

Rural Doctors Foundation launches pilot program to help outback health practitioners get medical help

What does a doctor do when they get sick? For doctors in remote places, the answer is far from simple. Find out how a program in South West Queensland hopes to change that.

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Dr John Douyere has become the first GP for GPs in rural areas, in a trial program operating out of Charleville, Cunnamulla and Quilpie.

A new program in some of South West Queensland's outback towns hopes to tackle a health crisis facing the region's healthcare workers.

Research by the Rural Doctors Foundation highlighted that a disproportionate number of rural health practitioners were putting their own health last, and to dire consequences.

The trial to combat the issue took off in Quilpie on May 1.



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The RDF's proposed solution is a program where one general practitioner travels between rural towns, providing care to the healthcare professionals in the area.

Experienced rural GP Dr John Douyere will be the treating doctor in the program's first run, in Quilpie, Cunnamulla, and Charleville.

Dr Douyere was a GP in the outback town of Longreach for 23 years.

"I understand the challenges of accessing healthcare for rural health practitioners," Dr Douyere said.

"Are you going to spend significant time and energy to go somewhere else to seek care, or are you going to seek care from colleagues? Seeking healthcare from colleagues brings a whole set of difficulties if you go that way.

"I've certainly seen colleagues as patients, and I've been a patient of colleagues."

He said it could make boundary setting quite different, as the relationship between a doctor and patient is inherently different to a collegial relationship.

“If we want to look after our patients, we have to be well first,” Dr Douyere said.

Dr Douyere said during his tenure in Longreach he probably didn’t look after himself as well as he should have.

He also said during his first day seeing patients in Quilpie on May 1, the patients he saw were receptive and appreciative.



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Rural Doctors Foundation chief executive Fran Avon said the problem has many facets.

“For some, they might be the only doctor or one of only a few medical professionals in town,” Ms Avon said.

“Of the more than 120 rural and remote health practitioners we surveyed, 42 per cent said they needed to travel out of town, with 20 per cent travelling more than 800km to receive independent and confidential healthcare.

“Rural health practitioners work long hours, often across multiple roles, to meet community needs. As a result, these pressures are overtaking self-care health behaviours such as taking leave and seeking their own healthcare services, leading to burnout, reducing hours, leaving practice and early retirement.”

She said choosing a practitioner to take the role was challenging, but due to his experience and intimate understanding of challenges posed to rural doctors, Dr Douyere was a perfect choice.



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