



ANZCA
FPM

Beyond City Limits

Showcasing
opportunities for rural
anaesthesia training
and careers

The Beyond City Limits articles demonstrate the college's ongoing stakeholder collaboration efforts. Each piece explores a different example of non-metropolitan anaesthesia and pain medicine practice across Australia in health settings that are supported by the commonwealth government specialist training program (STP). These feature articles are produced with the assistance of the college policy and communication team, rural training hubs, hospitals, trainees and fellows. They highlight the STP and IRTP Programs in action and help to promote the rural lifestyle and its personal and professional benefits to the ANZCA network via the *Bulletin*.



The Australian and New Zealand College of Anaesthetists' purpose is to serve our communities by leading high quality care in anaesthesia, perioperative and pain medicine, optimising health and reducing the burden of pain. Underpinning this is the premise that all people have a right to access high quality healthcare, regardless of where they live. Improving the geographic distribution of the health workforce is a priority of both the college and the Australian government's National Medical Workforce Strategy 2021-2031. The college is committed to working with government and other stakeholders to improve health outcomes and access to services for communities outside of metropolitan areas.

One of the key ways the college works towards this is via administering the Specialist Training Program (STP). The STP is an Australian government initiative that provides funding to ANZCA for 45 training posts, with the goal of building training capacity outside of metropolitan areas. The college also receives funding for additional training places under the related Integrated Rural Training Pipeline (8 posts) and Tasmanian Project (4 training posts).

In addition to the training posts, the college works closely with the Commonwealth to develop, design and deliver STP support projects. These projects help to address other barriers to rural recruitment and retention such as trainee selection, non-metropolitan hospital accreditation, and ensuring a quality rural training experience.

The following pieces from recent issues of the ANZCA Bulletin highlight the achievements of trainees and fellows in regional and rural areas. These stories showcase the diverse locations in which our trainees and fellows live and work and the personal and professional benefits of a regional lifestyle.

We hope you enjoy!

Dr Chris Cokis
ANZCA President

ANZCA acknowledges the traditional custodians of Country throughout Australia and recognises their unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society. We pay our respects to ancestors and Elders, past, present, and emerging.

ANZCA acknowledges and respects ngā iwi Māori as the Tangata Whenua of Aotearoa and is committed to upholding the principles of the Treaty of Waitangi, fostering the college's relationship with Māori, supporting Māori fellows and trainees, and striving to improve the health of Māori.

BEYOND CITY LIMITS

Top End experience a drawcard for anaesthetists

SINCE HIS RECENT arrival in Darwin to start his provisional anaesthesia fellowship year Dr Dom Cauldwell has been cycling to work on the bike path along one of the city's most scenic foreshores.

The ride from his home in the suburb of Nightcliff to Royal Darwin Hospital takes just 20 minutes.

The UK-born provisional fellow and his wife Zoe, a GP, have quickly adapted to the Darwin lifestyle having moved from Townsville after he finished his registrar training through the Queensland Anaesthetic Rotational Training Scheme (QARTS). Dr Cauldwell is one of six provisional fellows working in the department of anaesthesia at Royal Darwin Hospital.

He knows his regular commute might be the envy of many fellows and trainees working in large metropolitan cities who often have to battle daily traffic chaos to get to work.

"It hasn't taken us long to adjust to life here. Coming from Townsville Darwin has many similarities. The climate is similar and so too is the patient demographic. But Darwin is also a lot more multicultural and you're aware of that right from the start."

The hospital's department of anaesthesia is headed by Dr Brian Spain who is also the co-director of surgery and critical care at the hospital. Dr Spain and his wife Jenny, a GP, moved to Darwin in the late 1990s from Melbourne via Perth and raised their family in the territory.

Dr Spain is a popular advocate for the specialty and committed mentor to anaesthesia trainees and fellows working in Australia's Top End. He has played a key role in encouraging

the development of South Australian and Northern Territory training opportunities for the specialty through the Australian Commonwealth-funded Specialist Training Program (STP) and the STP Integrated Rural Training Pipeline (IRTP) initiative.

On the Tuesday the *ANZCA Bulletin* visited Dr Spain and his team, including deputy director Dr Sam Rigg, the department had just wrapped its weekly morning meeting. Dr Spain encourages fellows and trainees to attend the weekly Tuesday meeting if they can as it features a clinician from the hospital or department speaking on topics such as safety and quality in anaesthesia or perioperative care.

Dr Spain knows that attracting and retaining anaesthetists to work and live in Australian rural and regional areas is challenging. The federal health department recognises this and funds specialist registrar positions through specialist medical colleges including ANZCA under the STP. Additional training positions are also funded through the program's IRTP initiative.

For first year anaesthesia trainees Dr Krushna Patel and Dr Nilesh "Nelly" Kumta, working in Darwin has not only given them a broad scope of clinical practice opportunities but has placed them at the heart of stunning landscapes with tens of thousands of years of First Nations history and culture.

"One of the great aspects of working here in Darwin is that you are exposed to such a variety of work that you might not have the chance to do at other training sites," Dr Patel explains minutes after leaving theatre where she was part of the medical team for a caesarean birth of twins.

"Sharing knowledge about what health and wellbeing outcomes First Nations people value is a foundation of culturally sensitive care."

Above: Darwin's CBD is dotted with murals such as this one by Shona Lee @Shona_lee_creative
Photo: Siobhan Spence

Provisional fellow Dr Dom Cauldwell starts his ride home from Royal Darwin Hospital.
Photo: Nicholas Walton-Healey



Trainee Dr Krushna Patel in theatre at Royal Darwin Hospital.
Photo: Siobhan Spence



“We have more independent practice here unlike other places where there is a lot less autonomy in the early stages of training. The team here are very supportive.”

“While I’ve worked on obstetrics cases this morning I’ve also had some ‘plastics’ cases to remove skin cancers and a three-hour liver resection. There’s a real ‘can do’ attitude here and we’re all supervised by senior consultants.”

“Darwin offers something very unique,” she says.

“There is such a diverse demographic here. The consultants and specialists are very highly skilled so as a young trainee you feel very supported. It is very hands on.

“We help patients get through their operation in a safe way. Many of the patients are very high risk so you get to learn things quickly and know what resources you can draw on. For example you might have to facilitate a quick dialysis for a patient before their operation so you soon learn how to organise this and make sure the patient gets through their operation safely.

“The breadth of different specialties that you’re exposed to is seamless. It’s very rewarding and does have its own challenges but it’s so satisfying when you get a patient through their surgery.”

Dr Cauldwell and Dr Kumta agree. “We have more independent practice here unlike other places where there is a lot less autonomy in the early stages of training. The team here are very supportive,” Dr Cauldwell says.

Trainees Dr Nilesh Kumta and Dr Krushna Patel taking a well-earned coffee break. Photo: Siobhan Spence



Anaesthetist Dr Edith Waugh with patient Ronald Palmer and his wife Priscilla. Photo: Nicholas Walton-Healey

Dr Kumta says 70 per cent of the hospital’s patients are Aboriginal and Torres Strait Islanders. Many have complex medical conditions such as type 2 diabetes, ischaemic heart disease and rheumatic heart disease.

“On any one day I will see a variety of patients,” he explains.

“I could see a five-month-old baby followed by a 20-year-old and then a 75-year-old with end stage renal failure. Many patients require complex treatment and our role is to ensure they get through their operations safely.”

Dr Spain has worked closely with ANZCA’s SA/NT Regional Committee to secure more funded anaesthesia training opportunities in Darwin and Alice Springs. His department manages 14 registrars and 24.5 full-time equivalent consultant positions that are filled by 30 anaesthetists.

Specialist anaesthetist Dr Edith Waugh has lived and worked in Darwin for over a decade and works closely with the hospital’s Aboriginal Service Support Unit and its Aboriginal liaison officers. With the permission of Aranda man Ronald Palmer and his wife Priscilla the *Bulletin* was able to meet and chat with him as he discussed his acute pain management with Dr Waugh.

Mr Palmer explained to the *Bulletin* how he was flown to Royal Darwin Hospital for treatment from his remote, Katherine region community with chest trauma. With optimised pain control and a well-secured chest drain with an under-water seal drain attached to his wheelchair, he was able to leave his hospital room and sit outside in one of the hospital courtyards.

Mr Palmer’s acute pain management involved understanding the combination of traditional bush medicine, the western health care system’s available analgesia, and importantly, the healing environment. The break from the air-conditioned ward to the warmer courtyard and spending time with family were highly valued by Mr Palmer.

“The hospital’s perioperative medicine and pain management (POPM) service has been managing Ronald’s comfort while also respecting his cultural needs,” Dr Waugh explains. Sharing knowledge about what health and wellbeing outcomes First Nations people value is a foundation of culturally sensitive care. Interpreters and Aboriginal liaison officers assist with safe intercultural communication and mediation in the local health service. This leads to not only a better patient experience but also to the incredible privilege of working in this culturally diverse environment of the Top End.”

While the main Royal Darwin Hospital’s Casuarina campus has a 24-hour emergency department the opening of the hospital’s Palmerston campus in August 2018 has been used largely for day and minor surgery cases though some overnight surgical beds will soon be available to help deal with the backlog of elective surgery patients exacerbated by the COVID-19 pandemic.

“In collaboration with Alice Springs Hospital we have developed an NT independent training program with support from major hospitals in Adelaide such as Flinders Medical Centre and the Women’s and Children’s Hospital to provide cardiac training and paediatric training. This means we can now provide the whole anaesthesia training program in the NT and encourage more junior doctors to come here,” Dr Spain explains.

“We can now provide three years of anaesthesia training in Darwin so junior doctors can get into the Darwin lifestyle and establish their lives up here. This is a huge advance for us and Royal Darwin Hospital.

“We’re hoping that this will ultimately mean that we can provide three years of training at Royal Darwin and one year in Alice Springs. There has been strong support from the SA/NT Regional Committee and the STP program for this initiative.”



Pathways to training



Above: Royal Darwin hospital trainees (from left) Dr Nilesh Kumta, Dr Krushna Patel and provisional fellow Dr Dom Cauldwell. Photo: Siobhan Spence

Left: Head of anaesthesia Dr Brian Spain. Photo: Carolyn Jones

“Darwin is a really interesting place to practice anaesthesia, it’s a great young department with lots of enthusiastic specialists and a backdrop of a fantastic place to live.”

