General medicine Indigenous outreach registrar training in rural Queensland

To the Editor: The year 2015 saw the implementation of a unique general medicine advanced trainee position — supported by funding from the Australian Government Specialist Training Program — in Indigenous outreach medicine with the Heart and Lung Institute at the Prince Charles Hospital (PCH) in Brisbane.1

The trainee was assigned to the Indigenous Cardiac Outreach Program (ICOP)2 and the Indigenous Respiratory Outreach Care Program.3 These services provide comprehensive, culturally appropriate outreach throughout remote Queensland and include multidisciplinary clinical teams and an Indigenous project coordinator (IPC). An integral component of the trainee position was its co-location with IPCs, who provided constant cultural mentorship both at the PCH and in the community. In addition, visiting consultants and general physicians with an additional specialty at the PCH delivered clinical supervision. The team attended clinics at 24 different communities throughout Queensland, seeing an average of 23 patients per tour. The 18% of ICOP patients attending the clinic for rheumatic heart disease (RHD) and the 4% of patients attending for congenital heart disease (CHD) show the different spectrum of disease found in these remote communities. These data contrast with the national average of 0.6% of cardiovascular hospitalisations for RHD and 28 cases per 100,000 population for CHD.4 Other conditions encountered included non-ischaemic cardiomyopathies (8% of patients), valvular heart disease in pregnancy (1% of patients), high rates of smoking, poorly controlled asthma and obstructive sleep apnoea.

The position also involved attending weekly outreach general cardiology and cardiac transplant telehealth clinics at the PCH. Other job responsibilities included clinical and logistical support for outreach patients who attended the PCH and ensuring safe discharge communication with outreach general practitioners.

Follow-up of ICOP patients, which was a key focus for the trainee, was previously documented at rates as low as 30%.5 Research included audits of remote chronic disease management and RHD severity.

Overall, this position offers a unique opportunity for a future general physician to obtain a deeper understanding of the provision of whole-person care in marginalised communities, while at the same time fostering IPC capacity and enhancing care provision to remote communities.

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