Dr Chris Hughes - ANZAME Annual Conference - Presentation

Introduction

Providing medical care for remote communities has been a perennial problem in Australia – part of the internal "tyranny of distance". Rural general practice has many rewards but the drawbacks include problems for the doctor and his family with access to friends, family support, schools, shopping and entertainment. From the professional part of view there can be problems with access to tertiary facilities, contact with colleagues and keeping up to date.

At first glance tele-tutorials and teleconferences provide an obvious answer to the CME problems of the isolated practitioner. There are many excellent self administered CME programmes and ready access to medical information on the internet. However, the former needs dedicated time and a high degree of motivation and the latter may be unedited and carry problems of authority and currency.

Tele-tutorials

In our experience the Tele-tutorial has been a means of providing CME to a limited group of isolated GPs in the Murray Mallee Division of General Practice. In retrospect several potential problems have been avoided or solved by chance and others have required considerable negotiation. This brief presentation attempts to analyse the factors involved in setting up a Tele-tutorial program so that we can offer similar programs elsewhere on request.

Problems

(a) Cost: At present the cost of "bridging" remains high and SAPMEA charges for room hire and technician time. Our combination of Base and 3 sites for 2 hours cost approximately $600.00.

(b) Coordination: In starting from scratch a considerable amount of time and effort would be needed to determine who might wish to participate, how frequently, for how long, at which time of day, and covering which topics. As described below this essential groundwork was covered by staff of the Murray Mallee Division of General Practice located at Murray Bridge. SAPMEA's responsibility lay in providing venue, facilitator and technical expertise as well as recruiting appropriate specialists. As described below this task was substantially pre-determined by conditions attached to funding.

History of SAPMEA's involvement in Tele-tutorials

As part of SAPMEA's ongoing commitment to CME we advertised a series of tutorials on suitable topics to be held at our address in metropolitan Adelaide designed for suburban GPs. The series was resoundingly undersubscribed.

At the same time those involved in providing CME for GPs in the Murray Mallee Division were running a successful tutorial program well attended by the GPs in Murray Bridge but not attended by those practicing in the remote parts of the Division. An attempt to encourage attendance by tele-link had been unsuccessful for interesting reasons: those attending the live session found difficulty in coping with "outsiders" attending on-line and the "outsiders" felt they were intruding. SAPMEA was approached to see if we would be willing to provide Tele-tutorials specifically for the more remote "outsiders" as a separate but complementary program.

Funding

One challenge lay in accessing a suitable source of funds. The Commonwealth Medical Specialists Outreach Assistance Programme (MSOAP) was designed to provide financial inducements to specialists in rural areas to stay longer than they might otherwise in order to provide CME for local doctors in addition providing clinical services. In general these funds were being under-utilised.

Application was made for MSOAP funding (with the assistance of the Rural Doctors Workforce Agency [RDWA] to cover the cost of bridging and to cover SAPMEA's running cost for 2 hours per month. The grant was made under a number of conditions including the proviso that the specialists involved in teaching came from the panel of specialists servicing the area clinically.

Current Situation

In mid 2005 we are halfway through our second year of monthly Thursday evening tutorials. They have covered a wide range of topics with a minimum of didactic teaching in favour of active questioning of the specialists by GP participants. Specialists have sometimes needed persuasion to desist from regurgitating their prepared set pieces but without exception they have finished the evening having enjoyed the cut and thrust of impromptu teaching. We have been fortunate to have picked an evening that suited the participants. Two hours initially seemed daunting but in the event proves the ideal length of time (sometimes with a brief break at half way). Three or four peripheral sites happen to be the ideal number and we would resist having a greater number. The technology we are using is adequate but there is certainly room for improvement in sound, vision and changing between sites.