The ANZCA STP program currently enables Royal Darwin to fund a provisional fellow in perioperative medicine, a registrar level trainee for up to three years and an IRTP position. Two additional roles, including an obstetric fellowship position, are on the STP reserve list.

“There are great learning opportunities even in the pre-vocational space for interns and junior residents,” Dr Spain says.

“There is amazing diversity, all the medical specialties are represented with complex intensive care and there’s also an excellent infectious diseases department.

“Darwin is a really interesting place to practice anaesthesia, it’s a great young department with lots of enthusiastic specialists and a backdrop of a fantastic place to live. It’s a small city but there is a lot of great stuff to do outside of work.

“Darwin really is an incredible place. You get to work in Australia’s most isolated tertiary hospital that caters to complex health needs and live in one of the most amazing places on earth.”

Carolyn Jones
Media Manager, ANZCA

Melissa Rosas had not thought of studying medicine until she had a chance conversation with a family friend in Darwin while she was studying her Bachelor of Psychology at Charles Darwin University in 2018.

Her friend, who was working for Flinders University at the Casuarina campus, asked Ms Rosas if she had considered exploring the Indigenous student pathway to a medical degree as Flinders University offered such a program through their campus in Darwin.

Ms Rosas, who was born and raised in Katherine, is now in her fourth and final year of the university’s Doctor of Medicine and is about to complete her six-week rotation in the department of anaesthesia at Royal Darwin Hospital. She has just had her first intensive introduction to the specialty and has spent the past few weeks intubating patients, learning new procedural skills, observing pain rounds of patients and learning from specialist anaesthetists.

“The hands on experience has been quite incredible and the team here has been so supportive,” she tells the *ANZCA Bulletin*.

Ms Rosas wants to stay and work as a medical practitioner in the territory once she completes her degree and internship. Flinders University, through its regional training hub, welcomes Ms Rosas’s commitment to the territory and hopes other students will follow her path. There are 26 regional training hubs across rural Australia, including the Flinders NT Regional Training Hub.

Ms Rosas and fellow fourth year Flinders University medical students Thilini Pandithage, Ben Forsyth and Hayley Kelly are all completing their medical degrees at the university’s Northern Territory campus. All are bonded to the Northern Territory government for four years after graduation ensuring their higher education contribution scheme fees are waived.

The hub’s regional training program manager Eliza Gill says one of the hub’s aims is to help address medical workforce needs in the Northern Territory by further developing medical specialist and rural generalist training opportunities. Along with identifying and supporting students and junior doctors with an interest in rural practice and providing support and assistance with career planning placement opportunities.

“It’s important to ensure there are medical specialist training opportunities in the Northern Territory to ensure that all junior doctors including those that have return of service obligations have a choice of training pathways to continue living, training and working in the Northern Territory.

The NT Medical Program is an opportunity for Territorians to enrol in a medical degree here and is graduating doctors that are delivering healthcare to the NT”.

Student Thilini Pandithage says both her parents are Darwin-based doctors and she has seen how fulfilling her parents’ careers have been in the territory.

“My father has spent a lot of time working in rural communities and I’ve seen how having such a broad set of clinical skills here is useful is anything goes wrong in a rural or remote community.”

Hayley Kelly is interested in pursuing retrieval medicine and enjoyed her rotation in the anaesthesia department earlier this year. Ben Forsyth started his degree after working for several years as a mining engineer.

The training hub’s medical director Dr Greg McNulty is based in Alice Springs. He says the hubs were formed by the Australian department of health to encourage the development of a “rural medical training pipeline” that includes medical students, pre-vocational graduates, vocational trainees and, finally, rural generalist GPs and medical specialists such as anaesthetists.

“We’re working with relevant colleges, health services and training providers to identify and prioritise the areas of need and in turn, aim to build well co-ordinated, and well supported vocational training pathways in the NT,” he explains.

Dr McNulty, who trained as an intensive care specialist, says retaining medical practitioners and specialists in rural and remote Australia has been an ongoing challenge for the states and territories and specialty colleges.

“There is an understanding that more needs to be done. We support the idea of a pipeline where ideally you have people who have grown up here, and who have developed social connections here, who then decide to stay on in the territory. That may be the case for some but until now, the vast majority of those who are providing specialist medical services in the territory have come from elsewhere,” he explains.

“However, a good proportion of those have had a pivotal experience in the territory either as a medical student or as a trainee so the key for us now is to ask where in that training pathway an experience in regional and remote Australia and, in particular, the NT can it make a difference?

“It’s important that you’re in a place that you enjoy living in, that is intellectually stimulating and are part of a community who you have something in common with. And, of course, where the work you are doing is of value.

“We need to look at what initiatives and structures work so we can best help those who do want to get into specialty training and encourage them to stay here. We need to work out how best to foster that and that will involve us continuing to work with specialty colleges, communities and government,” Dr McNulty says.

Carolyn Jones
Media Manager, ANZCA



From left: Flinders University medical students Thilini Pandithage, Hayley Kelly, Melissa Rosas and Ben Forsyth. Photo: Siobhan Spence





beyond
city
limits

The wild and wonderful West Coast

When Dr Andrea Hages found an advertisement for a senior anaesthetist position at Grey Hospital on the West Coast of New Zealand, it seemed a world away from her northern Californian life. However, it was one she and her husband, both ex-US military, were ready to try. They packed up their three children in the middle of the first year of COVID-19 last year and headed to Greymouth in the South Island. What they are discovering is just one big West Coast adventure.

YOU MIGHT THINK a 40-bed brand new hospital with just three theatres doing mainly day surgery and endoscopy might be too quiet for this intrepid doctor who has been on emergency retrieval teams into parts of Africa and worked out of the biggest US base in Germany. Dr Hages, however, says it is surprisingly stimulating and rewarding.

What makes this a unique position is Greymouth's setting. With the Southern Alps on one side boasting the country's highest mountains, glaciers, mirror lakes and primeval rainforest, and the wild Tasman Sea on the other, it is remote. This means transporting anyone who is in need of high-level care across the mountains or through mountain passes to Christchurch Hospital. The West Coast is vulnerable to bad weather and it closes in fast. Anticipating that a patient may deteriorate and may need have to be moved sooner rather than later, means knowing your patients and their prognosis intimately.

"Doctors may think that this is not a challenging practice. However, one of the more challenging things about working here is knowing what you can safely do and what complications you might run into. At the back of your mind is, if there is bad weather or the retrieval team are on another job, you cannot always fly your patient out to Christchurch. So being a true perioperative physician and doing perioperative screening really is paramount in a setting like this." Dr Hages says that despite not doing the big heads and hearts [operations], in all cases, you really need to know your patients.

Te Nikau (the new Grey Hospital) is transporting up to three patients to Christchurch daily by ambulance through the magnificent Arthur's Pass. The return journey brings coasters back following their treatment. Up to two or three times a week there are emergency transfers by fixed-wing or helicopter. At night, there is a dash 40 minutes down the road to Hokitika Airport to add to the computations. Greymouth Airport, directly opposite the hospital, is not equipped with lights for night landings of fixed wing aircraft.

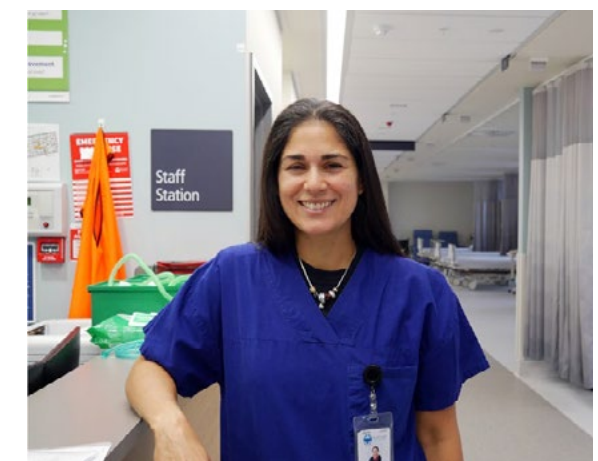
The area of capture for this small hospital is from Haast down south to Karamea up north – more than 500 kilometres of windy road along the coastline. The population is just 32,000 spread widely along that route with many elderly people and a high proportion with co-morbidities.

Chief medical officer for the West Coast District Health Board (WCDHB) and clinical director for the anaesthesia department is ANZCA fellow Dr Graham Roper. He comes from Christchurch where he worked at the public hospital including six years as the clinical director. Dr Roper started working part-time in Greymouth eight years ago and made the move permanently just 18 months ago.

Dr Roper loves the coast. He loves the lifestyle but he loves his work as well. "It's the smaller team environment and the leadership opportunities. In such an environment, you are more likely to make a difference." Like Andrea, he says, it is the challenge.



Dr Andrea Hages in Grey Hospital.



Opposite:
Emergency transfers by fixed-wing aircraft or helicopter occur on the West Coast two to three times a week.



“So being a true perioperative physician and doing perioperative screening really is paramount in a setting like this.”



Dr Hages with son Blake (3), daughter Victoria (10), husband Lee and son Colby (13); the Haast UNESCO World Heritage area.

The deputy chair of the ANZCA New Zealand National Committee, and a cardiovascular specialist anaesthetist, Dr Roper has been pivotal in a couple of major emergencies at Te Nikau just recently that are a good reminder of the isolation. The first was an unusual presentation of a toddler with epiglottitis, which thankfully was recognised early. She was put on to a ventilator overnight before being flown to Christchurch. Dr Hages has also dealt with an older child with a similar condition from the same local community. Then there was also a seemingly innocuous weed eater incident, which had the patient bleeding out on the table. A flicked piece of metal had damaged the lung of the patient. In all these cases, the presence of senior anaesthetists has been the difference of life and death.

So, call the caseload unchallenging if you like but you will get a wry smile from any anaesthetist who has worked on the wild and wonderful West Coast.

Adele Broadbent
Communications Manager NZ, ANZCA

“Team-focussed” training

SUMMER PIZZATO WAS taking a gap year after leaving Grey High School when she spotted an advertisement for a trainee anaesthetic technician (AT). Te Nikau Hospital has just received accreditation to train ATs after many years’ hiatus. For this 19-year-old, it was an opportunity of a lifetime. Ms Pizzato is halfway through training and loves her job. She does six months at Grey and six months at Christchurch where she gets to experience and learn from the bigger cases, but it is here on the coast that she is most at home. “It’s more team focused and supportive. You know everyone. Christchurch has hundreds of nurses, surgeons and anaesthetists and it is not as personal. I love my team and my patients. It’s a special place.”



