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A PRACTICAL GUIDE FOR TRAINEES

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Dermatology in regional Australia

Fewer than 10% of dermatologists currently base their practice outside of Australia’s capital cities. This means that people living in regional, rural and remote areas have less access to high quality specialist dermatological services despite high levels of need. The impact of this disparity has been noted by The Australasian College of Dermatologists (the College):



The impact

The impact of rurality and Indigenous status on patient outcomes for skin disorders is evident in many clinical and health economic measures, including higher admitted patient expenditure and hospital admissions, and higher melanoma mortality rates in regional areas. Furthermore, preventable skin infections such as crusted scabies and impetigo, the latter of which has a prevalence of up to 44.5% in children living in remote Indigenous communities, are a significant public health burden and may have lifetime consequences if left untreated.¹

There is undoubtedly great demand for dermatologists to work outside of major cities given the levels of need in regional communities and particularly among Indigenous populations. There is a wide variety of opportunities available to do so, from private practice in a large regional town, to ‘fly-in-fly-out’ clinics in communities in the most remote areas of Australia. Rural placements provide excellent opportunities for trainees to develop their skills, including further medical skills, teamwork and collaboration skills (for example, for ongoing patient care between visits), and communication skills (including developing rapport quickly for a community visited infrequently and via teledermatology). Rural placements present opportunities to be exposed to a wider range of cultures and communities and can help trainees to better understand the needs of rural and remote communities. For trainees who have previously lived in rural or remote communities during medical school or as a junior doctor, rural placements can build on that experience.

The decision to work outside of a city (especially if the trainee does not have prior experience doing so) is a major one that can have significant impacts on family, way of life, and the nature of day-to-day work. There are both great rewards and great challenges associated with working away from major centres, and exposure to regional practice during the training years can be an excellent way for a trainee to make an informed decision about whether a career in a regional, rural or remote area might be for them in the future.

1. Australasian College of Dermatologists, Pre-Budget Submission to the Australian Government Treasury 2019-20:

[Feasibility study of Teledermatology for the delivery of specialist dermatology training and services](#), 2018.



ABOUT THIS TOOLKIT

Development and need for a toolkit

This toolkit is designed to give current and future trainees the information they need to get started on the process of considering, experiencing and choosing to pursue a career in a regional community.

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The toolkit was developed by the College in response to feedback from Fellows and trainees about what is needed for a positive experience of regional, rural and remote practice. During 2019, the College undertook a needs analysis to identify ways to better support trainees and Fellows working and living in regional, rural and remote areas. This consisted of a literature review and more than 25 in-depth interviews with Fellows and trainees to understand:

- why dermatologists choose to train and practice in regional areas, and why they leave
- barriers and enablers to effective practice and a satisfying lifestyle in regional areas
- positive and negative experiences of regional training and practice
- factors contributing to positive and negative experiences
- gaps in existing supports for access to high quality training opportunities outside of major cities.

From this consultation the College learned that for trainees, there is a need to:

- access information that allows trainees to prepare well ahead of time for their experiences in regional, rural and remote communities
- create clear expectations among trainees about the rewards and challenges of practice outside of major cities
- provide links to resources and supports available to trainees while they are working in a regional, rural or remote area.

College Board members and Fellows practising in regional, rural and remote areas considered the findings of the needs analysis and determined that, as a matter of priority, the College should make practical steps to further support trainees in:

- understanding the rigours and rewards of regional training and practice
- understanding the variety of opportunities to get exposure to regional practice
- preparing them for their experience of non-metropolitan dermatology if that is what they choose.



ABOUT THIS TOOLKIT

Using this toolkit



Who is the toolkit for?

This toolkit is primarily a resource for trainee dermatologists.

This includes those who will be rotated to a regional, rural or remote location as part of their position, those who have already decided that this type of training exposure is something they want to pursue, and those who may be considering doing part of their training in a regional, rural or remote location.

Fellows who are supervisors of trainees as part of placements or outreach visits to regional areas may also find the document a useful reference for their work with trainees.

This Toolkit brings together a range of existing and new resources on a range of practical topics including:

- benefits and challenges of regional practice
- types of training opportunities outside of major cities, and where these are located
- clinical dermatology in regional Australia – populations, cultural safety and teledermatology
- practical preparations to train in a regional, rural or remote area
- Creating a positive experience of regional practice – supports and the supervisor relationship.



Using the toolkit

The toolkit is designed to be interactive and easy to navigate. It is like a handbook that contains many links to resources produced by the College and by reputable organisations outside the College.

