



Tigers, trainees and Tamworth

OPPORTUNITIES IN RURAL AUSTRALIA CAN BE ALL TOO EASILY DISMISSED. DAVE HOSKIN TALKS TO PATHOLOGISTS AND TRAINEES WHO HAVE HAPPILY LEFT CITY LIFE BEHIND, INCLUDING A PROFESSOR WITH A TIGER TALE.

PHOTOGRAPHER: KYLIE DAWSON AND EAMON GALLAGHER

“We’re the last base hospital to the Queensland border, the South Australian border and some parts of the Victorian border,” says Professor John Hobbs, chief pathologist of Dubbo Base Hospital in New South Wales. “There are other pathologists in Tamworth and Orange and so forth, but in our area, we’ve got three.”

For anyone who has lived in rural Australia, the picture that Professor Hobbs paints is a familiar one. The nation’s

geography has long dictated the shape that health care must take, with the vast majority of the population concentrated in coastal urban centres.

Thus, while in many ways the image of frontier medicine has become part of our national myth, it is the inner-city GP rather than the flying doctor who should be considered typical.

Of course it is important to point out that while there is a worldwide shortage of pathologists the problem is far worse in

rural and regional areas than metropolitan areas.

Put simply, most hospitals are overworked and understaffed, and Australia’s problems are no different to those of the UK, Canada and many other countries. However, it has long been recognised that the lack of professionals in rural areas is particularly acute, and many organisations have gone to great effort to understand and ameliorate the situation.

Part of the problem is that many health professionals would be open to working in

Trainees Rachael Smith, left, and Jessica Sartini, outside Tamworth Hospital in NSW.

"I don't think people actually appreciate the wide variety of stuff we actually see," says Dr Norm Sonenberg, right.



the country, but their partners are often looking for equivalent positions that a small community simply cannot offer. Others are concerned about issues such as adequate child care, quality schools and housing. Then there are those who simply prefer urban living.

These are all understandable concerns, but the most frustrating thing is that so many pathologists remain unaware of the opportunities available in rural hospitals.

"This is going to sound really biased," says Rachael Smith, a New Zealander doing her traineeship at Tamworth Hospital in New South Wales. "But I think Australians in general are really reluctant to leave the cities.

"(They) stay in the same city, they go to school, they go to university, they work there, they get their friends and their networks around them and they just don't want to move. But I think it's a fantastic opportunity to meet new people and to get out and see your own country."

Many of the myths about working in the country are long overdue for retirement, the most notable being the idea that rural hospitals don't do interesting work.

Professor Hobbs was well aware of this perception before moving to Dubbo 10 years ago from his previous position at Nepean Hospital in Sydney, but he had little hesitation in relocating. "I liked the atmosphere," he says. "And I thought, 'Well, I can do just as good work here as I can do in Nepean, in fact much better work.' "

A related concern is that many trainees feel that their ability to learn will be disadvantaged in country hospitals. Instead it appears that the reverse is true.

Registrars and pathologists note the importance of the more general work that is commonplace in the country. Particularly for first-year trainees, this broad range of experience provides a good basic understanding of pathology.

Jessica Sartini, a trainee at Tamworth, says Sydney hospitals tend to be "super-specialised". "Whereas here we don't have the same number of specialists and we certainly don't have any other pathology labs competing with us, except in the private sector. We just get whatever happens to come into the hospital."

The notion that stimulating work is only available in metropolitan hospitals is also fiercely contested.

"The only difference is the specimens we receive," says Stephen Chan, a registrar at Gippsland Pathology in Victoria. "Certainly, big hospitals have the lung unit, the neurosurgical unit, and the cardiovascular unit that have certain specimens that we don't see up here. But we do biopsies most of the time; we diagnose the condition, like cervical cancer for example. Then the patient will be sent to Melbourne to have treatment."

Dr Chan also appreciates the high number of autopsies that he has been able to do, and his supervisor, Dr Norm Sonenberg, confirms that this is a particular specialty.

"Their post-mortem training is probably one of the best we can offer," he says. "We do about 200 post-mortems a year ... and the registrar's probably doing, under supervision, about 40 or 50 – much more than the other people in major teaching hospitals are getting."

Rachael Smith has also found similar opportunities in Tamworth, taking advantage of the fact that rural areas don't have enough pathologists to run their coronial post-mortems.

"Because of my surgical background, I've been able to take over doing the



coronial autopsies,” she says. “I’m being supervised by my consultants and it’s in addition to my normal registrar work, so I’m doing a couple of autopsies a week for the coroner. It’s working really well.”

Another benefit is the unique character of the pathological work in each community, with a pathologist being able to gain a feel for specific problems in local health.

“I think country people tend to wait a bit longer before they come in,” says Dr Sartini. “I don’t know whether it’s natural stoicism on their part or access issues to the doctors, but the pathology you get here, it’s almost ... florid by the time you see it.

“There’s just nowhere else to send it, so instead of sending it to the super-specialised unit that, say, deals only with gastro-intestinal pathology, it comes here and we get to see everything that there is.”