Anaesthetic technician Summer Pizzato and Dr Graham Roper.

Making the most of the wilderness

DR ANDREW WOODHEAD, formerly of St Vincent’s in Melbourne, was coming to the end of a three-week locum on the West Coast at Te Nikau Grey Hospital when the *Bulletin* visited. He loved it. “It’s an excellent work-life balance. A brand new hospital with friendly welcoming staff who provide great care. It’s a really enjoyable workplace.” Dr Woodhead did not waste a minute of his stint, getting off shift and on his bike to explore the whole of the famous West Coast Wilderness Trail. This is a series of tracks carved by pioneering gold rush miners, together with extensive water races, logging tramways and short length railway lines. Dr Woodhead did parts of the 120-kilometre trail in all weathers over the time he was locuming. When he could not do one week down south, his colleague, Dr David Choi of Middlemore filled in. He also fell for the wild and wonderful West Coast exploring some of the many outdoor adventures it has to offer.



Dr Andrew Woodhead on the West Coast Wilderness Trail.



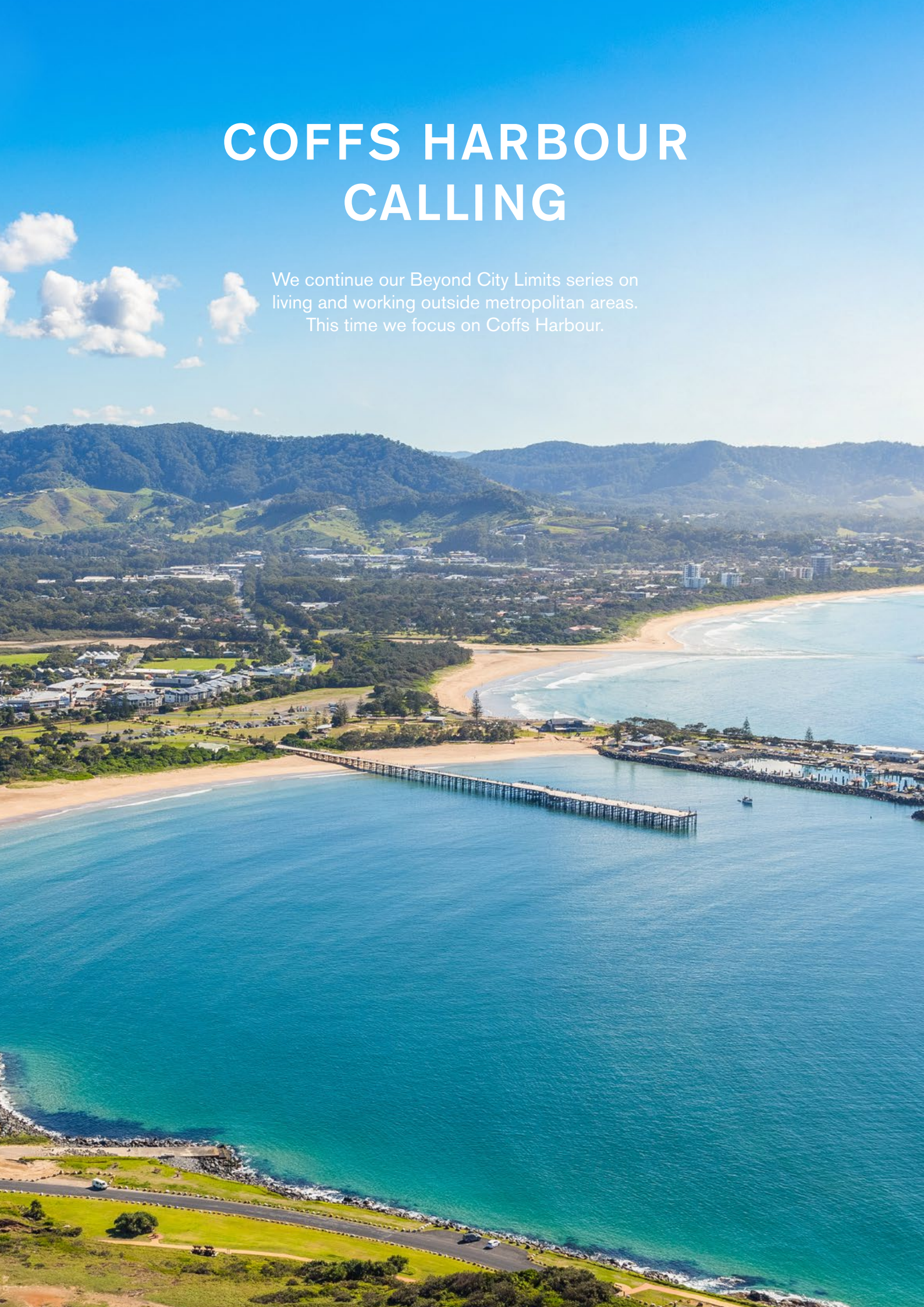
Dr David Choi also locumed and took advantage of the great outdoors.



One of the West Coast’s drawcards, Fox Glacier, descends from the Southern Alps down into temperate rainforest just 300 metres above sea level.

COFFS HARBOUR CALLING

We continue our Beyond City Limits series on living and working outside metropolitan areas. This time we focus on Coffs Harbour.



DR ANGELA SUEN

Watching whales from her backyard in Coffs Harbour on the mid north coast of NSW is one of the joys of winter for anaesthetist, Dr Angela Suen.

DR ANGELA SUEN AND her partner, Dr Karen Wong, have been living in Coffs Harbour since 2014 when they moved from Sydney to take up anaesthesia positions at Coffs Harbour Health Campus. Dr Suen was appointed director of anaesthesia at the hospital in October 2018 and she heads a team of 11 FANZCAs. Dr Wong, a specialist anaesthetist, is an ANZCA supervisor of training in the department.

Half way between Brisbane and Sydney, Coffs Harbour is a booming coastal city. It is the hub of the Coffs Coast region and is surrounded by the beach and hinterland communities of Bellingen, Dorrigo, Sawtell, Nambucca, Coramba and Woolgoolga. With a growing population of about 73,000 people, the region is home to a broad mix of residents. Retirees flock to the area but there is also a steady influx of young families, students and backpackers.

With its sandy surf beaches, national parks, marine reserves, rocky headlands and mountain escarpments, the region is also an adventurer's dream especially for those into kayaking, fishing, bike riding, surfing and four-wheel driving. And if you're into kitsch Australian landmarks, the iconic Big Banana is a must-see! For foodies there is also a buzzing dining scene.

"I came to know about Coffs when I heard glowing reports about the place from Karen who came up here for her rural rotation from Prince of Wales Hospital," Dr Suen explained.

Dr Angela Suen heads the anaesthesia department at Coffs Harbour hospital.



"Having spent the majority of my training time in Sydney at Royal North Shore and Royal Prince Alfred hospitals, moving to Coffs Harbour was quite a change, but the great lifestyle Coffs Harbour offers makes it easy to adapt."

"Living and working in Coffs Harbour allows for a completely different lifestyle to metropolitan areas. Life outside of work is relaxed, but not isolated, with great cafes, and restaurants, and ample opportunities for outdoor activities. The clinical workload is interesting and varied, and the exposure to high acuity surgical cases ensures that we maintain our skills as generalist anaesthetists."

The Coffs Harbour Health Campus is a 292-bed regional hospital with construction now under way for a \$194 million five-storey (including helipad) clinical services building expansion with funding from the NSW Government. The first stage is expected to be completed by 2021.

Attracting and keeping medical specialists like Dr Suen and Dr Wong to work and live in Australian rural and regional areas is an ongoing challenge for state and federal health departments. The federal health department recognises this and funds specialist registrar positions through specialist medical colleges under its Specialist Training Program (STP). Additional training positions are now funded through a new STP Integrated Rural Training Pipeline (IRTP) initiative.

"Working in regional hospitals often requires us to be 'jacks-of-all-trades' if you will. This is a substantial advantage for registrars and residents wishing to gain exposure to a variety of specialties. At Coffs Harbour, trainees can expect to be exposed to surgical subspecialties such as vascular, ENT, paediatrics, obstetrics and orthopaedic surgery," Dr Suen said.

"While many registrars often feel apprehensive about rural placements at the beginning, by the end of their rotations they often report to us that they have enjoyed it very much and feel that they had opportunities to gain skills such as more complex shared decision-making and perioperative planning, which they may not have had in the city."



DR STEPHANIE NAIM

“We have such a strong sense of team in our department, with everyone going above and beyond to keeps things going.”

Dr Angela Suen, Dr Matt James and Dr Stephanie Naim



There are two STP-funded training positions among the six vocational registrar positions, and 11 visiting medical officers (VMOs) in the Coffs Harbour Health Campus anaesthesia department. The registrars include a 12-month independent ANZCA trainee (Dr Stephanie Naim, pictured), one rotational registrar from Royal North Shore Hospital (Dr Matt James, pictured), two rotational registrars from Westmead Hospital, one rotational registrar from Prince of Wales Hospital and one from Gosford Hospital. The department also takes on emergency and intensive care trainees.

Reflecting on 2020 so far and the months leading into it, Dr Suen said it had been a period unlike any other: “In November 2019, Coffs Harbour and its surrounds were threatened with bushfires. Many of our medical and nursing staff were affected, and unable to attend work, as they were either defending their homes or unable to get to work. This impacted our perioperative services significantly, however, the outstanding level of care we provide to our patients at Coffs Harbour Health Campus did not waiver. We have such a strong sense of team in our department, with everyone going above and beyond to keeps things going. Consequently, this allowed our registrars and residents to continue to advance their skill levels, and assist with procedures that they may not have been exposed to in larger metropolitan hospitals.”

“The 2020 pandemic of COVID-19 presented further challenges for healthcare services everywhere. It was particularly challenging for a small anaesthetic department like ours, with the amount of work that needed to be done to prepare ourselves for the potential inundation of COVID-19 patients into our facility.

“This involved all members of the anaesthetic department working collaboratively with other parts of the hospital to create a plan and provide education and training, to ensure preparedness of all staff.