Users may find different sections helpful to consult at different stages on their journey towards rural training and practice.

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BENEFITS OF TRAINING IN A REGIONAL AREA

Professional development



Working in a regional area is rewarding as a doctor; you feel you are making more of an impact."

– Dermatology trainee

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Training and working in a regional area can be a very rewarding and enriching experience, whether it be for a short term placement, or a career-long decision. There are a number of benefits to training and working in a regional area, both professional and personal.



Diverse clinical experience

As there tend to be fewer dermatology professionals in a regional setting, trainees will often have the opportunity to provide a more diverse range of clinical services than, for example, if they were based in a condition-specific clinic in a metropolitan setting for the same period of time.

Trainees could gain experience treating conditions specifically related to social and environmental conditions they may never see in a metropolitan setting.



Mentoring and supervision

Often in regional settings, there may be one or two specialist dermatologists and only one training position. This might mean supervisors can offer more individual time with their trainee than if they are supervising a larger team of trainees.

Dermatologists practising in regional areas may have a number of reasons for welcoming trainees into their practice/department and volunteering their time, attention and expertise to supervise their training. They may be passionate about their role in local health care. They may be looking for a partner or successor to grow their practice or ensure continuity of care for people in their community. They may wish to address current and future issues relating to timely access to specialist care through growing the overall specialist dermatology workforce.

With a limited supervisory capacity available trainees may have the opportunity to work more autonomously than in a large hospital dermatology department, while still having access to the supervisor's expertise when required.

These diverse experiences can foster a greater sense of confidence in skills and develop a trainee's autonomy as a clinician.



Added experience in private practice

Regional training may include more time in a private practice setting than many metropolitan placements, with exposure to the practical realities of running a business.



BENEFITS OF TRAINING IN A REGIONAL AREA

Personal development

Overall, working in a regional setting can provide experiences that trainees may never have access to otherwise. It can help trainees become well-rounded, confident clinicians with diverse and unique experiences.



Lifestyle

Enjoy a regional lifestyle – the cost of living tends to be lower in regional areas, the commute to work is likely to be much shorter, leaving more time for leisure activities or time with family.

Regional centres offer a diverse range of activities which bring the community together, including local community events, sporting or social clubs. There may be opportunities to enjoy outdoor experiences in a range of natural environments.



Satisfying contribution

Many regional areas are under-served and have inequitable access to timely, locally available specialist medical care.



Cultural awareness and competence

Regional, rural and remote communities can have quite different demographic profiles from metropolitan settings. For example this might include a larger percentage of retirees, communities where 30% of the population is aged under 15, or rural and remote communities where the majority of the population live in very low socio-economic conditions.

Depending on the location of placements or outreach clinics trainees may have the opportunity to work with communities with a higher proportion of Aboriginal and Torres Strait Islander residents than seen in many metropolitan areas. Trainees will need to develop an understanding of the different skin health needs and the information, clinical approach and personal skills needed to provide culturally safe dermatological care to this population.

More information

[CRANaplus Pathways to Remote Professional Practice](#)

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OPPORTUNITIES FOR TRAINING IN REGIONAL AREAS

What does regional dermatology training look like?

Trainee dermatologists can experience regional, rural and remote practice either through a placement in a regional area or through regular rotational or outreach visits from metropolitan or regional centres. Depending on the supervisor, there may also be opportunities to observe or conduct teledermatology consultations remotely to people living in regional, rural and remote areas.

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Interested trainees can apply for formal regional and rural practice experience opportunities as part of their dermatology training. Often, but not exclusively, this is of particular interest to those who already have ties to a regional area – or those who are passionate about meeting the need for high quality medical care outside of capital cities.

Types of regional experience

Placement

- Formalised arrangements, often under the umbrella of the Commonwealth-funded [Specialist Training Program \(STP\)](#) where a trainee relocates to a regional or rural area for a period of weeks or months and is overseen by a specialist who lives and works in that area.

Outreach

- Outreach is the predominant approach to care delivery for remote locations, with the visiting dermatologist based in a metropolitan or regional centre.
- A trainee may accompany a consultant dermatologist to perform outreach visits for a day or short period. This often happens within the broader structure of a metropolitan placement.
- Outreach commonly involves the regular or sporadic provision of clinics in communities where there is no or insufficient dermatology capacity.

