

# Rural Generalist Endoscopy

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## What is It?

- Training Rural Generalists to safely perform diagnostic endoscopic procedures
- Collaboration between Queensland Rural Generalist Pathway and the Department of Gastroenterology and Hepatology at Princess Alexandra Hospital (Brisbane)

# Why?

- 5 year relative survival from bowel cancer decreases with remoteness<sup>1</sup>
- Lack of trained proceduralists in rural areas
- Equipment and facilities often underutilised in rural areas
- Patients often travel large distances to access procedures

1. A Rural Perspective: Cancer And Medical Research  
Garvan Research Foundation; 2016

## What is involved?

- Fulfilling the requirements of the Conjoint Committee for Recognition in Training of Gastrointestinal Endoscopy (CCRTGE)
  - 200 unassisted gastroscopies (20 therapeutic)
  - 100 unassisted colonoscopies (30 polypectomies)
- 12 month training program delivered at both tertiary centre (high volume) and rural location (consolidation)<sup>2</sup>

2.Rural Generalist Endoscopy Training (RGET): A Queensland Health Initiative to Address the Needs of Rural Communities Version 1.6; October 2017

## Who is involved?

- Candidates selected from rural facilities with the capacity to perform endoscopy and a need for a qualified proceduralist
- Training at a dedicated tertiary centre under direct supervision of a gastroenterologist with significant teaching experience
- Supervisor to perform site visits to rural trainee's facility

## What Else?

- Scope of practice
  - Risk profile
  - Diagnostic vs therapeutic procedures
- Skill maintenance
  - Volume of practice, CPD
- Quality Assurance
  - Caecal intubation rate, polyp detection rate, etc



## Where to From Here?

- Establish current training model
- Joint Consultative Committee?
- Diploma of Rural Endoscopy?
- Interstate options?

## Behind the training

- Pilot endoscopy training for 2 rural generalists in 2017/2018
- Both successfully completed training
- Learnings/ ongoing questions
  - Who to train?
  - What support is needed to allow the training to occur?
  - What support is needed to allow service delivery?
  - Who pays?





## Who to train?

- Established rural generalist
- During fellowship training, esp surgical AST
- Assessing suitability
  - Professionally mature practitioner
  - Manual dexterity & aptitude
  - Commitment to a community and service delivery
  - Match with community need

## Support for training to occur

- Commitment from executive at home facility
- Commitment from training facility and support by specialist colleagues
- Guarantee of sufficient training opportunity
  - Service vs training. Impact on productivity of unit
- Salary for trainee
- Backfill for roster at home facility
- Accommodation, travel

# Support to allow service delivery

- Availability of and training for other staff
  - Nursing & support staff
- Suitable physical environment
- Equipment
  - Scopes, stack, software, cleaning, maintenance
- Anaesthetic staff available
- Support from visiting specialists
- Well structured pathways for on-referral



## Who pays?

- Collaboration between DoH and rural facilities
- Block funding vs activity based
- Genuine commitment from all concerned

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