“It provided an opportunity for us to continue to reflect on our practice, taking valuable lessons from our colleagues in the metropolitan areas of Sydney and Melbourne. Fortunately, the mid-north coast has not had any community transmission of COVID-19 to date. For that, we are very thankful to be living further away from more populated areas.”

Carolyn Jones
Media Manager, ANZCA

The popular Coffs Harbour jetty



DR STEPHANIE NAIM had only been able to spend about a month with her husband at their new home in Sydney earlier this year before she moved to Coffs Harbour to start her first year training in anaesthesia at Coffs Harbour Hospital. She had spent the last three years at Sydney’s Westmead Hospital, working there as a critical care senior resident in 2019.

This is the anaesthesia registrar’s second stint in Coffs, having first spent 10 weeks there during her residency in mid-2018 rotating in an anaesthesia term.

“I really think I struck gold by coming here,” she told the *Bulletin* from her Park Beach apartment on one of her days off.

Dr Naim is an independent trainee in the Department of Anaesthesia at Coffs, working alongside trainees from Royal North Shore, Westmead, Prince of Wales and Gosford Hospitals. While she is not on a rotational scheme training program, her training is still ANZCA-accredited. She will be working as an independent accredited ANZCA trainee at the Royal Hospital for Women in Randwick, Sydney next year.

“It is definitely a fantastic place to start my training and learn the bread and butter of anaesthesia.”

The forged links between Coffs and the aforementioned hospitals enables Dr Naim to enthusiastically participate via video link in the fortnightly Westmead and weekly Royal North Shore primary exam tutorials.



“I’m now preparing for the primary exam early next year, so being able to access these learning opportunities is immensely helpful in my preparation.

“Working at Westmead for the past three years provided me with a fantastic grounding in clinical medicine. You see there the whole spectrum of presentations in terms of acuity and complexity. By the time I started as an intern at Westmead, I had already been contemplating training in anaesthesia ever since I had done a critical care placement as a medical student at Sydney’s Liverpool Hospital. I particularly enjoyed the anaesthesia component of that term. I was inspired by one of the anaesthetists there, Dr Blair Munford, who took me under his wing and showed me the diverse and essential roles of anaesthetists on a daily basis.”

Dr Naim explained to the *Bulletin* how one of the advantages of working in a large regional hospital such as Coffs Harbour with its small department is that it gives specialist trainees the opportunity and confidence to participate in and contribute to departmental discussions around new ideas.

“As an anaesthesia registrar, you do have more responsibility, and not necessarily just in a clinical capacity. Working with (department head) (Dr) Angela (Suen) here has been really fulfilling and rewarding. She has given me opportunities to come up with and action new ideas such as facilitating consults to our department via the electronic medical record programs or working on improving the visibility of ‘difficult airway’ alerts in these programs. We can make technology work for us and being able to develop processes to take advantage of this is really exciting.”

“Coffs is truly a great place for a trainee, whether they’re rotating from another network or carving out a path towards joining a scheme training program. It is definitely a fantastic place to start my training and learn the bread and butter of anaesthesia. The department is very supportive. Trainees all get broad exposure across general surgery, obstetrics and gynaecology, trauma and elective orthopaedics, plastics, urology, ENT and dental surgery, as well as paediatrics. If you’re on call, you might get called in for anything from an emergency laparotomy or caesarean section to requests for epidural blocks on the birthing unit. Outside of work, if you did want to move away from the hustle and bustle of the city, this is the perfect place to unwind. It’s a beachside coastal community, but with lots of other nearby areas to explore such as huge parks and small towns.”

Dr Naim hasn’t ruled out returning to the region to work in the future: “I would definitely consider returning here down the track after fellowship.”





“As a trainee at Coffs Harbour I was exposed to most facets of anaesthesia including trauma, obstetrics and paediatrics.”

DR MATT JAMES



“I chose the rural preferential pathway which meant I could do a placement at Port Macquarie Base Hospital on the mid-north coast. I then had placements at Royal North Shore Hospital including in ICU as a critical care resident,” Dr James told the Bulletin.

“It was when I was going into my first year as an intensive care registrar that I decided to pursue anaesthesia as my specialty so I then completed a year in the anaesthesia department at Ryde Hospital in 2019. The main difference moving into anaesthesia was that I went from taking care of an entire room of patients with multiple medical conditions and health issues to having one patient a time for a period of time while they are under your care.”

HAVING SPENT SEVERAL years studying finance and accounting and then working in an advertising agency in Sydney Dr Matt James is a latecomer to medicine and anaesthesia.

The 34-year-old registrar recently finished a six-month placement at Coffs Harbour Hospital as part of his 12-month training rotation with Sydney’s Royal North Shore Hospital. The keen surfer made the most of living across the road from Park Beach and regularly swam and surfed in between his work shifts at the hospital.

Born in Manly, Dr James completed a business degree at UTS in Sydney after leaving school and worked in advertising and marketing companies for several years. Conversations with friends who were studying and working in medicine sparked his interest and he started studying for the Graduate Medical School Admissions Test (GAMSAT). After passing the test he had a high enough score to enroll in the Bachelor of Medicine/ Bachelor of Surgery (MBBS) program at Notre Dame University in Western Australia.

Clinical placements in the Kimberley and Margaret River regions in WA during his study introduced Dr James to rural and remote medicine and also gave him the opportunity to combine medicine with his love of the outdoors and surfing.

His next challenge was then to return to NSW and start seeking internships at hospitals there.

“As a trainee at Coffs Harbour I was exposed to most facets of anaesthesia including trauma, obstetrics and paediatrics. On a day-to-day basis we shared the roster and there were six registrars, all at various levels of training. On evening shifts we worked from 3.30-11.30pm and then if you were rostered on the night shift you went home with the phone in case you need to be contacted.”

Although he has now returned to Sydney for the next stage of his training he hasn’t ruled out returning to Coffs Harbour after fellowship.

“I grew up on the east coast of Australia and I love the beach lifestyle. In Coffs Harbour everything is so close to the water and property is cheaper. I could see the ocean from my balcony and it was great to be able to walk over the road and have a surf before work.

“It has been a strange few months because of COVID-19, especially with elective surgery being scaled back. Looking forward, though, the hospital is expanding and being modernised with new theatre facilities. There are beautiful coastal walks near the towns of Bellingen and Dorrigo with Sapphire and Emerald beaches also being a short distance away.”

Watch Dr Matt James talk about his experiences in Coffs Harbour on the ANZCA website.



BEYOND CITY LIMITS

Working where the grass is greener

ANZCA fellows and trainees are making the leap and finding that moving out of the big cities to take on roles in rural and regional cities and towns is worth it. In the first of a new series the *Bulletin* is seeking out those who are making the most of living and working away from the big smoke.

Shepparton

Dr Helen Roberts has lived in Shepparton, 180 kilometres north of Melbourne in central Victoria, for the last four and a half years. Eighteen months ago she was appointed Director of Anaesthetics at GV Health, the main health service in the Goulburn Valley region.

After her appointment had been confirmed the ANZCA fellow couldn't help but think back to a conversation she had several years earlier while working as a registrar in South Yorkshire in the UK where she did most of her anaesthesia training.

"My bosses at the time predicted that leading a department or running a registrar training scheme at a major regional hospital was where I would most likely end up. I didn't believe them but as it turned out, they were right."

Attracting and retaining medical specialists like Dr Roberts to work and live in Australian rural and regional areas is challenging. The federal health department recognises this and funds specialist

registrar positions through specialist medical colleges under its Specialist Training Program (STP). Additional training positions are now funded through a new STP Integrated Rural Training Pipeline (IRTP) initiative.

Dr Roberts, who is also an associate fellow of the Royal Australasian College of Medical Administrators, leads a team of nine full-time equivalent staff anaesthetists along with a small pool of visiting medical officers (VMOs). This year she also has five trainees on 12 month independent ANZCA training placements as registrars and another two trainees on rotation for four to six months through the Victorian Anaesthetic Training Scheme (VATS).

"My hope is that with the increased exposure to working and living in a regional town, they (trainees) see the opportunity and come back to work with us, or at another regional centre, as consultants," Dr Roberts said.

GV Health caters to a population of 120,000 people in greater Shepparton and southern

NSW. The health service says its community experiences high rates of chronic illness such as respiratory disease, cancers, cardiovascular disease and diabetes. Road accidents, farm injuries and work related injuries are also common and mental health services are increasingly in demand. Nearly 4 per cent of the population is Indigenous, a significantly higher level than the state average of 0.8 per cent.

Dr Roberts is hopeful the anaesthesia department will be considered for STP funding. She says the feedback from registrars who have lived and worked in Shepparton, a two-hour drive from Melbourne, has been positive and encouraging.

"Every one of the trainees who has been here in the last few years are now all pursuing their anaesthesia training. We're lucky here in that we have been supported by GV Health to expand our opportunities for trainees but it's true the jobs have to be attractive to encourage people to live and work here," she told the *ANZCA Bulletin* in Shepparton.

"There are different opportunities when you leave the city and the metropolitan hospitals but I would say to someone 'if you want to practise true 'general anaesthesia' you can do that here, you can also have interests and be a clinical lead for a variety of subspecialties.

"We are active in promoting research in the department and are involved in a number of current ANZCA trials and network studies (ROCKeT, POISE3 and the upcoming VAPOR-C)."

One ANZCA fellow who has embraced Shepparton with its mild climate and rural lifestyle is Dr John Hay. Dr Hay joined GV Health's anaesthesia department two years ago after moving his family – his wife Sarah, a radiographer and their three young sons – from Auckland.

"We've bought a house, settled in and the children are already booked into high school. We've really got the best of both worlds here. We're two hours from Melbourne and it takes me four minutes to get to work (once I've dealt with the chickens at home). We love living here and there's plenty of space for the children to run around."

Dr Hay is also a supervisor of training and part of the attraction of the role for him in Shepparton is the opportunity it provides to focus on medical education – an interest he also shares with Dr Roberts. He teaches small group tutorials once a month at the University of Melbourne's nearby Goulburn Valley regional training hub.

"This is my first consultant position having come from Auckland Hospital where I had a fellowship. Working in a regional hospital means that while you focus largely on general anaesthesia services you also get a broad mix of cases. We get a lot of bowel, skin and thyroid cancer cases, liver disease cases and elderly patients requiring full or partial hip replacements. We do limited paediatric cases and all cardiac, vascular and neurosurgery cases are sent to Melbourne."

