Rural Doctors’ Association of Queensland (RDAQ) Annual Conference

Gold Coast QLD

8-10 June 2012

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I attended the Rural Doctors Association of Queensland Annual Conference, at the Hyatt Regency Sanctuary Cove Resort at the Gold Coast on 8-10 June 2012. The conference venue provided an ideal location for delegates to relax and the program provided numerous social opportunities that included families. This mix of social and professional interaction in a relaxed environment is a great way to learn whilst providing a ‘recharge’.

The RDAQ conference provides a great venue for medical professionals interested in rural medicine who are in the early stages of their careers. This conference provided a great networking opportunity as well as robust discussion of significant current topics for rural medicine. Particular issues that I found interesting included clinical skill development and maintenance, patient safety, community involvement in health services, and health service structure at different levels of service provision. Health service structure is an area that I have ignored as I have sought to build my medical knowledge, but now start to understand as a core component of the long-term success of any rural practice.

I had expected the conference to provide a good opportunity to reinforce my rural medicine network, and it certainly achieved this. Firstly, I had the opportunity to catch up with my RAMUS mentor and discuss some of the topical issues from the conference. Similarly, preceptors from some of my university rotations were in attendance, allowing me to further develop my relationship with them. I found it particularly beneficial to have these experienced practitioners that I was familiar with at the conference to discuss background and related factors of some of the key issues brought up at the conference.

The conference also helped me to better understand the different levels of health service provision in current practice, including individual and group private practice, Medicare Locals, corporate providers and Hospital networks. An insight for me was the need to effectively integrate these services throughout a given area in order to maximise available time and resources for service provision, training and development. A number of conference attendees highlighted this as a cornerstone to providing satisfying and secure rural career opportunities.

Health Workforce Queensland sponsored a breakfast on Saturday morning to discuss trends in clinical skills within the Rural Doctors’ workforce in Queensland. Some of the research presented highlighted the importance of positive early training experiences and the reinforcement of learning to the long-term maintenance of clinical skills in Rural Generalists. This stirred some debate regarding the skills mix applied in rural practices, and how best to balance expectations of trainees with the reality of ongoing practice. This session,
particularly, provided me with a topic to consider and discuss over the weekend in relation to work / career / family balance.

As I am now in my final year of my university training, this conference was particularly valuable for me in terms of putting together ideas for professional development and career pathways. The keynote talk from Dr Mark Loane regarding ophthalmology provision to remote Cape York Peninsula was inspirational. Similar stories, on a less epic scale, were also presented in the plenary session by a mixture of dedicated rural General Practitioners. These stories engendered enthusiasm for approaching seemingly entrenched problems with an open mind, a willingness to develop teams and patience for positive results. It was also interesting for me to observe the role organisations such as RDAQ can play in progressing longstanding issues for their members, both to Government bodies and to other interest groups.

The conference also provided an extensive program for families, organised by the Queensland Rural Medical Family Network. The establishment of this focussed group is heartening, and the provision of a significant family program, with children’s movies and babysitting is important for parents. At my stage of life, I am glad to see this aspect of rural practice being given some attention, although life realities for rural medical families still seems to vary considerably with individual needs and circumstances.

Overall, the RDAQ annual conference was a great opportunity to enhance and expand clinical knowledge, maintain and expand social and professional networks, and gather updates on current issues for the profession generally. I am very grateful to RAMUS for providing me with the opportunity to attend in 2012.
Brett Quabba

I recently had the opportunity to attend the Rural Doctors Association Queensland annual conference held on the Gold Coast. The conference took place over the Queen’s birthday long weekend, 8 – 10 June. The central theme of the conference; ‘Going for Gold: Meeting challenges, achieving excellence’, resonated through the many keynote addresses and plenary sessions. Once again there was a strong representation of doctors practising throughout rural and remote Queensland, and medical students with a common interest in rural health.

The conference began with an orientation session for students, where we were welcomed to the conference. The session also provided an opportunity for the various university student rural health clubs to promote their involvement in rural health and share ideas for future projects. An interesting concept introduced by the Hope for Health organisation was the creation of an alumni program. This was positively received by the members of the audience and will surely be considered by all organisations. There was also a short presentation from each of the regional general practice training providers, explaining the complex training pathways. Following the orientation session students and doctors alike convened for the welcome reception, providing an excellent opportunity for networking. The relaxed and welcoming atmosphere made for an excellent start for the conference, preparing all delegates for the weekend to come.

Saturday morning began with the traditional conference welcome and welcome to country, followed by a compelling keynote address from Dr Mark Loane, ophthalmic surgeon and former Wallabies and Queensland rugby union representative. Dr Loane has led an extraordinary life and produced a very interesting and informative address which captivated the audience. A plenary session detailing excellence in rural health followed Dr Loane. This is an opportunity for rural practitioners to detail the advancements they have made in their respective practices, with the aim of improving health provision and outcomes. A particular highlight of this session was the presentation from Dr Bryan Connor who along with Dr Shelia Cronin, and Chris Appleby, established the Flinders Medical Group. This organisation services Cloncurry and surrounding areas with an exceptional medical service, providing quality health care to a region which previously had very limited, locum reliant, health services.

Concurrent sessions began after a delicious lunch, where I chose to attend the men’s health session. This session focussed on the challenges of recruiting men to regular health check-ups and to be more aware of their health needs. The topical issue of health provision for fly-in fly-out (FIFO) workers, and pressure placed on local health services was also addressed.
This provided a unique insight into this relatively recent issue which is sure to become an increasing challenge as the mining boom continues in Queensland. The remainder of the day was spent visiting the various exhibitions at the trade show and gaining valuable information from the represented training providers.

Sunday morning began with a debate, ‘Can communities decide what is an acceptable birthing risk’. There were interesting arguments presented from both sides, leaving the audience equally split between the positive and negative. This became a hot topic as the day continued with the much anticipated medico-political forum where The Queensland Minister for Health, Lawrence Springborg, announced his vision to reopen obstetric services in Beaudesert by 2014. He indicated that the reestablishment of services in rural hospitals was a priority for the current government. This announcement was well received by members of the audience. He also announced the expansion of the Flying Obstetrics and Gynaecology Service (FOGS) to 1,000 flights per year, an increase from the current 400. The ensuing question time provided rural doctors the opportunity to question policy makers. A resounding theme was the implications of budget cuts to rural practice incentives such as childhood immunisations, along with the controversial ASG-RA classification system.

The first concurrent session I attended was a series of dermatology cases where diagnosis and management were discussed. This was extremely educational as dermatology is a unique field of medicine with essential skills required by all doctors. After lunch I attended the work-life balance concurrent session which centred on caring for our personal health as students and doctors so that we may provide the best possible service. It was an informative session with some interesting feedback from doctors in the audience regarding barriers to health and happiness as a rural medical practitioner.

The final concurrent session I attended was focussed on palliative care and the potential to provide good services in rural areas. I became aware of the ability of rural doctors to successfully and skilfully manage palliative patients, maximising their quality of life. This is increasingly important in remote areas as patients prefer to remain at home through their final days.

After two days full of educational and informative keynote addresses, debates, forums, and tutorials; all that was left was the conference wrap up and much anticipated gala ball. The gala ball was again an opportunity to network with rural medical practitioners and students in a relaxed atmosphere, as well as farewell new and old friends ‘until next year at RDAQ’.

I would like to take this opportunity to thank the RAMUS team for providing much needed financial assistance to students such as myself. My attendance at this conference would not
have been possible without your generous support. It is through the support of this 
organisation that my interest and desire to become involved in rural health provision has 
been nourished, and continues to grow.