

of rural health, it should not be subsumed under either or both. It is too important to be relegated to its current menial position, given that we are talking about the 10% of current and future Fellows who are dealing with the health of around 30% of the Australian population.

Al Gore challenged climate change sceptics, and I believe that those of us who are rural physicians need to challenge the metro-dwelling Fellows who believe that training and practice in the bush are second rate, and ask Macquarie Street to be just a little more innovative and responsive to the inconvenient truth.

Dr Rick McLean FRACP
(Grumpy old rural physician)

P.S. I have had discussions with the College President who, having worked as a rural physician for more than 25 years and had a range of dealings with the College prior to his current position, has many excellent ideas about how to pursue this matter. I'm sure he would be very happy to hear from rural Fellows who have good ideas about how to improve the situation.

Editorial Note

The College has administered the Rural Health Continuing Education (RHCE) program on behalf of the Australian Government Department of Health and Ageing since the program's commencement in 2010. The RHCE program

supports rural specialists from all specialist medical colleges by providing opportunities for them to participate in Continuing Professional Development (CPD) activities and projects. The program also provides assistance to individual specialists to attend CPD activities outside the program, as well as supporting the development of multidisciplinary and cross-specialisation CPD projects around Australia. The College has been successful in developing several other projects as well as participating in the development of projects led by other specialist medical colleges.

The October issue of *RACP News* and the next issue of *mediscussion*, the College's policy and advocacy quarterly, will feature further discussion on rural health issues, as well as College programs and policy and advocacy to address these issues. We would like to hear your views on rural health issues too, so please send your comments to the editor at racpnews@racp.edu.au.

TELEHEALTH – BENEFITING COUNTRY AND INDIGENOUS PATIENTS

Telehealth can be of enormous benefit to rural, remote and Indigenous patients, and to the doctors providing medical care. An oncologist and an endocrinologist, both RACP Fellows, describe why telemedicine is a great initiative and how it has helped them provide better care to these patients.

Adelaide oncologist Dr Sid Selva provides consultations using video technology to patients in Broken Hill. His experience in telemedicine goes back to the late 1990s when he was the sole regional oncologist in Darwin. A telemedicine link was established between Darwin and Adelaide that allowed Dr Selva to present cases to multidisciplinary cancer meetings at Royal Adelaide Hospital. 'It was easier than I thought and was especially useful for rare cancers where expertise needs to be centralised at major teaching hospitals,' he said.

Dr Sid Selva: 'It was easier than I thought' After a six-month successful trial of telemedicine for patients in Broken Hill, Dr Selva now runs a monthly video-consultation service. 'I can have good conversations about complicated issues with patients,' he said. Dr Selva also reported that he has talked to patients he did not know and this has worked well.

'Generally the technology works fine and you can see and hear the patient well. Occasionally there is a bit of a delay,' he said.

Dr Selva says that in his specialty teamwork is essential and good organisational support at the patient end is necessary. A nurse always sits in with the patient.



Dr Sid Selva

Dr Selva described a patient from Broken Hill who had surgery for cancer at the Royal Adelaide Hospital. The patient was not interested in further treatment and had no time to see an oncologist before he left the hospital. A video-consultation between the patient and Dr Selva provided an opportunity to talk through the pros and cons of further treatment options and, at the end, an agreement was reached about the path ahead. Telemedicine in this case allowed the patient to make a fully informed decision.

Dr Devina Joshi: 'Endocrinology is an ideal specialty for telemedicine'

Dr Devina Joshi is an endocrinologist from Coffs Harbour who provides video-consultations to patients in Grafton, Nambucca and at Durri Aboriginal Medical Service in Kempsey. Endocrinology is an ideal specialty for telemedicine because the specialist does not always need to perform a physical examination on the patient, but rather reviews progress based on patient self-monitoring and reporting and results of investigations such as pathology tests.

Dr Joshi started video-consultations in 2011 when the Commonwealth rebate was introduced. 'Initially I expected many of my older patients to be uncomfortable with computers but discovered that, with good organisation at the host sites, they were very comfortable with the technology.'

'The majority of patients are ecstatic, especially those who otherwise would have travelled long distances.'

'Patients are more likely to keep appointments due to a combination of factors including ease of access to the consultation and bulk billing,' she said.

Flexibility is something that Dr Joshi really likes about telemedicine. She uses Skype in some locations and other programs elsewhere. For her, two computer screens in her consulting room are essential. This allows one screen to be devoted entirely to the patient while the other is linked to dedicated software such as Medical Director, allowing immediate access to patient records and test results.

Dr Joshi does not need anyone to be present with the patient. However, if there are problems with communication she is keen to involve the diabetes educator. Since her consultations can take up to 45 minutes, she does not expect a GP to sit with the patient; however, their presence is always welcome.

Dr Selva and Dr Joshi use telemedicine differently

The experiences of Dr Selva and Dr Joshi demonstrate the flexibility of the technology that supports video-consultation.

Both doctors agree that success depends upon very good organisation at the patient end and hope to see significant improvements in technology, which will allow for even better transmission of picture and sound.

Both doctors sing the praises of telemedicine in terms of providing access to expert care for rural and remote patients. Dr Selva adds, 'Telemedicine could even allow rural and remote patients to participate in clinical trials without the need for relocation.'

'Telemedicine has a very positive future,' concludes Dr Joshi.

Patients like their tele-consultation experience

The NSW Rural Doctors Network is undertaking an evaluation of its telemedicine projects for rural, remote and Aboriginal communities. To date, every patient who has experienced a tele-consultation with Dr Selva and Dr



A telemedicine session. Reproduced with permission of NSW Rural Doctors Network.



Dr Devina Joshi

Joshi has rated the consultation very highly. Ultimately, of course, this is what it's all about.

Dr Elizabeth Barrett FFPHM is Medical Adviser for NSW Rural Doctors Network (www.nswrdsn.com.au). She has worked in senior health management and public health roles for many years including that of Regional Director of Health for a large rural area.