



**Australian Doctor**  
Friday 1/6/2007  
Page: 20  
Section: General News  
Region: National Circulation: 23,799  
Type: Magazines Lifestyle  
Size: 426.25 sq.cms.  
Published: ---F--

Brief: JCU



*Australian Doctor*  
guest editorial  
Associate  
Professor  
Tarun  
Sen Gupta

# Bush heroes inspire new breed of rural generalists

**H**OLTIE. Cameron. McLellan. Names famed across North Queensland. Rural doctors who have served their communities for decades, revered for their skills and commitment.

There's very little these folk can't do. Need a script? An orthopaedic procedure? A public health response to a suspected outbreak? Obstetric care or an anaesthetic — the list goes on.

A student freshly returned from Longreach relayed a conversation he'd had with his GP supervisor: "Mark, what do you do for torsion of the testis?"

"Take it to theatre and fix it," was the reply.

And don't think this is the province of the blokes. Dr Sheilagh Cronin's wisdom is renowned across western Queensland, Dr Merrilee Frankish has juggled multiple roles, including leading the Rural Doctors Association of Queensland.

Their reputation extends widely. I see their patients in my city-based practice, often when they are accompanying relatives seeking tertiary care.

"Hmmm, the Lloyd St practice", "How's the wet season in Mareeba?", "Do you see Murray, Mark or Grant?" I

ask. Patients are amazed to find that their GP is known in the big smoke — and has a national reputation.

And their impact is profound, again wider than their rural communities. Every day students tell me stories about rural preceptors. Statements such as "Dr Peachey told me

this in Mt Isa" and "Dennis Pashen taught me that" have the ring of preternatural faith in veracity you saw when your seven-year-old first favoured the teacher's opinion over yours. But the influence of these rural doctors extends beyond their outstanding clinical services, teaching and community work. Through advocacy, argument and attrition, rural medicine is on the political and educational agenda. The next generation will be far better trained, supported, encouraged (and, dare I say it, better selected) than my generation ever was.

What drives these rural doctors to provide extraordinary services to some extraordinary communities? How has the 'community' of a Dr John Douyere or a Dr Neil Beaton or a Dr Bryan Connor become much wider than their 'patch'? Why is their influence felt so widely? Two things are clear. One is their unwavering commitment to the cause, their

rural community — and by extension, all rural communities, who experience ongoing pressure for health services, supports, locums, infrastructure, etc.

Second, these doctors clearly develop unique skills. They are the active rural generalists once thought of as dinosaurs, a dying breed. But there is hope: the chief health officer recently called for a return to more generalist specialists, describing the focus on super-specialists as wrong.<sup>1</sup>

This unique mix of skills has been recognised in Queensland by the creation of the rural generalist pathway. This pio-

neering work, led by Dr Denis Lennox, has created both a training pathway and a career structure for rural generalists within Queensland Health. Building and extending on existing rural training frameworks within the General Practice Education and Training environment, and coinciding with the recognition of the Australian College of Rural and Remote Medicine's rural medicine fellowship, this enhances Australia's formidable reputation for rural training. More than 30 recruits in 2007 are training to join the 94 rural generalists identified state-wide in 2006.<sup>2</sup>

"Hmm, a referral from Farlow/McCallum, ultrasound by Vlastic, your GPs are Joyce and Grimes. You must be from Proserpine" — another bastion of rural generalism that is fast developing a teaching health system along the consultant-registrar-resident model.<sup>3</sup> We are fortunate to have these leaders generously endowing the next generation with their skill, wisdom and knowledge.

This vision is now being repaid with the rise and rise of the rural generalist, a tribute to these early pioneers who hacked and hewed their way through the thickets of skill-sets to fashion their own rough-and-ready rural generalist training. Those who follow now have a custom-designed program that is the envy of the rest of the world.

Political views and Australian Medical Council requirements aside, the compelling case emerges that this type of medicine, branded

rural generalism, is an emerging and unique form of medicine. This is not to devalue our city-based colleagues — many of whom undertake similar duties with great skill, despite erosion of turf and battles to maintain their skills and scope of practice — but to celebrate the achievements and the future of rural generalists. As an educator and an Australian who cares about our rural communities, I am encouraged to see inducements and supports to attract, train and retain the right sort of people to provide these services to these communities.

I have named but a few; I know these characters, these achievements, these commitments are echoed in every corner of rural Australia. Those of us privileged to train the next generation look to them for continued inspiration — the heroes of the bush.

**Associate Professor Sen Gupta is head of general practice and rural medicine and director of medical education at James Cook University's school of medicine, Townsville, Queensland.**

**Disclaimer: Professor Sen Gupta is a co-director of the Queensland Health Rural Generalist program.**

## References

1. 'Focus on super-specialists 'wrong' ', *Australian Doctor*, 20 April 2007.
2. [www.health.qld.gov.au/orh/ruralgeneralist/](http://www.health.qld.gov.au/orh/ruralgeneralist/) (accessed May 1, 2007).
3. Sen Gupta TK, Murray RB. Rural internship for final-year medical students. *Medical Journal of Australia* 2006; 185(1):54-55.