Teledermatology

- Teledermatology is not a separate mode of training but is becoming an integral part of many dermatologists' usual practice. Trainees' supervisors may use this as part of their work.
- Trainees may use teledermatology in the context of videoconference consultation with health professionals and patients in regional, rural and remote areas, or via 'store-and-forward' of images from these areas for dermatology review.



OPPORTUNITIES FOR TRAINING IN REGIONAL AREAS

Where are the regional, rural and remote training locations?

In simple terms, regional, rural and remote areas are defined by the Australian Geographical Remoteness Standard as being areas outside of Australia's major cities. For the College's training program, Sydney, Melbourne, Brisbane, Adelaide and Perth are classified as major cities.²

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Accredited training locations in regional areas

There are two types of regional training locations – accredited training positions for placements, and clinic locations regularly visited by Fellows conducting outreach.

Details of current accredited training locations are on the College website.



The opportunity to experience the local environment and see firsthand the impact skin disease can have on remote communities and their diverse populations has been invaluable. I enjoyed seeing the teamwork between dedicated doctors, nurses and Indigenous health who make up the clinical teams in these remote locations and now better understand the impact of our teledermatology service...in improving patient care."

– *Dermatology trainee*

2. The Commonwealth Department of Health classifies Newcastle, Canberra and Sunshine Coast as major cities (RA1) for the purposes of STP funding.



Types of opportunities



Outreach

As the dermatology profession is overwhelmingly based in capital cities, metropolitan Fellows are often involved in providing regularly scheduled or sporadic outreach clinics in regional, rural and remote communities. Outreach is not currently a mandatory requirement of any training position but may be a rich learning experience for trainees that have the opportunity to participate in an outreach clinic.

Fellows may (on a pre-planned or ad-hoc basis) involve their trainees in these outreach visits. If a trainee's primary placement is in a metropolitan clinic, this may require the trainee to take time out of that clinic to participate in the outreach visits. To assist with clinic resourcing and scheduling, this requires that the trainee and their outreach supervisor negotiate this absence with local staff, such as the supervisor of training or supervising consultant of the affected clinic(s), well in advance of the outreach date. This will ensure that any inpatient services or outpatient sessions the trainee would normally be providing can be covered by other trainees or dermatologists during their absence.

Outreach generally involves travel with a dermatology Fellow, within the state/territory of usual practice, by car or by air. However some Fellows may provide outreach to locations outside of their state, for example, to Tasmania or the Northern Territory.

The outreach clinic may be conducted in a single day, set up for several days in the one location or involve travel to a number of remote locations, for example in the Cape York and Torres Strait Islands region.



Placements

In 2020 there were 29 dermatology specialist training places funded under the STP. The STP is designed to increase the number of training posts outside of traditional teaching hospital settings, including private hospitals and clinics, specialists' rooms, regional and rural public health facilities, and Aboriginal Community Controlled Health Services.

Trainees who are in training positions funded by the STP may be required to spend at least part of their training in a regional area. This could involve:

- a 3 to 12 month placement in a regional area with the remainder of training in a metropolitan setting; or
- a fractional rotation (e.g. two days each month) to a regional area.

Training positions funded under other arrangements may also include regional placements, frequent regional visits or rural/remote outreach.

Some regional placements require a trainee to relocate to the area for the duration of the placement. Depending on where the placement is located, trainees will be based primarily either in a hospital dermatology department, in private practice with a supervisor, or may move between the two settings.

Some regional placements also include travel to other towns and communities in the area on a regular basis.



Preparing for regional training

The College’s research with trainees and Fellows found that personal and family considerations were the most important contributors to the decision about whether to undertake regional training and practice. This indicates the importance of preparation for other household members as well as the trainee themselves.



Preparing for an outreach visit

Depending on the state or territory, College Faculties may manage a planned schedule of outreach opportunities. **Trainees should contact their Faculty to find out more.**

Trainees based primarily in a metropolitan or large regional hospital may find that their supervisor or other Fellow routinely takes trainees on visits to outreach clinics in regional, rural or remote areas. In other cases trainees are allocated to attend a visit by the rural coordinator.

Supervisors should inform their trainees early in their rotation if this is an opportunity they can offer. As far as possible, supervisors should also make trainees aware of the dates of these visits early, so that trainees can sign up and plan.

If their supervisor does offer outreach, trainees should carefully consider the benefits of taking advantage of this opportunity for exposure to dermatology practice outside of major hospitals. They should also be aware of the challenges that can be associated with the experience, and prepare accordingly. Being organised well in advance is key to a positive outreach experience, both for the trainee and their usual clinic. Outreach visits are often undertaken on weekend days, but may also happen during days that would otherwise be spent working in the ‘home’ clinic. Some outreach opportunities include more extended periods away from home, perhaps for a few days or a week.