One of Dr Hay's colleagues, fellow Dr Lekha Walallawita, moved to Shepparton nearly three years ago from Western Australia to take up a position at GV Health as an anaesthesia consultant.

The obstetric lead anaesthetist says she and her husband, a GP, have settled into the area and their daughter is in year 8 at school.

"We're very happy here after making the move from Perth. My youngest daughter has settled into school and my other daughter has just finished university in Melbourne."

Since taking over the director role Dr Roberts has, with the support of GV Health management, introduced a 24/7 anaesthesia service. Instead of an "on call" service an anaesthesia registrar or consultant is on site at the hospital every night.

Dr Roberts' department is just one of many at GV Health that will benefit from the \$170 million state government-funded redevelopment project now under way. The much needed building works will double operating theatre space by 2021 and increase the number of patient beds. A new day service dialysis unit has recently opened and radiology services will also be expanded.

"In the time I have been here I have noticed a lot of change," Dr Roberts said.

"The population is not only increasing but it is also getting younger. It's a very diverse community. There's a growing café culture, local breweries have opened and then there's also the region's agricultural heritage with its established orchards and fruit industry," she explained.

"It's a friendly place to live and you can establish a rewarding and interesting life here by tapping into the local community. GV Health understands the importance of providing services that the locals need and they are also focused on forging links with other hospitals, medical students and junior doctors."

Big tick for rural placements

According to a recent study by the University of NSW Australian junior doctors working in regional areas had a higher level of satisfaction than those in metropolitan centres.

Overall work satisfaction was 85 per cent for both rural and metropolitan junior doctors but individual external factors, including a better work-life balance, obtaining leave, support network and leisure interests in regional areas had a higher satisfaction rate.

The research concluded that regional towns needed to emphasise the benefits of working in regional areas, and perceived weaknesses needed to be mitigated in order to attract young doctors. The national study aimed to discover more about recruitment and retention of junior doctors, which ultimately underpins the future of regional healthcare.



Recipients were asked what percentage of their workforce were aged 60 and over. One noted that two consultants were aged over 70 and five were aged between 60 and 70. Another reported that one VMO was aged over 60 and three VMOs were over 55.



Opposite from left: Dr Helen Roberts, Dr Nathaniel Hiscock, Dr David Chan and Dr Lekha Walallawita at Goulburn Valley Health in Shepparton. Right: Shepparton's thriving café culture. Photos: Penny Stephens

Shepparton's lake is a drawcard for locals and visitors.



Street art in Shepparton



Australia's medical workforce

One of the key principles underlying Australia's universal healthcare system is that no social, economic or cultural group should be disadvantaged when accessing healthcare services, so that everyone is able to achieve optimal health outcomes. However Australians living in rural and remote areas often experience challenges in accessing healthcare services, which is a leading cause of disparities in health outcomes.

Australia's health workforce (similar to that of many countries) is geographically maldistributed, with access to specialist services significantly lower in rural and remote Australia – 80 to 90 per cent of specialists now work in metropolitan areas, with less than 5 per cent working in rural and remote Australia. Approximately 28 per cent of Australians live outside of major metropolitan areas.

To reduce medical workforce shortages and improve geographical distribution, governments and universities have opened six new medical schools since 2007, increasing the number of graduating doctors by 86 per cent. While the intent was that many of these new doctors would "trickle down" to rural and remote areas, the evidence suggests that this is not occurring at the hoped-for rates.

Addressing health workforce maldistribution is complex due to the myriad funders and stakeholders involved as well as the length of medical training.

For anaesthesia, data from the Department of Health's National Health Workforce Dataset shows that in 2017:

- 84 per cent of anaesthetists in Australia were in major cities (compared with 72 per cent of the population).
- 90 per cent of anaesthetists in Victoria were in major cities (compared with 78 per cent of the population).

Above right: Dr Nathaniel Hiscock and Dr David Chan.



Working in the regions – the trainee experience

Registrar Dr David Shan has been living and working in Shepparton at GV Health since August and says a regional consultant position is something he would consider when he finishes his anaesthesia training.

Dr Shan, 32, is an anaesthesia registrar on rotation from The Alfred Hospital through the Victorian Anaesthetic Training Scheme (VATS). He and fellow registrar Dr Nathaniel Hiscock are making the most of their regional clinical experience in Shepparton working with GV Health's Director of Anaesthetics Dr Helen Roberts.

Dr Hiscock, 28, received one of the three ANZCA Renton Prizes awarded this year to candidates who reached the highest marks in their primary ANZCA exam.

As he continues with his anaesthesia training Dr Hiscock told the *ANZCA Bulletin* that he was very relieved to have secured a position on the VATS' Eastern Rotational Training Program. He will now be moving to Box Hill Hospital next year before completing his training at St Vincent's Hospital.

"To be honest, the job (search) situation was far more stressful than the exam," he explained to the *Bulletin*.

"Getting onto anaesthetic training is incredibly competitive. I missed out on a training scheme place last year, and am very grateful to have been given this opportunity at GV Health.

"The anaesthetic department is very supportive both from a training and teaching perspective," he explained.

"While we do a fair amount of work at night and on weekends we do have a good work-life balance."

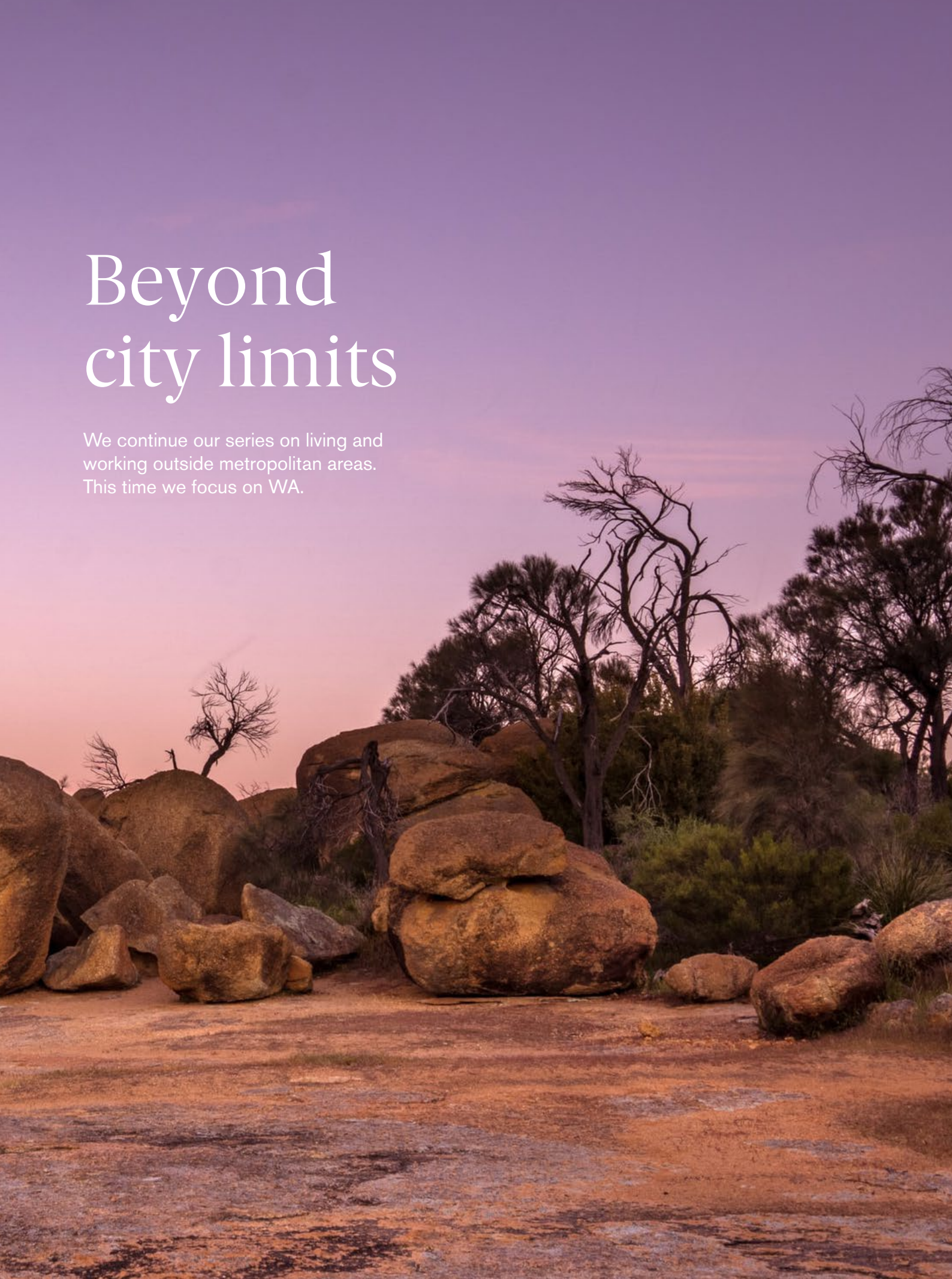
Both Dr Shan's wife and Dr Hiscock's partner live in Melbourne so they're used to making regular two-hour trips down the Hume Highway but there's no shortage of social events and get togethers when the registrars are in Shepparton with their colleagues.

"The anaesthetic and theatre staff are very supportive here," Dr Shan said.

"Helen (Roberts, GVA Health HOD) really looks after her trainees, is very considerate about our welfare and she's also very accommodating with our requests!"

Beyond city limits

We continue our series on living and working outside metropolitan areas. This time we focus on WA.



Going west to get the best of both worlds

ANZCA fellows in Western Australia have a vast area in which to live and work. Here, we speak to some of them to get their thoughts on how they navigate life in regional areas.

DR EMILY FERGIE thought there was something familiar about her patient at the Albany Hospital so when she heard “I knew you as a toddler” she knew she had been right.

Having grown up in a farming community in Kendenup, a small town near Albany, 400 kilometres south-east of Perth, Dr Fergie realised that the patient was an old friend of her parents. She couldn’t help but think that the chances of seeing a familiar face from her childhood would have been unlikely while she was completing her anaesthesia training in Perth.

