Rural and Remote Health
FRAME
ARHEN
ISSN 1445-6354
The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy

LETTER TO THE EDITOR

# Development of a mentorship programme for rural general practitioners by visiting specialist physicians

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***Submitted:*** *30 November 2004;* ***Revised:*** *2 June 2005;* ***Published:*** *20 June 2005*

**Graffen M, Saligari M, Le Couteur D, Naganathan V, McLean A**
**Development of a mentorship programme for rural general practitioners by visiting specialist physicians**
***Rural and Remote Health*** **5: 374. (Online), 2005**

**Available from: http://rrh.deakin.edu.au**

## Dear Editor

## Context

The provision of geriatric medical services is a major health service issue for rural regions of Australia. Prior to the inception of this model, specialist aged care medical input into the Wagga/Griffith area in New South Wales, Australia, consisted of monthly visits from a Sydney-based psychogeriatrician and a local full-time GP/geriatrician. When this geriatrician resigned, an interim service of visiting specialist geriatrician visits once per fortnight was introduced.

Aged Care Services in Wagga are based at The Forrest Centre (a non-acute facility) where there is co-location of the local Aged Care Assessment Team (ACAT), an 8 bed geriatric assessment and rehabilitation ward, day therapy, physiotherapy, podiatry, and psychogeriatric and dementia consultancy services. There are well-established links with a nearby 16 bed confused and disturbed elderly unit.

Despite an extensive recruitment campaign, the Area Health Service was unable to fill the position of staff geriatrician for almost 2 years. There is currently a national shortage of specialist geriatricians, and training posts in the major capital cities are currently not completely filled. Accordingly, the Area Health Service considered that it was unrealistic to

expect to fill the position with a specialist geriatrician. These factors led to the development of the mentorship model.

## Issues

The purpose of the mentorship model was to develop specialist aged-care skills and knowledge base among the existing rural medical workforce, expected to be mainly GPs with an expressed or developed interest in aged care. A longstanding Wagga GP (MG) had developed a keen interest in aged care and the Area Health Service appointed him as a geriatrician, making him responsible for a liaison service with the visiting geriatric physicians, thereby introducing features of a geriatric service.

Fortnightly visits were undertaken by the specialist geriatricians (VN, DL) for 18 months to provide support in the following four areas: mentorship, education, service delivery and service planning.

The visiting academic specialists performed ward rounds and consultation rounds with the local practitioner. Between visits, phone/email advice on a range of geriatric issues or complex community consultations was available. In addition, the specialists provided learning materials and sponsorship to attend tertiary geriatric medical services. The staff and students at The Forrest Centre (an aged care facility with ACAT, day therapy, and 8 geriatric assessment and rehabilitation beds) received a one-hour lecture on clinically based geriatric medicine issues each fortnight from the visiting specialists, and educational talks were given to acute wards and services on a variety of aged-care issues. The presence of outside external specialists in the field was felt to be of immense importance to the promotion of aged care in the region, and in providing alternative perspectives on local service delivery. To this end, the visiting specialists were involved on various aged care advisory committees.

## Lessons

The satisfaction with this model by the medical practitioners and the Area Health Service was very high. It is the opinion of those involved in the mentorship programme that this is a model worthy of dissemination and implementation in other regional areas in Australia, where there is a lack of a specialist geriatricians and little likelihood that such geriatricians will be available in the foreseeable future. In addition, there is the possibility that this model could be adapted for other sub-specialty medical areas, for example palliative care, sexual health, and woman's health could also be used in a modified format for allied health specialties.

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