Preparing for a placement

Starting a training placement in a regional area involves changes to the trainee’s work environment, but can also impact their home life and lifestyle as well. This means that preparing for a successful placement requires consideration of a broad range of issues.

“The days are often busy and the clinical spectrum is broad. The large distances travelled by some patients often necessitates unplanned excisions and unique treatment strategies requiring lateral thought.”

– Regional dermatologist



Considerations for outreach visits



Benefits of participation in outreach

- Exposure to the full breadth of generalist dermatology presentations in a short time
- Potential to see a clinic list relatively autonomously and to follow patients' progress through post-outreach follow-up
- Opportunity to get more focused supervision and hands-on training time than possible in busy hospitals
- Exposure to the practicalities of preparing for a clinic, including ensuring the correct facilities and supplies are available
- Experience of liaising with local health services and other disciplines including general practice
- Exposure to the role of the dermatologist within a smaller community



Potential challenges

- Travelling for outreach can involve long days including long periods on the road. Driving in regional Australia can be tiring and drivers should take frequent breaks. Take extra care driving at dawn and dusk when animals are more active and when driving at night. Ensure that your car is safe and reliable and you have plenty of fuel.
- Outreach dermatologists generally need to make their own travel and accommodation arrangements. Sometimes this may be during a weekend.
- Longer or more remote clinics may require the trainee to be away from their family and household for a period of time.
- The trainee's 'home' clinic will be without the trainee for period of time which may disrupt clinic resourcing and scheduling.



Considerations for placements

Preparation checklist

<p>Accommodation</p>	<ul style="list-style-type: none"> <input type="radio"/> Will I maintain two households while on placement? <input type="radio"/> Can I sublet or rent out my city accommodation while I am away? <input type="radio"/> Will I move my furniture or look for a furnished property? <input type="radio"/> What are the accommodation options in the placement location, and who can I ask about the best and most convenient areas to live? <input type="radio"/> Is there an option for relocation support in my placement program?
<p>Family</p>	<ul style="list-style-type: none"> <input type="radio"/> Will my partner or spouse relocate with me, or will they maintain our city accommodation? <input type="radio"/> What work opportunities might there be for my partner or spouse if they do join me? <input type="radio"/> Will my children or other household members relocate with me? <input type="radio"/> If so, what are the local childcare/schooling options, and who can I ask about them?
<p>Placement community</p>	<ul style="list-style-type: none"> <input type="radio"/> What can I learn about the community where I will do my placement? <input type="radio"/> What are some of the risks to skin health that are prevalent in this community (e.g. local industry, agriculture, socioeconomic disadvantage)? <input type="radio"/> What does my training supervisor say about the role of specialist doctors in this community and the important community relationships to establish, including with local general practice? <input type="radio"/> Are there specific cultural or behavioural expectations among community groups, including Aboriginal and Torres Strait Islander people, migrant groups and refugees, farming communities? <input type="radio"/> What is the expected dress code in the clinic or hospital setting?
<p>Placement location</p>	<ul style="list-style-type: none"> <input type="radio"/> Will I be based mainly in private practice or in a hospital department? <input type="radio"/> Who are the key administrative contacts for trainees at the practice or hospital? <input type="radio"/> What is likely to be a typical daily schedule, and will I work from different locations throughout the week? <input type="radio"/> Will I need a car or license to drive? Will there be any flying? <input type="radio"/> Will there be outreach opportunities into remote areas? <input type="radio"/> Are there any special requirements for vaccinations, occupational health and safety? <input type="radio"/> What administrative paperwork do I need to complete before starting?



Practice considerations

Trainees undertaking regional placements may be exposed to a range of different learning opportunities, including different skin conditions and patient populations. Trainees should speak with their supervisor prior to their placement so they can find out what to expect and do any additional research or preparation before they begin their placement.



Skin conditions

Trainees undertaking regional placements might find they encounter different skin conditions than in the metropolitan setting. This may be due to the different climate or conditions in the regional setting or because of a different type of patient group. For example, in tropical areas, trainees may gain experience in assessing and treating conditions such as tropical dermatoses and ulcers.

Before a trainee begins their regional placement, they should contact their supervisor and find out if there are any unusual skin conditions that they should research before they arrive at their placement.



