



## Dr Lawrie McArthur

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Q&A

### Tell me a bit about yourself and where you work?

I currently work in Whyalla, a town of 25,000, at the top of the gulf of South Australia, and around 500km from Adelaide. It is an area of great need, as an industrialised steel city which has been really affected by the downturn of mining and the closure of the steelworks.

There is a large disadvantaged population with associated drug use and mental health issues as well as an ageing population with chronic diseases.

I work in private general practice with interest in chronic disease and skin cancer and as providing emergency care in the community in Whyalla regional hospital.

I am also the Head of Education in the Adelaide Rural Clinical School and involved in building the medical workforce capacity of the Whyalla Hospital by getting more interns and registrars to train and stay here.

Before Whyalla I had worked as a GP obstetrician and anaesthetist for ten years in Clare and I had experience of working in Nepal, in areas like paediatrics.

So I think I reflect a Rural Generalist as someone with broad skills who has adapted them to provide services around what the community has needed. Sometimes this has meant doing further training – adapting and building skills to be fit for the environment where I work.

Although I started working in obstetrics and anaesthetics earlier in my career, in Whyalla, it is the skin cancer, mental health, emergency care that the community most needs so I changed what I do. The obstetrics and anaesthetics services in Whyalla are currently relying on locums, but I can't do everything.

Overall, I've been a Rural Generalist for around 28 years.

### What range of situations do you have to deal with?

My scope of practice in Whyalla involves managing complex mental health patients with post-traumatic stress disorder and related co-morbidities like drug dependencies and chronic pain issues, depression, anxiety and yet there is no resident psychologist to manage it so I find myself doing the basic Cognitive Behavioural Therapy, but also advanced psychological interventions, which I needed to go and get further training to do.

The emergency department is wholly staffed by Rural Generalists even though we are the nearest biggest regional centre in South Australia! And we need excellent emergency skills to manage the range of presentations.

In terms of skin cancer, there is no visiting dermatologist, so when I started the skin cancer clinic I had done further training to fit the skills I needed.

In my practice there are three other doctors. We take a team approach in terms of the community practice. In terms of the emergency, this is something that is a shared on-call roster and we are building up a medical education unit.

We have visiting specialists in a range of fields but they come one day per month, and the need is greater.

### Why did you become a Rural Generalist?

It stemmed from my passion to be a good country GP and practice good medicine. I love being part of the community. The on-call work is no problem, it is a respected part of the role I play and I'm providing a service the community needs. I like being closely connected with people and helping them with their lives, it is a privilege to share their life journeys, ranging from when they are giving birth to the hard times when someone is dying and needs support.

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### On balance, what do you most enjoy about it?

I think it's probably the variety and diversity of the role. I don't know what is going to happen each day. It is just so different. And it's fulfilling to respond to clinically challenging medicine including managing the situations independently and problem solving. In the teaching sphere, I love being inspired and amazed by the next generation.

I literally love my job. A Rural Generalist is a person who goes to the community and asks "what sort of doctor do you need?" and responds, "I will become that doctor for you". I am that sort of doctor.

I want rural communities to get the same or higher quality of care than what is possible in Adelaide. They can get this because I can give them coordinated, longitudinal care, not fragmented services from individual sub-specialists based in town. I know I need to do this in a sustainable model. I am really invested in training the next generation into the Rural Generalist role and building more comprehensive local services in Whyalla.

### What do you think a national Rural Generalist Pathway will mean for you?

I hope the Pathway means a real tangible opportunity to build for the next generation, a supported, formalised training program to create a sustainable workforce for the future. The reality is that most of Australia's rural areas need Rural Generalists. Other specialists are very city-centric and won't provide the continual service that rural communities need. A Pathway will provide accredited training in emergency medicine in places like Whyalla, which is cost-effective for the services to support, and which will prepare the next generation for working here effectively.

### What advice would you give the next generation of doctors about Rural Generalist careers?

Get the best possible training you can because it is this training which will best prepare you for the future practice you will do. There is currently a blockage unless you're in a really good training pathway.

I basically cobbled my own training together, but the Pathway may help the next generation to have a great experience.