Dr Fergie is one of several ANZCA fellows in WA who grew up in regional or remote areas of the state and who have either worked or returned to work as specialists in their home regions. A Perth-based consultant anaesthetist she now spends two days a week working in Albany at both a private hospital and Albany Hospital.

She and her family stick to a tight weekly schedule. Every Wednesday afternoon she and her 14-month-old son Raphael board a Rex Airlines flight from Perth for the 50-minute journey to Albany. Her husband, an engineer, flies in for the weekend and they spend time overseeing the building of their new home outside Albany before returning to Perth on Sunday night. She then works another day in Perth during the week.

Below: Late afternoon on Busselton beach, a popular spot in the heart of WA’s south-west surfing mecca. Photo: Carolyn Jones.



Dr Fergie first trained as a GP anaesthetist, moving east to Wangaratta Base Hospital in Victoria in 2007-8. She gained her ANZCA fellowship in 2016. One of her two brothers, Alex, trained as an emergency doctor and he also works at Albany Hospital.

“Having a balance between work and other interests has always been important to me and I have always thought about the best way to set up a practice and have a family. A few things came into play in the last couple of years which has made it all possible,” she told the *Bulletin*.

“Being able to return and work as an anaesthetist in the community where I grew up is not only very rewarding but I’m also working with a group of talented specialists in the area including rural surgeon Mr Tom Bowles and palliative care physician Dr Kirsten Auret. The quality of healthcare in Albany is excellent and the GPs and GP anaesthetists here are extremely dedicated and committed to the community. There’s also a strong culture of fostering excellence in clinical leadership and surgical and specialist training too.”

Medical and hospital services in WA’s Great Southern region have expanded in recent years to cater for the burgeoning population of retirees and downsizers, many of whom have relocated from Perth. Many procedures and operations can now be performed in Albany in either the public or private system. Until a few years ago patients and their families would have had to travel to Perth for consultations with some specialists and now this is becoming more of a rarity rather than the norm.

Dr Fergie studied medicine at the University of Western Australia after receiving a RAMUS (Rural Australia Medical Undergraduate Scholarship): “At the time I wasn’t on a bonded scholarship so there was no onus on me to return to a rural or regional area after I had completed my medical degree but I soon realised that the pull of family, community and life-long friends were important to me.

“When you’re working in a smaller community you form long-term relationships with both patients and the other staff you work with. I feel very honoured to work with some inspiring, dedicated and very talented people. I really do feel blessed to be able to come back and work in the area that supported me when I was growing up.”



“I really do feel blessed to be able to come back and work in the area that supported me when I was growing up.”

Anaesthetist Dr Emily Fergie with her son Raphael divides her time between Perth and Albany in WA's south-east. Photo: Carolyn Jones.

Dr Fergie also takes on locum work when possible. Earlier this year she spent time in the Pilbara and in Kununurra in the state's far north-west and likes to work in other rural areas where possible.

Like Dr Fergie, Perth obstetric anaesthetist Dr Graeme Johnson also grew up in regional WA. A member of ANZCA's WA Regional Committee, Dr Johnson spent his early childhood in Esperance and York, the oldest inland town in WA, 97 kilometres east of Perth. He first trained as a GP anaesthetist in 2006 and spent three and a half years in Kununurra at a 32-bed hospital before gaining ANZCA fellowship in 2016.

He has also worked in Derby and Kalgoorlie and has extensive experience working with local Aboriginal communities in the Kimberley region of Western Australia.

“If you've grown up in a small town it's far less foreign to venture and work in small towns. For me it was far less daunting as I think I had an understanding of the dynamics of living and working in a small community, more than if I had only been raised in the city,” Dr Johnson explained.

“There's definitely a comfort factor as it means you have an idea on how to integrate more easily into a small community. With a family you can understand the appeal of smaller communities in many ways. My motivation for when I was living in the remote north of the state concerned equity of health access and service to the community. I do think the remote, rural medical practice experience helped to make me a better doctor. I have learned not to worry so much about the small stuff.”

Two hundred kilometres south of Perth anaesthetist Dr Sean Oberholzer works as a consultant in Busselton and Bunbury in both the public and private sector. A former South African body boarding champion, Dr Oberholzer migrated to Perth from Cape Town five years ago. He spent his first year in Australia working at Fiona Stanley Hospital and then settled in Yallingup in the heart of WA's south-west surf mecca. Yallingup is a 25-minute drive from Busselton and a one-hour drive from Bunbury.

Dr Oberholzer splits his working week as a visiting medical officer (VMO) between Busselton Hospital and Bunbury Hospital and enjoys his work life balance. He and his wife Angela, a yoga teacher, live on a one hectare property with a vegie patch. The beach is a 10-minute walk away.

“When I first arrived here in Busselton and Bunbury the region was short of anaesthetists. Now the situation has improved and I'm working hard trying to build up my own practice and doing relief work when I can.”

Though he doesn't get to body board as much as he would like Dr Oberholzer says there are many advantages to living and working in a regional area.

“There's virtually no traffic – just four traffic lights when I drive to Bunbury – and we're surrounded by great food and good wineries. We have some of the most beautiful beaches in Australia here and last year Yallingup was crowned as Australia's Best Town (by *Australian Traveller* magazine).”

“When I first arrived here in Busselton and Bunbury the region was short of anaesthetists. Now the situation has improved and I'm working hard trying to build up my own practice and doing relief work when I can.”

Busselton has three operating theatres and carries out elective eye surgeries, joint replacements and gynaecological, urological and general surgeries. Back in South Africa, much of Dr Oberholzer's work was dominated by trauma cases – mainly stabbings and gunshot wounds. In Busselton and Bunbury Dr Oberholzer works closely with the hospitals' GP anaesthetists and says there is far more support for consultant anaesthetists in Australia than in South Africa.

Bunbury Hospital, where 8000 theatre cases are carried out each year, is the only rural training site for anaesthetists in WA. The hospital has two Specialist Training Program (STP) anaesthesia trainees each year – and has also assisted the College of Intensive Care Medicine with STP anaesthesia rotations in the past.

Dr Miles Earl, Busselton hospital's clinical lead, anaesthesia, moved his young family to Margaret River from Perth in 2015. After acting in the clinical lead role he formally took on the position two years ago.

Born in Perth he completed his medical degree in Queensland and did anaesthesia fellowships in paediatrics and trauma in Adelaide and London before returning to Perth. The Margaret River holiday home he and his wife owned eventually became their primary residence when he started taking consultant positions in Bunbury and Busselton.

Dr Earl said the time he had spent away on fellowships made it that little bit harder to secure salaried roles in Perth so he and his wife decided to move down south. At first he was driving between Margaret River, Bunbury Hospital and Busselton Hospital, notching up 40,000 kilometres a year. But the opportunity to take on a salaried position at Busselton meant he could spend less time on the road and more time with the family.

“It was a big decision to make after I received a phone call offering me a position in Bunbury but we were familiar with the area and it was a significant role. I'm lucky now in that I only have a 30-minute drive to work so I do have a better work/life balance.”

Since taking on the permanent leadership role in Busselton Dr Earl has established an acute pain service at the hospital and plays a key role in managing the crucial ongoing relationship between specialist anaesthetists and GP anaesthetists at the hospital.



Above: WA anaesthetist Dr Sean Oberholzer. Photo: Carolyn Jones.

“My goal is to maintain a robust and safe clinical service and ideally work towards having an anaesthesia trainee, possibly on a regional fellowship arrangement,” he explained.

Busselton hospital is the regional WA leader in eye surgeries and aims to perform 300 joint replacements this year. In addition to gynaecological, dental and general surgeries it has a 24 hour, seven days a week epidural service.

Dr Earl admits that some of the challenges of daily life such as car breakdowns can be just that little harder to fix when you're living in a regional area.

“Trying to organise car hire or a lift from a surgeon to get from home to the hospital after your car engine blows up can be a bit trying but you end up doing what you can and it all works out in the end.”

Carolyn Jones
Media Manager, ANZCA

Vital role for simulation education in WA regions

Over the past 10 years Dr Claire McTernan has grown quite attached to 3G SIM man, a well-travelled high fidelity mannequin that she and several other anaesthetists and anaesthetic technicians in Western Australia use for simulation education in emergency airway skills management (EAM).

SIM man is key to the lectures and workshops that Dr McTernan, a consultant anaesthetist at Fiona Stanley Hospital in Perth helps roll out to remote and rural hospitals in WA as part of a team that is funded by the Federal Department of Health.

As one of the clinical leads for the Medical Specialists Outreach Assistance Programme (MSOAP), Dr McTernan works closely with the co-ordinator, anaesthetist Dr Christine Grobler from Royal Perth Hospital and lead anaesthesia technicians Janice Haydon and Selvan Govindhan-Vairavan to ensure that hospitals in regional and remote areas such as Kununurra near the Northern Territory border, Albany to the south, Merredin to the east and Geraldton to the north, have access to the team's simulation and clinical expertise.

Dr McTernan explained the logistics of each visit: "The team either flies or drives depending on the distance from Perth. Once the team arrives, it's straight to the hospital. We first meet with the nurse manager to choose the areas we can setup for our lectures and workshops. We also go through their difficult airway trolley, their crisis trolley with anaphylaxis and their malignant hypothermia (MH) and local anaesthetic systemic toxicity (LAST) boxes and make sure they are standardised.

"We look at local protocol for calling for help and how to get blood etcetera. We also find out about any big code blues (such as trauma, airway bleeding,

anaphylaxis, obstetrics) that may have happened in the hospital of late. We often recreate these scenarios so further learning can occur and also to test drive any new policies and protocols such as local massive transfusion that may have changed as a result of the experience.

"We then get down to reassembling SIM man and hope that he has survived the journey as we send him and other equipment in 15 silver boxes by road train two weeks ahead of our arrival. The hospital nurse manager then takes delivery and puts him in storage until we arrive."

The SIM man they use is quite versatile and high fidelity, being able to recreate cardiac arrhythmias, airway disasters, burns and trauma. He can even be transformed into a pregnant woman for obstetric scenarios.

"The program started about 15 years ago with the aim of providing airway crisis management education for both adult and paediatrics," Dr McTernan said.

"Learning is facilitated through lectures, workshops and simulated scenarios for up to 20 people (usually emergency department GPs, GP anaesthetists, theatre and emergency nurses and the odd medical student thrown in!)."