Using teledermatology

Teledermatology is a mode of clinical care delivery which is supported through the use of ICT, primarily in the form of phone, video conferencing, and store-and-forward. Store-and-forward involves sending or forwarding digital images linked with medical information to the data storage device of a specialist. Its main benefits are not requiring the two parties to be available at the same time, and no specialised or expensive equipment is required.

Consultation with dermatology Fellows and trainees across Australia in 2019 indicated that store-and-forward was their preferred approach for teledermatology. The use of videoconferencing was challenging due to poor image resolution and logistical challenges in arranging the specialist, GP and patient to be involved in a 'real-time' consultation to access the relevant MBS items for funding. The [COVID-19 pandemic](#) significantly increased uptake of teledermatology and trainees may already have some experience with it.

Trainees undertaking regional placements may be required to be involved in assessing and treating patients using teledermatology. Trainees should become familiar with the different approaches to teledermatology, including the benefits and challenges of each and [guidelines](#) for their use.



Culturally appropriate practice



Developing skills for culturally appropriate practice

As Australia's population becomes more diverse, developing skills in cultural responsiveness and intercultural competence is essential for trainees in both metropolitan and regional areas. **Cultural responsiveness** describes the capacity to learn from, relate respectfully with, and be responsive to people of your own culture as well as those from other cultures.³ **Intercultural competence** is a range of cognitive, affective, and behavioural skills that lead to effective and appropriate communication with people of other cultures.⁴

The College has made available on the ACD training portal several **resources** to assist trainees and fellows in developing these skills.

The Framework **Culturally Responsive Clinical Practice: Working with People from Migrant and Refugee Backgrounds – Competency Standards Framework for Clinicians** establishes recommended and optimal cultural responsiveness competency standards for clinicians in all healthcare settings. The purpose of the Framework is to inform the development of clinical education, training, professional development curricula and competency standards for clinicians. The Framework outlines twelve competency standards and also provides useful information for clinicians **working with interpreters**.

The CPD modules Intercultural Competency for Medical Specialists were developed to provide professional development in intercultural skills using examples from a range of cultures within Australia. The modules look at intercultural communication, the links among values, beliefs and behaviours and strategies for cultural adaptation. The modules also include a range of activities to promote self-reflection regarding the impact of cultural issues on medical practice.

Dermatologists and trainees treating Aboriginal and Torres Strait Islander people should be culturally competent and make efforts to ensure the **cultural safety** of their patients. This means to be aware of cultural beliefs and customs that may influence health decisions and give patients a chance to be involved in decisions. Health care providers need to be respectful of patient wishes regarding the delivery of health care, and understand the social, historical and political factors which influence health and their decisions. The effects of colonisation are still very much felt by Aboriginal and Torres Strait Islander peoples, and the health care provider needs to be aware of individual and system wide factors which perpetuate this.

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism".

– Australian Health Practitioner Regulation Agency (AHPRA)

3. McMillan F. Culturally Responsive Health Care. [Position Paper]. Deakin West, ACT: Indigenous Allied Health Australia; 2013 [updated 2013 Apr 29] http://iaha.com.au/wp-content/uploads/2013/09/Position_Paper_Culturally_Responsive_Health_Care.pdf

4. Leung, K., Ang, S. and Tan, M.L. (2014), 'Intercultural Competence', Annual Review of Organizational Psychology and Organizational Behaviour, 1:4889-519



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Aboriginal and Torres Strait Islander dermatology

More [Aboriginal and Torres Strait Islander people](#) live in urban areas than remote communities, so trainees practising in both metropolitan and regional areas should become familiar with the fundamentals of Aboriginal and Torres Strait Islander cultures, views concerning health, ethics and racism, cultural biases and social disadvantage. Traditional views on health and illness may not centre around the ideology of prevention, especially if this means taking a tablet which gives side effects.

Aboriginal and Torres Strait Islander people are afflicted by the same skin diseases and systemic diseases which manifest in the skin as the wider Australian population. However, due to social, educational, environmental and historical factors some diseases are more common and can be more difficult to treat once they develop.

Social factors such as overcrowded housing, education, employment and mobility will alter the prevalence of diseases and their management. For example, whilst scabies can be very difficult to eradicate from a household with 5 members, this is magnified for a household in a remote community with 20 members, and relatives visiting often. In most remote communities the primary language spoken is likely to be an Indigenous language, and English may be a patient's second, or third language. Communication styles may be different, for example patients may not feel comfortable with direct eye contact.

