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President's report

Engaging our members to drive our advocacy direction has been a huge focus for RDAQ in 2023.

Our five Peer Networks have developed into powerful vehicles for change as we utilise the knowledge and experience of our members across various areas of rural medicine to build a strong platform for change.

In March, after consultation and advice from our members, committee, and Procedural & Maternity Peer Network, we released our Rural Maternity Services Policy Position. Our position is all maternity services should be informed by their consumers and the community which they serve, and seek to foster a culture of respect, professionalism, and inter-disciplinary collaboration to provide a woman-centred service.

RDAQ's position on rural maternity services reflects the policy position of the Rural Doctors Association of Australia (RDAA).

In August, after consultation with our members, committee, and Doctors in Rural Training (DiRT) Peer Network, we publicly

released our Doctors in Rural Training Policy Position staunchly advocating for improved rural training opportunities.

The policy identified a list of key enablers to achieve greater retention for rural sites and, importantly, parity with city-based specialty training programs. They include access to training and protected teaching time, supervision and professional development leave. At the time of writing, our Rural GPs Peer Network is currently finalising our next policy paper setting our reform agenda to address chronic issues in rural General Practice.

You can view all of our position statements [here](#).

Our advocacy efforts and relationship with the government have assisted in driving some excellent wins for our members and their communities.

Building our strong policy platform will enable us to better drive change and inform policy into the future as we strive to achieve equity in healthcare for all Queenslanders and parity in pay and conditions for rural doctors.

Our advocacy efforts and relationship with the government have assisted in driving some excellent wins for our members and their communities including payroll tax reforms, the expansion of Single Employer Model trials (Commonwealth initiative) with a \$6 million contribution from the Queensland government and expansion of the workforce attraction scheme.

We have also gained the Queensland Minister's support for genuine reform of our long neglected Medical Officers with Private Practice package which historically was the backbone of rural medicine in small communities.

We look forward to continuing this momentum and working together with our members into 2024.

Dr Alex Dunn
RDAQ President
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RDAQ 35 Years RDAQ2024 Conference
Meanjin | Brisbane, 20-22 June 2024

RDAQ2024 members' pre-release registration is now open.
Join RDAQ or renew your RDAQ membership before **29 January, 2024** and **SAVE!**

REGISTER NOW

VISIT RDAA.COM.AU/RURAL-CAREERS

#RDAQ2023

Conference highlights

RDAQ2023 promised to empower, energise and educate and it did not disappoint.

The Cairns conference, themed Medicine in the Extreme, attracted record delegate numbers, featured provocative and inspiring speakers as well as robust clinical education.

The measure of success wasn't just in the high attendance numbers, but in the mix of people who came. There was a fantastic young cohort represented at RDAQ2023 with our doctors in training and students – the future of rural medicine – enthusiastic, engaged and graciously welcomed by our rural doctor family.

Our conference discussed key policy areas impacting rural healthcare in Queensland and attracted political involvement including from Health Minister The Hon. Shannon Fentiman MP.

One moment of particular gravitas was Dr Louis Peachey's emotive and heartfelt presentation around the Voice to Parliament which received a standing ovation.

The RDAQ AGM, held concurrently with the conference, saw Dr Matt Masel pass on the presidential pin to current RDAQ president Dr Alex Dunn who is doing a fantastic job in representing the interests of our members and the communities they serve.

RDAQ Awards

Pioneer of rural medicine education in Queensland, Professor Richard Hays was named 2023 Legend of the Bush at the annual David Horn Memorial Awards and gala.

It was an emotional evening where Dr Maryanne Balanzategui's family posthumously accepted her RDAQ Meritorious Service award.

2023 Award winners

Legend of the Bush – Dr Richard Hays

Meritorious Service Award –
Dr Maryanne Balanzategui & Dr Karyn Finselbach

Denis Lennox Medal – Dr Gabrielle Keating

Backbone of the Bush – Letitia Lewandowski



JOIN US... IT'LL BE FUN!





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