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Tell me a bit about yourself and where you work?

I'm just finishing my training as a Rural Generalist and I'm one of the few with a mental health and addiction advanced skill. I work in Cooktown in far north Queensland.

I have a five month old and a two and a half year old. My husband, who is PhD-trained, has taken over the role of full time parent as well as managing our property and the household.

I'm an SMO at Cooktown Hospital, a multipurpose health service. I have a GP psychiatry caseload working with the local Mental Health and Alcohol and Other Drugs (AODS) team in Cooktown. Once a week I have a dedicated Opiate Substitute Program clinic and an outpatient mental health clinic. Once a fortnight I visit the local communities of Hope Vale and Wujal Wujal for a clinic where I focus on mental health and comprehensive primary care. I support the local mental health team in whatever they need medically and to provide that key link between medical and mental health teams locally and to our referral centre in Cairns. The remainder of my time I spend in Cooktown either on the wards, in the Emergency Department or in General Practice. I participate in the on-call roster for one night a week with occasional weekends.

What range of situations do you have to deal with?

Up here, we see a really broad range of presentations and pathology. In our local population there is a large burden of chronic disease, often complex and severe. In the tourist season though we also see anything from coughs and colds to major trauma, snake bites, heart attacks and everything in between. Because we are the referral centre for the surrounding communities we are often fielding calls from the highly skilled nursing staff on the ground to help them manage whatever emergency is in front of them and arrange transfer to wherever is appropriate. In the clinics we try and focus on primary care and chronic disease management as best we can in between the emergency and routine presentations. Because my focus is mental health I am often involved in the acute presentations of psychiatrically unwell or behaviourally disturbed patients.

How do you handle the range of work?

I have a lot of support from my colleagues on the ground – whether it be nursing, allied or medical staff I have found that everyone is only too happy to help you out and share the load. Keeping my skills and knowledge fresh is important to feel confident that you will be able to manage whatever walks through the door (even if it is just knowing who to call about it) and I am fortunate that the service is very supportive of continual upskilling. We are also really well supported by Cairns hospital, from monthly telelinks with the emergency department consultants to discuss and reflect on challenging cases to my involvement in fortnightly case reviews with the mental health team and psychiatrist. This support builds that vital link and certainly eases the sense of isolation.

Why did you become a Rural Generalist?

I grew up rural so probably always knew I'd end up back there but it wasn't really cemented until I was lucky enough to spend my second year placement with Dr Bruce Chater from Theodore – who is by definition the quintessential rural doctor. I saw how Bruce worked, the breadth and scope of his skills and was inspired by the amazing service he had provided to his community. It was that kind of medicine and that lifestyle – embedded in the community and part of it, that really appealed to me.

On balance, what do you most enjoy about it?

Rural Generalist practice allows me to provide holistic, comprehensive primary and emergency care in a range of settings in my community to best suit the needs of my patients. It is exciting, challenging and thoroughly rewarding medicine. I really value being a part of the community that my patients come from and I am invested in that community. Having the opportunity to pioneer the GP psychiatry service in Cooktown has been an absolute privilege and I look forward to watching the service continually grow and evolve.



Aside from work, making the choice to settle in Cooktown has been a great move for our family. I have enough time off and flexibility in my hours to spend time with my family as they grow.

What do you find hard?

This kind of work is challenging for a number of reasons. You are often quite busy, working long hours and there will always be multiple demands on your time with limited additional staff there to help. It can be confronting as a registrar until you get comfortable with your skills and realise there is always someone to call and you are never on your own. Outside of the emergency/ward context it can be hard to see the plethora of complex chronic disease every day in chronically underresourced settings with public and social determinants of health that seem so slow to change.

What keeps you going?

Making small differences to patients' lives and seeing trust slowly building keeps me going. The whole team is very supportive and keen to reflect and work towards continually better outcomes. Time away from work is also really important and I make sure I make the most of that time with my family and enjoying where we live.

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

Anything that encourages doctors to take up rural and remote medicine is a great idea. I'm hoping nationalisation will mean streamlining of training and pipelines, more support to those outside of Qld., more flexibility of training, some additional changes to Medicare in the relevant areas and more recognition of the value of our current Rural Generalists and what they do in serving rural and remote communities.

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

If you want to live and work in a rural and remote area and be part of those communities, this pathway is one of the best options. It will give you the skills, confidence and the networks to provide high quality, holistic primary and emergency care to people in your community. It is really rewarding work and a fantastic lifestyle.

