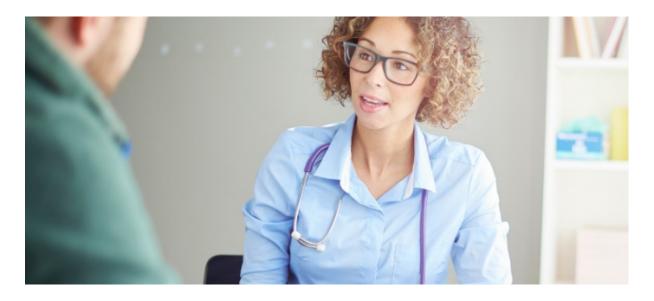
Insights into Remote Practice

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Tags: Article | Medico-Legal | Medical Practitioner | Dental Practitioner



Australian healthcare practitioners in rural and remote areas confront diverse challenges in their daily practice. Healthcare delivery in rural settings, as opposed to metropolitan health services, requires a greater diversity of abilities and knowledge due to the scarcity of resources and limited availability of support structures.

Rural health professionals, require a broader range of clinical and non-clinical skills to deliver care effectively. Often, doctors are called on to act as generalists instead of specialists placing a demand on rural practitioners to develop an increased scope of practice because, at times, they may be the only health professional available in each rural or regional setting^{1,2}

Specific challenges may include:

- · Minimal access to professional development
- Lack of exposure to specialist practice
- Lack of supervision and peer support
- Absence of opportunities for inter-professional teamwork
- Large travelling distances within a widely dispersed and often isolated population
- Lack of anonymity
- The blurring of professional boundaries
- Difficulty in maintaining private lives
- Inability to find locum coverage when wanting to take a vacation or undertake activities for continuing medical education
- · Poor on-call arrangements with other general practitioners in the area

There are additional nuances to the Australian context that add extra challenges to rural clinicians:

- Australia is a multicultural society with varying beliefs and religious practices.
 - It is not one culture, one religion and one language
- The class structure is built on equality and there may be no distinctions in hierarchy between patient and doctor.
- · Patients expect clarification and explanation, information and sensitivity and privacy, and confidentiality

Working within a close-knit community can bring with it many positive aspects such as familiarity with a healthcare provider that over time fosters comfort and relief for the rural patients they care for. There is a sense of connectedness with the community and the ability to provide 'whole and multigenerational care'. Healthcare professionals in these settings are afforded a greater autonomy and the opportunity to utilise a wider range of clinical skills and also allows them to work in a cohesive and more supportive team environment within the rural practice.

MIPS' medico-legal advice

- · High quality contemporaneous documentation is critical for even low acuity presentations.
- Matters other than the presenting complaint often form a key medico-legal risk for doctors as they may be highly important to the long-term care of a patient, but not be a high priority for the patient. Thus, documenting discussions around these risk factors is pivotal.
- Clinical follow up and continuity of care is often a key point for medico-legal risk and is complicated in a small community by patient expectations, perceptions of 'holistic care based on geography' and lack of high-quality systems.
- Documentation, discussion, and care delivery in emergency situations must be of high quality to both document interventions given and to protect the healthcare provider.
- Health practitioners have an obligation to participate in, reflect on and learn from incident reviews
- All MIPS members should notify and involve MIPS early, following a critical or unexpected incident to allow for their effective representation.

¹Paliadelis, P. S., Parmenter, G., Parker, V., Giles, M., & Higgins, I. (2012). The challenges confronting clinicians in rural acute care settings: a participatory research project. Rural and Remote Health, 12(2), 194-205.

²Warburton, J., Moore, M. L., Clune, S. J., & Hodgkin, S. P. (2014). Extrinsic and intrinsic factors impacting on the retention of older rural healthcare workers in the north Victorian public sector: a qualitative study. Rural and Remote Health, 14(3), 131-146.

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