Professor Hobbs also cites the fact that he sees many cases of enlarged heart, and Dr Sonenberg notes the high incidence of skin problems in Gippsland.

Moreover, working in the shadow of Latrobe Valley’s power stations, Dr Sonenberg asserts that, “The Valley pathologists would be some of the most astute with regards to mesothelioma.” The form of cancer is common in the Valley, where deadly asbestos was used in the power plants.

Many rural pathologists speak of the sheer variety of work they carry out.

Vithia Chetty, a pathologist in Tamworth, and Dr Sonenberg mention

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their involvement in screening for breast, prostate and bowel cancer, and both find their role challenging and exciting.

“I don’t think people appreciate the wide variety of stuff we actually see,” says Dr Sonenberg. “And we also see surgeons go in there and say, ‘Oh! A big lump!’ And they’ll pull it out and they’ll say, ‘Tell us what it is’.

“So we are involved in the diagnostic process in a much more intimate relationship than, say, some of these fellows who have done all the expert CAT scans and MRIs and say, ‘Oh yeah, that’s cancer of the pancreas, we know that, we’ll just do a biopsy’.”

Says Professor Hobbs: “Out here you can just have anything. One day I landed at the airport and there was a group of police waiting and a group of people from the zoo waiting. One of them had an autopsy on a colleague they wanted me to do who’d committed suicide, and the zoo people wanted me to do an autopsy on a tiger. We get quite a bit of work from the zoo and that’s always a challenge because no one knows what the normal answers are.”

Naturally, working in country areas has a downside, in particular the constant battle for adequate funding. Many rural communities have fallen victim to this problem, and the worry is that eventually the exciting work will simply be outsourced, eliminating the need for specialists altogether.

Dr Chetty notes that facilities can be lacking in rural Australia.

“When I went up to work in Tamworth, even a simple thing like a microscope was old compared to the one I had left in the metropolitan hospital. If the quality of the microscope was old, the quality of my



desk, the quality of my office was third class compared to the one that I had left in the metropolitan hospital.

“We get the same pay, but young doctors say, ‘Why should I have to put up with all this when I can get better facilities in a metropolitan hospital?’”

Yet all the pathologists I spoke to were quick to suggest ways in which problems could be remedied. One elementary solution is simply dispelling preconceived notions about living in rural areas. City-based doctors may well be unaware that many rural areas have excellent public and private schools, for example, and sporting facilities are a point of pride.

Professor Hobbs also suggests that providing high quality free accommodation and tax relief would help attract those concerned about financial disadvantages, while Dr Chetty believes that institutional change is required.

Jessica and Rachael at work.



“I think all the professional colleges should have a training programme, a vocational programme where (trainees) spend at least one year in the country,” he says.

Possibly the greatest rural lure of all is the fact that the lifestyle is so attractive, especially to professionals who already work long hours and have high stress levels.

Dr Sartini doesn't feel it is appropriate to criticise someone for choosing to pursue a career in metropolitan hospitals, and notes that forcing people into rural practice would only make them resentful.

However, she does appreciate the advantages that places like Tamworth can offer. “I really don't enjoy sitting in Sydney's traffic for 40 minutes trying to get to work,” she says dryly. “I don't want to get up an hour earlier to catch a train. I just like to be around fewer people. I like being outside; I love horseback riding. I just find the regional areas more suited to things that I'm interested in.”

Coupled with this is the greater sense of community spirit and co-operation that labs in small towns can cultivate. There is a palpable sense that lab work is a team effort, and the relationships between the pathologists, scientists and laboratory staff, along with their support network, all contribute to the success of the laboratory.

“Everyone is cheerful,” says Stephen Chan. “There's no barrier between anyone. I don't know what the other labs are like, but sometimes I hear about someone locked in a room, nine to five, never talking to anyone. I hope every lab is like (Gippsland Pathology) because it's a really good environment.”

Rachael Smith is also effusive. “I highly recommend (rural living). I just love it for

the variety of the work that you get, the nice personal atmosphere, and instant access to your consultant for one-on-one teaching.”

Practising pathology in the country is obviously not for everyone, and those who work there will concede that the transition is not always easy. But many find that they thrive on the challenges posed by rural

practice, not to mention enjoying the chance to start a new life.

Certainly Professor Hobbs has no regrets. “Being out here, when you're coming to work you wonder, ‘What's going to happen today?’” he says enthusiastically. “I couldn't imagine myself returning to a city-based job, really.” 🔥

Exciting Education Opportunities for Rural Specialists

Specialists living and working in rural Australia are invited to participate in a variety of activities designed to meet their continuing professional development needs.

The Support Scheme for Rural Specialists (SSRS) offers a variety of opportunities for rural specialists to participate in face-to-face workshops, videoconferences, journal clubs, peer reviews, audits and on-line learning covering both clinical and non-clinical topics. Participation in these events is free.

For more information about these opportunities visit www.ruralspecialist.org.au or contact info@ruralspecialist.org.au.

The SSRS is an initiative of the Committee of Presidents of Medical Colleges and funded by the Australian Government, Department of Health and Ageing.

