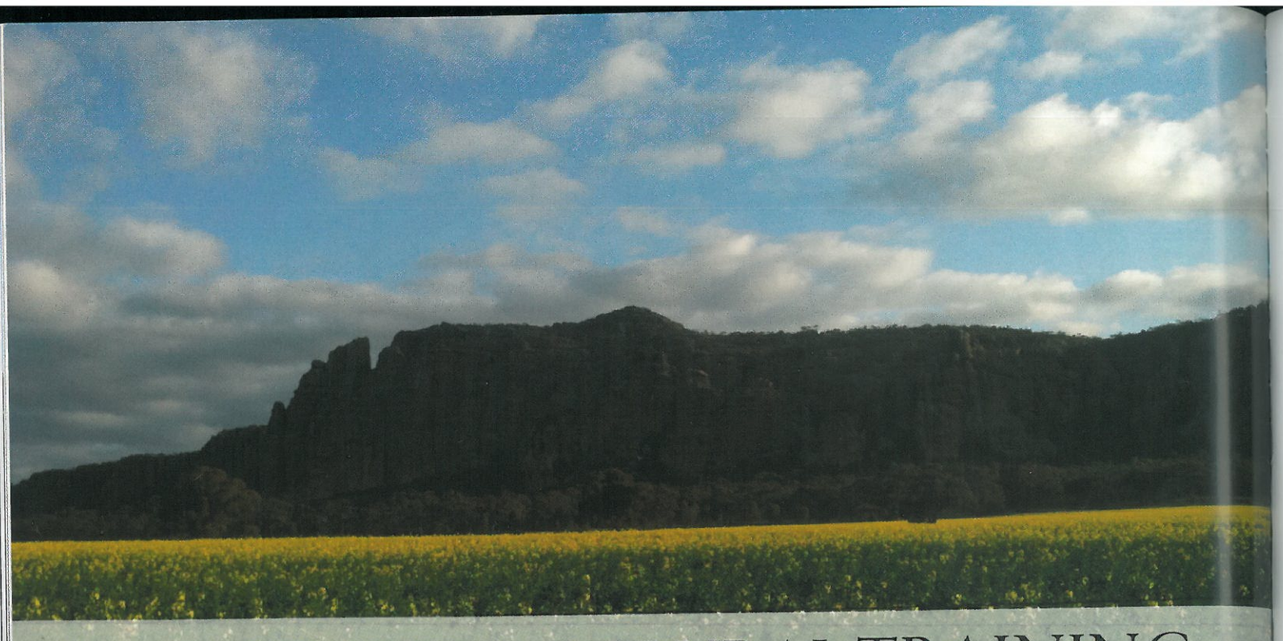


THE BENEFITS OF RURAL TRAINING

A perspective from two rural surgeons

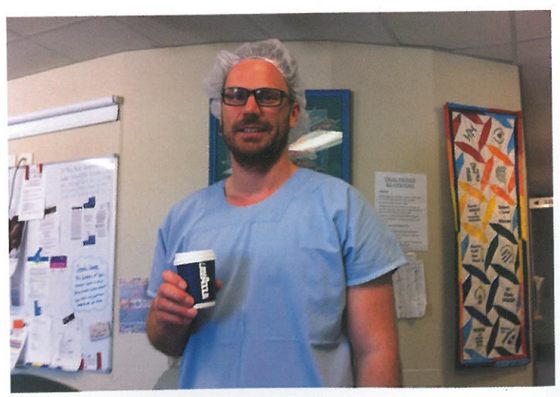
The Rural Clinical School in Western Australia was just in its infancy in 2004 but the reports had been promising and I applied and was accepted to fifth year medical school in Geraldton, five hours north of Perth on the coast. At this stage I was keen on Emergency Medicine and spent most evenings across the year in the Emergency Department treating acute cases as well as latching on to cases to follow into theatre and the rest of the hospital. I didn't spend a great deal of time with the surgeons but certainly enjoyed my year there and became a little enticed by rural practice, though perhaps more as a visiting specialist than as a resident.

I worked in Alice Springs in Emergency in 2007 as a resident and loved both the practice and the town. Keen to head back bush I took my first training job in Broome, working with Andrew Thompson, a truly excellent and talented general surgeon. I saw what a practice and lifestyle in the country could be like and started to get keen. I saw how an independent practitioner could be a true general specialist and treat a variety of conditions with skill and aplomb. I had a year off training after this to see the world and when I returned I was sent to the other end of Western Australia to Albany, and that's when the hooks really started to dig in. I felt very at home in the town, the region and the practice and since then I've been tailoring my training to get back there and offer as much as I can. I've been to Darwin for my last term as a registrar after FRACS exams and then taken a two year post in Geelong as a general Fellow which is shortly coming to an end.