The team is planning three visits this year (half the number of annual funded visits from when the program started as an initiative with the WA Centre for Remote and Rural Medicine and Dr Leigh Coombs, the then head of anaesthesia at Royal Perth Hospital). It runs as a joint program between Fiona Stanley Hospital, Royal Perth Hospital and Perth Children's Hospital.

Dr McTernan said the feedback from participants was extremely positive as the sessions were not only informative and realistic but also gave the participants a chance to debrief difficult cases.

All the clinical leads involved in the program hold a fellowship in simulated medicine and are experienced in adult debriefing.

*The EAM team would like to acknowledge and thank lead anaesthetic technician Janice Haydon for all her hard work with the program over the past 15 years. They're looking forward to working with her successor Selvan Govindhan-Vairavan.

Carolyn Jones
Media Manager, ANZCA



Top right: Dr Claire McTernan, consultant anaesthetist at Perth's

Fiona Stanley Hospital. Below: Dr McTernan (left) with colleagues from the EAM program.



WA rural anaesthesia voice says regional focus is important



Dr Pat Coleman, a strong advocate for rural anaesthesia, at home with his boys Fergus and Ned.

PERTH ANAESTHETIST AND

specialist pain medicine physician Dr Pat Coleman isn't fazed when he rings a fellow or a GP anaesthetist, only to be greeted with "Oh, hello Lord Vader."

As clinical lead (anaesthesia) for the WA Country Health Service (WACHS), the largest country health service in Australia covering 2.5 million square kilometres, Dr Coleman has spent the past 10 years in a key role that involves supervising all 20 hospitals with operating theatres in WACHS outside Perth.

His position not only involves purchasing equipment and drugs (to keep rural hospitals up to date with their metro-based counterparts), training, up skilling and credentialing of GP anaesthetists, trainee registrars and WA rural generalists but also investigating and advising fellows on adverse outcomes. In addition the role involves selection and support to rural based or visiting FANZCAs of which there are about 15-25 living in the state's rural areas.

His previous role was as head of anaesthesia at Bunbury Hospital, the largest hospital in WACHS.

"In some ways Lord Vader is an apt description of the work I do. My role is mainly supportive and directive as it defines anaesthetic clinical privileges for non-specialist anaesthetists but it can also be educational and directive as I have to make sure anaesthetists and GP

anaesthetists learn from adverse events and are taking on appropriate cases," Dr Coleman explained.

Adverse outcomes are also de-identified and presented at three monthly morbidity and mortality teleconferences involving WA regional hospital representatives.

A member of the Rural Special Interest Group (SIG) Dr Coleman is an important voice for rural anaesthesia, not only in WA but in the other states and territories too. While he continues to practice privately, his non-clinical WACHS role gives him some serious clout in the specialty in rural WA.

When he first took on the role after his return from Bunbury he asked for, and got from the WA Health Department, an ultrasound machine at a cost of \$A40,000 each for all 20 rural and regional WA hospital operating theatres.

"My role is to look after rural credentialing, teaching, adverse outcomes and policy for all of the 20 theatres located outside Perth so being able to achieve something such as the ultrasound purchase (and training on how to use them) can make a big difference to patient safety and quality throughout the state," he said.

His role also includes purchasing suitable anaesthetic machines and providing standardised intubation trolleys and video laryngoscopes

and sugammadex in all theatres. He has also provided and guided the use of fibrinogen concentrate for obstetric haemorrhage in all WA regional maternity sites with Dr Roger Browning, an anaesthetist from Perth's King Edward Memorial Hospital.

WACHS covers hospitals across seven administrative regions supported by the central office in Perth where Dr Coleman is based – the Kimberley, Pilbara, Midwest, the Wheatbelt, the Goldfields, the South West and the Great Southern region.

Dr Coleman often travels to regional WA towns such as Derby, Collie, Carnarvon and Geraldton for teaching and support of non-specialist and specialist anaesthetists.

He says compared to other states, WA's health system is a national leader in the collection of data on hospital cases and adverse events and credentialing. (One of Dr Coleman's Rural SIG data presentations is available at: <http://airr.anzca.edu.au/anzcajspui/bitstream/11055/17/1/Concurrent-session-45-1545-Pat-Coleman.pdf>).

"Data collection can be problematic in other states where they have multiple health services and no overarching supervisory lead," he told the *Bulletin*.

"This can manifest in such things as different types of video scopes or anaesthetic machines at different hospitals unlike in WA where equipment is standardised. Adverse outcomes at different WACHS sites are regularly analysed and changes made across all sites to prevent a re-occurrence."

Dr Coleman says the "tyranny of distance" has made it harder to attract specialists "out west" for temporary or permanent work and to entice them out of WA metro areas.

In his role on the Rural SIG Dr Coleman is hoping to raise the profile of rural anaesthesia among college fellows and trainees. Fellows who are interested in finding out more can contact Dr Coleman at Patrick.Coleman@health.wa.gov.au.

Carolyn Jones
Media Manager, ANZCA

BEYOND CITY LIMITS

For Dr Barbara Robertson, who spent 20 years as an anaesthetist in Shepparton, Victoria before moving to Albury Hospital in 2015 where she is now head of department, training and mentoring the next generation of clinicians is key to the future of the specialty in regional areas.



Dr Robertson has lived and worked mostly in rural and regional locations. Born on a farm near Dunkeld in Western Victoria she speaks candidly about the workforce issue that she and others in her department are increasingly concerned about.

“One of the big challenges facing anaesthesia departments in regional centres such as ours here in Albury is the ageing of the anaesthesia workforce,” she explains.

“Some of our anaesthetists are at the tail end of their careers and the fact is we need to attract a more diverse and younger group of trainees and anaesthetists.” It is hoped that incentives such as the Integrated Rural Training Pipeline (IRTP) program, by attracting trainees and younger specialists to the regions, could help reverse this trend.

Dr Robertson and Dr Michael Bulman, one of the hospital’s two anaesthesia supervisors of training (SOT), have effectively become de-facto ambassadors for the program that helps regional hospitals and health services such as Albury Wodonga Health to fund trainees. Their current IRTP trainee, 30 year-old anaesthetic registrar Dr Jason Kong, is in his fourth year of training having just returned to Albury, 320 kilometres north-east from Melbourne, after his metropolitan year at St Vincent’s Hospital in Melbourne. He and his wife Megan, a lawyer, have two young children. They have embraced the local lifestyle and have bought a house in Albury.

Speaking to the *ANZCA Bulletin* on a recent visit to Albury, Dr Robertson and Dr Bulman say the program is giving the anaesthesia department a much needed boost as Dr Kong is now mentoring first year trainees.

“The recruitment of anaesthetists to the region is a critical issue because of our ageing consultant cohort but programs such as the IRTP can go some way to helping,” Dr Robertson explains.

“Before we had access to the IRTP program we had rotating registrars through the Western anaesthesia rotation scheme and the ACT. It’s quite a difference now having a fourth year trainee in the mix with the junior trainees,” Dr Robertson explains.

“It means we now have a fourth year trainee like Jason who can mentor our first year trainees. Jason has now taken on a real leadership role and that benefits the department as a whole.”

Dr Bulman, who spoke to the *Bulletin* at the hospital during a break from emergency theatre cases, says there is sometimes a perception among trainees and specialist anaesthetists that working in a regional hospital can be limiting in terms of clinical opportunities.

“But that is far from the truth as we have a full range of procedures here that are by no means simple. There are wide varieties of cases so you are able to apply your trade across all specialties.

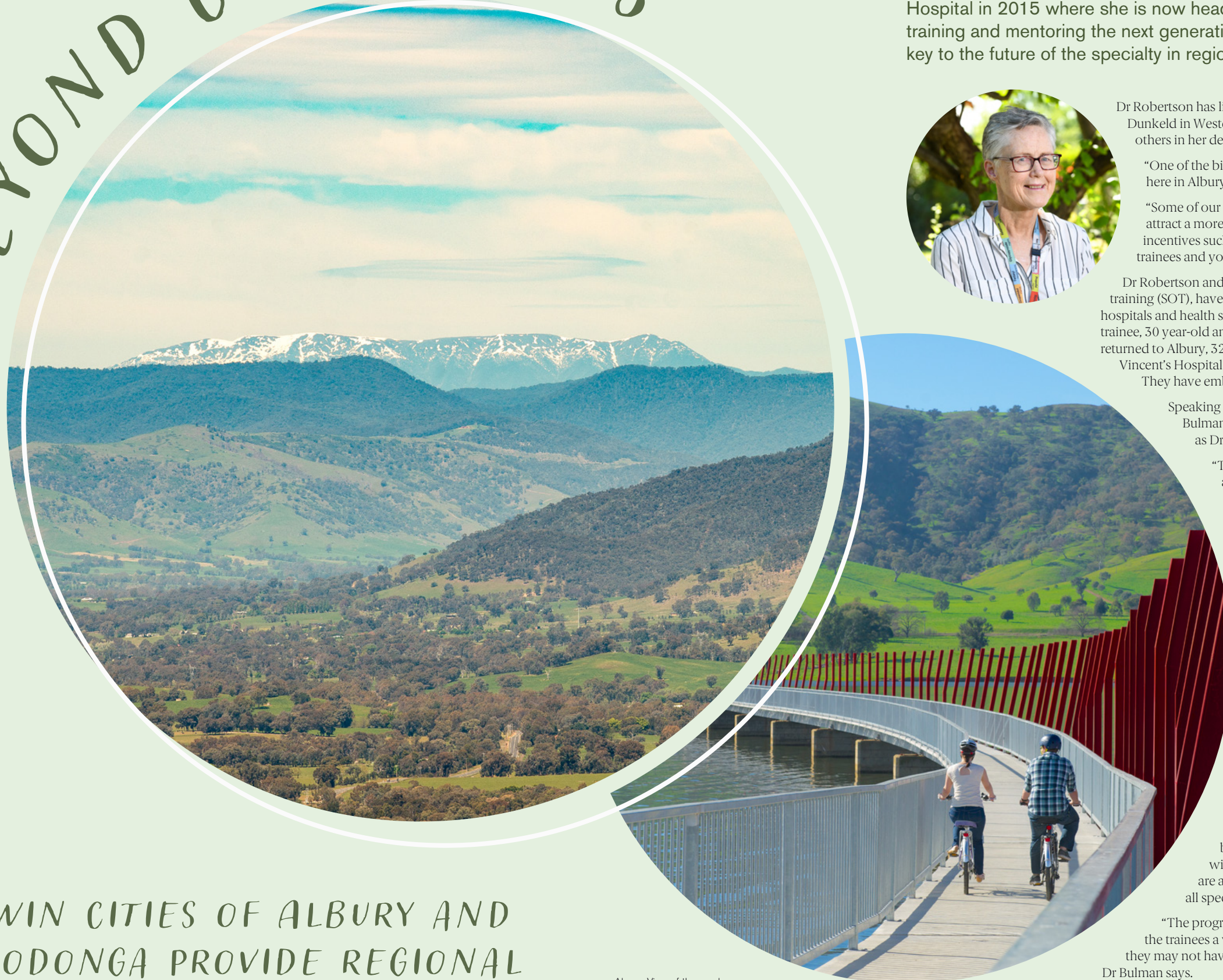
“The program gives the department and the trainees a viable training pathway that they may not have been able to access before,” Dr Bulman says.



