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Supporting rural and remote healthcare

DR TANYA KELLY, WORKING IN THE TOP END FOR THE NORTHERN TERRITORY AERIAL MEDICAL SERVICE IN 2006

The three years I worked remotely as a junior doctor were among the most formative of my medical career.

In Darwin, I worked in critical care as an anaesthesia registrar, which included shifts as the medical officer on aeromedical retrievals, mostly to Indigenous communities. I experienced so much, but the incredible sense of community and collegiality really struck me.

This was even more evident while working in the intensive care unit (ICU) where I witnessed large numbers of family members travelling long distances to support their loved one. I've worked in many ICUs since, but I've never quite seen anything like this.

My time in Darwin was on the back of 12 months in Antarctica, where I worked as the sole medical practitioner on the Casey Station. I dealt with everything from colds and flu to root canals and fractured limbs, relying heavily on my clinical colleagues back in Australia for support and advice at times.

While on the surface these experiences seem like polar opposites, they both gave me first-hand experience of the challenges of working in a low-resource environment with significant human resource constraints. The same challenges are faced today in remote communities right across Queensland – challenges of workforce attraction and retention, unmet healthcare needs and variation in health outcomes.

I'm certain we'd all agree that every Queenslanders should have access to high-quality and timely healthcare, regardless of where they live, and we need to make this happen.

But how? How can we help support and retain our current workforce? How can we grow our rural and remote workforce? What do we need to do differently?

Right now, at both a state and federal level, there is a high level of focus on rural and remote healthcare and what can be done to address the significant challenges facing our colleagues and the communities they work in. This gives us the opportunity to join the discussion and consider how we can better support clinicians in rural and remote communities with tools, access to expertise and ongoing professional development release.

How can we better distribute our clinical resources across the state and how can we better grow a local rural and remote healthcare workforce that is diverse and resilient, with local education and career pathways?

Most importantly, how do we take advantage of innovation in models of care and digital disruption to do things differently? In my opinion, this is where the significant opportunities lie.

How can technology better support the extraordinary capabilities of the rural and remote workforce to better tap into support from regional and metropolitan centres when required? What other opportunities does technology offer? And how do we ensure that the expertise and working knowledge that exists in rural and remote areas is retained locally?

While there are many unanswered questions, what I do know for sure is that no clinician can do it alone. We must be in this together.

I will continue to look for opportunities for the Queensland Clinical Senate to contribute by bringing together rural and remote providers, general and specialty clinicians and consumers to explore innovations in models of care and digital disruption.

The Queensland Clinical Senate is a forum for clinicians from across the health system and that provides strategic advice and leadership on system-wide issues affecting the quality, affordability and efficient delivery of patient care within Queensland.