In terms of what attracts me to rural practice, there are a variety of factors. There is no doubt the patients are incredibly grateful, helpful and generous. The staff generally have a 'can do' attitude and given it's usually a small group, teamwork is a must. The variety of work is second to none, you can be doing true bread and butter general surgery, you can add in some sub-speciality tastes, and you can get handed emergency neurosurgery on a very scary looking platter. The sense of community in a small town is a very warm feeling to experience, especially as you become someone who will generally have operated on a relative of everyone in the place.

There are downsides and challenges too. The first time you realise you are the only surgeon for 400km and 50,000 people, is when the first mistake you make results in a serious complication. These situations are difficult to deal with but add somewhat to the challenge.

I've been very lucky with my training and I think my experience has been a good example of planning and recruitment. Since working in Albany as a registrar and putting up my hand to say I wanted to head back there I have been supported incredibly well by the surgical team there, the State Board in General Surgery, the rest of the rural group in the college and at the Provincial Surgeons meetings.



Laurence Webber

Certainly workforce is an issue in rural areas. We need to continue to attract surgeons to the regions, to appropriately train and support them, and to encourage contact with the tertiary centres.

When I commence full time work in Albany I will be looking to stay involved with a tertiary centre in Perth at which I can do some visits to keep upskilling, as well as maintain professional contacts for advice and opinions.

For those interested in rural practice I'd recommend getting as much exposure and experience as you can, keeping an idea of what skills would be required where you intend to work, and what the workforce is looking like. The rural section of the College is working on mapping the rural workforce and improving succession planning and this is well underway.

Laurence Webber, FRACS

Carolyn Vasey flying to remote communities for surgical outreach clinics in the NT (Darwin 2012)

For me, training in rural and regional areas in Australia was a 'no brainer' – you were first in line for operative experience, you got warmly welcomed by the surgeons and their families, and it provided a breadth of experience that metropolitan jobs couldn't parallel. My medical husband and I travelled to many places we would never have otherwise lived, and often spent weekends exploring the area instead of racing back to the city. Cycling between wineries and local cheese factories, skiing the snowfields in winter, or rock climbing the Grampians sounds more like a holiday wish list than what you did on the weekend while learning to be a surgeon. As a junior registrar, training in regional Australia was fantastic.

There comes a time however, when the surgical world expects you to go back to the big smoke, form a study group and prepare for the Fellowship exam. It is a commonly held view that this is best done in a major metropolitan teaching hospital. My view was different. Darwin Hospital provided the perfect breadth of cases to cover most things the Fellowship exam could throw at me, and while there was no other SET 4 Trainee in the Territory at the time, the internet allows amazing communications with colleagues! Laurie Webber and I formed a Skype study group that meant there was no traffic to contend with after work.

Having got through the exam while working regionally, it was time to think about post Fellowship training opportunities. As I trained in regional areas and went to meetings like the Provincial Surgeons Annual Scientific Conference, my surgical mentors encouraged me to think about bringing a unique set of skills to an area where they didn't currently exist, or needed to be replaced. My sub-specialist interest area was colorectal, and despite perception that post Fellowship training programs prefer candidates that wish to work in large, sub-specialised teaching hospitals, my experiences thus far have been different.

Despite an intention to work regionally, many trainees find they spend much of their training years in city hospitals, especially true for those sub-specialties that may not offer regional training posts. Before long, you find yourself settled, having put down roots and seemingly forming attachments that can't seem to reconcile a move away. Moreover, it is easy to become subconsciously indoctrinated with the ideology that excellent surgical outcomes and professional standards are only achievable at quaternary hospitals.

My advice to those considering working in regional Australasia is go for it – dream large, and prepare for a future where there will be more and more dynamic, well-trained Australasian colleagues to support you professionally in these areas. In saying that, don't be concerned that moving to work in a regional area is a one-way street. Although, most find they wouldn't go back for quids.

Carolyn Vasey, FRACS

The 51st Provincial Surgeons of Australia Annual Scientific Conference is on in Lismore from October 29-31.

The theme this year is *Rural Surgery - How We Do it Well*, and the scientific program aims to explore complex surgical procedures, emergencies, and dilemmas in a rural and or remote setting, where metropolitan facilities are not always immediately accessible.

Topics and sessions will be dedicated to all areas of Rural Surgery including General, Vascular, ENT, Orthopaedic and Neurosurgery.

You can still register at:

psa.generalsurgeons.com.au/register-now.