On track with the Rural Generalist Pathway

When Jillian Collier was awarded a Rural Bonded Scholarship in medical school it planted the seed of an exciting career in rural medicine. Fast forward several years and that seed has grown to see her follow the Rural Generalist Pathway, move to Goondiwindi and face a variety of hospital and community-based challenges that only come with being a GP registrar in a rural community.

After speaking with Dr Collier about her journey on the Rural Generalist Pathway the proverb, ‘give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime’ springs to mind. This principle is what underpins the Pathway — teaching young doctors how to deal with the unique challenges of rural medicine. “The Pathway is producing doctors who are more rounded and have firmer skills to practice in an isolated rural area.” Jillian explains.

Jillian believes that the Pathway provides great support and access to specialised rotations that are particularly relevant to the rural setting. “In your junior years, there are set spots in various hospitals for you to access rotations such as anaesthetics and obstetrics. The pathway allows you to begin this specialised training earlier so you are better prepared when you start working in a rural area.”

During her first three years of training, Jillian was required to attend a yearly two-day workshop, which was solely focused on rural professional development. “The workshop went through various skill stations including airways, obstetrics and other emergency presentations common to rural medicine. It was a really helpful learning environment.”

Rural Generalist Pathway — more information

- The Rural Generalist Pathway was pioneered in Queensland as a Queensland Health initiative to provide a fully supported, incentive based, career pathway for junior doctors wishing to pursue a vocationally registered career in Rural Generalist Medicine.
- New rural generalist training programs are now being rolled out across Australia. For more information, talk to the GP ambassador at your hospital or visit your local state government health website.
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Jillian wears her clinic hat and deals with chronic management issues—it’s almost like doing two jobs. “In the morning I wear my hospital hat and am faced with acute and emergency medicine and in the afternoon I wear my clinic hat and deal with chronic management issues—it’s almost like doing two jobs.”

She speaks fondly of the workshop as it not only developed her professional skills but also increased her exposure to like-minded individuals. “It was a really good opportunity to network and meet other doctors who were working in rural areas and it gave you a bit of insight into different rural towns.”

Over the last 5 months, Jillian has been one of a number of GP registrar’s in Goondiwindi. Although a small town community with some geographical limitations (it’s located 350 km southwest of Brisbane), it’s certainly not limited in availability of highly skilled medical professionals who are ready to lend a hand when needed.

“We always have a second GP on call who knows the town and capacities of the hospital, and what medical conditions need to be flown out to Toowoomba or Brisbane.”

“We also have someone who can provide anaesthetic skills and someone who is obstetrics on call. That means we’ve always got airway backup and someone we can ring for any obstetric emergency.”

For Jillian, moving to Goondiwindi for her rural GP training was an obvious choice. “The main advantage of working in Goondiwindi is the great support network. There is a team-based approach to the way we do things and you’re never alone. For a GP registrar, support is very important.”

Listening to Jillian talk with such pride about being based in Goondiwindi is a far cry from the stories of isolation and hardship that plague a lot of rural communities who are engaged in a desperate search for medical professionals. “Goondiwindi is a place that is quite lucky. They’ve had a stable senior GP presence for a number of years and that has meant they have a really good team out here which really aids the health of the community.”

One of those senior GPs is Dr Susan Masel who is the Medical Supervisor at Goondiwindi Hospital. She and her husband, Dr Matt Masel live in Goondiwindi and have so for the last 10 years. They are two of the GP partners of the local clinic and are key figures within the community.

“They’re such a good example of that rural doctor mould. Between them their skill set is amazing, yet they’re really nice people; very down to earth and have a lovely family.”

Although the Masels have built a core medical community, they are no strangers to rural workforce issues and the barriers in attracting medical professionals to the area.

“Hopefully the improvements in wages, increased support and good training positions will encourage more people to consider rural practice and reduce the shortages.”

At present, Jillian splits her time between the Goondiwindi Medical Centre and the local hospital. “In the morning I wear my hospital hat and am faced with acute and emergency medicine and in the afternoon I wear my clinic hat and deal with chronic management issues—it’s almost like doing two jobs.”

It’s clear she loves both equally. “At the end of the day it’s all general practice and I’m lucky enough to experience all sides of it on a daily basis.”

The Rural Generalist Pathway has exposed her to a variety of experiences outside of the traditional GP mould. “It’s a unique situation you’re in. You see the complete spectrum of a disease, you treat a patient in the emergency department one week and then you become responsible for their chronic disease management in the GP clinic the next.”

“When working in a rural area, you can really witness disease progression and get the whole picture of someone’s health.”

The geographical limitations of Goondiwindi have taught her how to be more aware of her situation. “The most valuable skill that I’ve learnt here is knowing my boundaries and when to ask for help. When working in a rural area you have to have a great appreciation of what you can deal with in your current location and what medical conditions need to be flown out for specialised medical treatment.”

With a hint of frustration she continues, “For those who think that general practice is the easy way out, they really just need to spend one afternoon sitting in a GP clinic, to see how challenging the job really is.”

This common misconception is a stark contrast to the respect and value rural GPs receive from city and visiting specialists. “I think city specialists have a real respect for rural doctors because you have to be a little more self sufficient. Given our geographical limitations, it’s better for our patients if we can arrange investigations and initiate treatment early prior to their specialist review.”

The name Goondiwindi derives from an Aboriginal word meaning ‘the resting place of the birds’. When asked if this has any significance to her situation Jillian ponders, “Maybe. Goondiwindi is a great place to work, the community is great and the support is readily available so it ticks all the boxes in that sense.”

With a genuine warmth and honesty in her tone she continues, “It’s my resting place for the next two years. After that I can’t rule out anything just yet.”

Jillian wants to graduate in both the RACGP and ACCRM fellowships as she has recognisable qualifications that will allow her to sit for both. After she completes her examinations and training she wants to go travelling for a while. No doubt her advanced skills in rural medicine will be portable on any road she travels.

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