“SOME OF OUR ANAESTHETISTS ARE AT THE TAIL END OF THEIR CAREERS AND THE FACT IS WE NEED TO ATTRACT A MORE DIVERSE AND YOUNGER GROUP OF TRAINEES AND ANAESTHETISTS.”

TWIN CITIES OF ALBURY AND WODONGA PROVIDE REGIONAL OPPORTUNITIES FOR TRAINEES

Above: View of the nearby snowfields from Albury NSW; a couple cycling over the Rail Trail Bridge.



“IT’S A PICTURESQUE AREA AND WE’RE CLOSE TO THE SNOWY MOUNTAINS, THE SKI FIELDS, THE WINERIES AND THE HUME WEIR.”



Clockwise from top: Fishing by kayak on the mighty Murray River; Moving the herd for milking on a dairy farm in North East Victoria; the region's cafe culture is thriving.

“Before this program we were regularly losing excellent junior doctors to Melbourne as there was no actual pathway for specialist training but now there is a real incentive for them to stay in the region.”

The hospital's two campuses in Albury and Wodonga cater for a population of about 250,000 with patients travelling from Wagga Wagga in the NSW Riverina and the Victorian towns of Mansfield and Yarrawonga. The hospital is due for a major upgrade, requiring a new hospital on one site, an initiative that has the support of the Independent federal member for Indi, Dr Helen Haines.

As an SOT Dr Bulman is keen to promote the region to anaesthesia trainees. He's a local from the area who, after completing his specialty training including a year at Addenbrooke's Hospital in Cambridge in the UK, returned to Albury to take up a role in the hospital's anaesthesia department.



Albury Hospital Supervisor of Training Dr Michael Bulman.

“I grew up here and now live on a small farm with my family 15 minutes down the road from the hospital. There are a lot of pluses living here. It's a picturesque area and we're close to the Snowy Mountains, the ski fields, the wineries and the Hume Weir. The cost of housing is a lot less than in the big cities.”

Dr Bulman says the IRTP program is a welcome and effective initiative that gives trainees an opportunity to move out

of metropolitan areas and experience living and working in a regional centre, often for the first time. Some trainees, like Dr Kong, end up loving the lifestyle and work arrangements by buying a home and settling there. As an IRTP trainee he receives three years of training at a rural site and one year of metro training.

When the *Bulletin* visited the Albury team Dr Kong was working on an all-day urology list that included radical prostate surgery. He had spent the previous year in Melbourne at St Vincent's Hospital and returned to Albury for the start of the 2022 hospital year.

Albury Hospital has seven staff anaesthetists and 15 visiting medical officers (VMOs). The department has also established links with three local private hospitals. Two anaesthetists are on call across the two campuses seven days a week although only the Albury campus has an ICU. (The hospital's Wodonga site has more day surgeries and handles caesareans and obstetric cases.)

Dr Bulman says because Dr Kong had previous experience at the hospital as a medical intern he developed an interest in pursuing anaesthesia as his training specialty after working with local anaesthetist Dr Eric Moyle, an expert in simulation education, perioperative medicine, intensive care and training. Dr Moyle was awarded the Albury 2021 Citizen of the Year for his innovative work developing ventilators for the hospital at the start of the COVID-19 pandemic.

Carolyn Jones
Media Manager, ANZCA

THE IRTP PROGRAM

The Integrated Rural Training Pipeline (IRTP) is a subset of the Commonwealth-funded Specialist Training Program, and provides 100 positions from 2022-2025 across all specialist medical colleges. ANZCA receives funding to support up to eight full-time equivalent positions under the program.

Twenty-six regional training hubs have been established under the IRTP to work with local health services to help stream students through the medical training pipeline.

Each IRTP post is designed to support one trainee over several years. The funding enables a specialist trainee to complete at least two thirds of their fellowship training in a rural or regional setting, with only limited metropolitan rotations.

The IRTP-STP funding contributes to salary support of the trainee, rural loading, private infrastructure and clinical support.



From top: Gourmet home cooked pizza at the Wodonga Community Pizza Oven; morning walk at Sumsion Gardens; live music at The Cube Wodonga Arts Precinct.

Photos: Peter Charlesworth.



DR JASON KONG



Anaesthesia registrar, Albury Wodonga Health

Dr Kong, 30, was born in Perth and moved to Melbourne to complete his medical degree at Monash University. He didn't realise it at the time but it was a connection through three very different circumstances that helped forge his path to Albury.

"I had been doing a bit of teaching and tutoring as a medical student and one of my clients was a family of five kids who were from Albury and were talking it up. At the same time one of my best friends from medical school had taken a job in Albury as an intern and a hospital medical officer so I thought why not do my medical elective in Albury.

"I was interested in critical care so I did my final year elective rotation in the Albury ICU/Anaesthesia Department in 2016 and got to know Dr Eric Moyle, a "triple threat" anaesthetist, pain specialist and intensivist. He's a former department head and is quite an amazing guy. I loved the rotation and the enthusiasm that Eric brought to education and all the skills I learnt doing my elective. That experience formed the basis for me seriously considering working in Albury long term. The more I thought about it, the more I realised that it ticked the three main boxes for me – great for the kids, affordable housing, diverse and interesting work, and amazing people to work with.

"I returned to Melbourne for internship and residency. I knew at that stage that I would end up in the country but there wasn't an Integrated Rural Training Pipeline (IRTP) program that I knew of. I was pursuing the Victorian Anaesthesia Training Scheme, working at Eastern Health and working on my resume. My PGY2 year was a bit of a rollercoaster. The normal pathway is to get a critical care year somewhere for PGY3. Unfortunately, I got zero offers for jobs, and I wasn't quite sure what was missing because I worked very hard on my resume and I had presented at the ANZCA Annual Scientific Meeting.

"I was staring down the barrel of doing a year of emergency department locums or maybe taking some time off. I then came across an ad on Seek for the IRTP program for Albury Wodonga Health. I applied and by some miracle got the job and started in 2019. I had the first year in Albury, a year in Wagga Wagga, a year in Melbourne at St Vincent's Hospital and now my fourth year back in Albury. There's now an option for a provisional fellowship year in Albury too. The goal for me is to be able to finish my anaesthesia training and to be able to go and do any of the lists here, and feel comfortable doing it. We do obstetrics, paediatrics, large combined plastics cases, amputations, joint replacements and major general surgery – pretty much everything except vascular, neurosurgery, cardiac and thoracics.

"It really is the greatest job in the world. It's so rewarding but it also has unique challenges.

"The hospital has a close relationship with St Vincent's in Melbourne. All heart and neuro surgery referrals go to St Vincent's. I saw a thoracic patient there while I was doing my metro year there last year and then when I came back to Albury earlier this year I saw the patient here."

Dr Kong and his wife Megan, a lawyer, have two children – Isaac, who was born in Albury in 2019 and Zoe, born last year in Melbourne.

"One of the painful parts of the program is having to move your family around but we have made it work. We bought a house in Albury and feel settled here.

"What makes or breaks my work for me has always been the people. As long as you are working with great people that you respect and get along with you are going to have fun anywhere. Albury Hospital is certainly one of those places that you get along with everybody and have fun but everyone takes the educational aspect pretty seriously. They really are motivated to make sure you get the most out of your training.

"We're lucky that we're close to the ski fields, the Snowy Mountains, wineries, the lake, and there's no traffic compared to Melbourne. Housing is affordable relative to the city and there are a lot of couples like us with young families. It only takes 40 minutes to fly to Melbourne and the airfield is just a 10-minute drive from the centre of town. There are some things that you would have to be motivated to figure out in your life like being away from parents and school considerations but the pros in my mind far outweigh the cons.

"At the end of the day you know that while you won't be doing world-leading anaesthesia for neurosurgery, you will come here and provide an excellent anaesthesia service of high quality, contribute to the department, and really enjoy your life here."

**"IT REALLY IS THE
GREATEST JOB IN
THE WORLD. IT'S
SO REWARDING BUT
IT ALSO HAS UNIQUE
CHALLENGES."**

What is the Specialist Training Program?

The STP is an Australian government program designed to extend vocational training settings for specialist trainees beyond metropolitan public teaching hospitals. The aims of the program are to:

- Improve the specialist workforce by providing quality training posts in different settings to broaden the participants' experiences.
- Increase the number of specialists working in regional, rural and remote areas.

Through the STP grant, specialist medical colleges provide a portion of the salary of trainees in non-traditional training settings, such as those in regional, rural or remote areas, private hospitals, aged care services and community health organisations. There are 920 STP training posts nationally, of which ANZCA receives funding for 42. As well as the salary component, the STP provides additional funding to health settings to cover extra costs that come with being an accredited training hospital in an expanded setting.

The Integrated Rural Training Pipeline (IRTP) provides 100 training positions across all specialist medical colleges (ANZCA receives funding for 9 IRTP posts). Twenty-six training hubs have been established under the IRTP to work with local health services to help stream students through the medical training pipeline. Each IRTP post is designed to support one trainee over several years. The funding enables a specialist trainee to complete at least two thirds of their fellowship training in a rural or regional setting, with only limited metropolitan rotations.

The STP is a capped program, with the number of positions held by ANZCA determined by the Commonwealth, with input from jurisdictional departments of health. For further information please contact the team at stp@anzca.edu.au