Trainees should talk to their supervisor, other doctors who are experienced in the area and to nurses and Aboriginal health workers – these people will be the best resources. With polite and patient discussion, people are usually happy to teach. The College has developed a module on Skin Disease in Aboriginal and Torres Strait Islander Peoples that covers topics such as common skin diseases that affect Aboriginal and Torres Strait Islander people in urban, regional and remote Australia, as well as education on managing patients in a culturally sensitive manner.

The Department of Health has developed the [Aboriginal and Torres Strait Islander Health Curriculum Framework](#) which outlines capabilities of health professionals working with Aboriginal and Torres Strait Islander people – respect, communication, safety and quality, reflection and advocacy.

The [Australian Indigenous HealthInfoNet](#) provides the evidence base to inform practice and policy in Aboriginal and Torres Strait Islander health including guidance on [cultural safety for health professionals](#).

The book [Why Warriors Lie Down and Die](#) provides deep insights into some of the challenges experienced by Indigenous communities in Australia. It is used widely in universities and is required reading for new staff in some remote hospital settings in Northern Australia.



If we had more exposure to Aboriginal health, we would have totally different healthcare professionals in Australia...!”

– Dermatology trainee



SETTING UP SUPPORTS

Creating a support network

For extended placements, developing personal and professional networks is an important part of trainees establishing themselves in the community and training workplace, and will provide a trainee with a support system during the placement.



Professional networks

Local models of care might include a diverse range of health professionals working together to provide health care in regional settings including other local or visiting medical and surgical specialists, rural GPs, nurse practitioners, Royal Flying Doctor Service (RFDS) staff, allied health professionals and Aboriginal Health Workers.

Developing professional networks is a good way to establish links with other health providers, existing services, resources, and professional support. Trainees may start by getting to know the staff in their immediate team and then expand to others in their hospital or practice.

To identify professional networks in the placement area, trainees may start by asking their supervisor or others in the workplace who to connect with. Some regional areas may have a Rural Medical School, Junior Doctors Association or other established network. Trainees could find out who the General Practitioners and other practitioners that refer to their service are, then introduce themselves over the phone or via email. Some regions have Young Professionals Networks, which can provide opportunities to make social connections.



Community networking

Regional Fellows and trainees who have undertaken regional placements advise that getting involved with the local community makes the transition to working and living in a regional area much easier for the trainee, partners and other family members. It can give trainees the opportunity to enjoy all the benefits of the experience and develop a greater understanding of what regional practice can offer as a career option.

Trainees should consider undertaking some research before a placement commences. Depending on their family situation and interests, this may involve finding out about local schools, what social, sporting, spiritual and cultural activities happen within the community, looking at websites or visiting the local council office, tourist information centre and library, reading the local newspaper, looking at noticeboards, and asking the team at work. Trainees may choose to join a sporting team, go to local community events, and investigate opportunities to volunteer through local community centres, faith communities or schools.

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SETTING UP SUPPORTS

Supervision in a regional setting



We really are the product of the dermatologist who moulded us and moulded us very carefully, very closely...making sure that we got better".

– Supervisor of Training

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The supervisor relationship

Working and living in a regional setting for an extended period means that a supervisor might be more than a teacher and manager - they may also become a mentor, advisor or part of the trainee's social network. A good first step in developing this relationship is for a trainee to contact their supervisor prior to moving to the regional area and introduce themselves, and ask them for any advice for what to do to prepare for their time working in the regional community and practice. This may include practical advice about living in that area like where to look for accommodation, and professional advice like the most common conditions treated in that practice so a trainee may review these prior to going to the regional area and ensure they have the right clinical tools and equipment.



Communicating expectations for supervision

Once a trainee begins their regional placement, it is a good idea to have an initial conversation with the supervisor about their expectations and the working relationship. This discussion may include what the supervisor and trainee each expect the role of supervision will be in the trainee's development and should consider aspects of supervision such as guidance, teaching and feedback, and how these activities should be conducted.

This is also a good opportunity for the supervisor and trainee to discuss the performance review process. It is often helpful to have a regular appointment during which the supervisor and trainee can discuss the training experience and raise any questions or concerns. These appointments are also an opportunity to formally reflect on the trainee's strengths, pinpoint areas for development, and discuss strategies to address learning needs.



Support outside of the supervision relationship

At times, it can be difficult to know where the boundaries are with the supervisor/trainee relationship in a regional area. Supervisors and trainees are likely to see each other in the community and in social settings. While there may be many positives of this type of supervisor/trainee relationship, trainees may feel less comfortable to discuss concerns about the training experience, especially if they relate directly to the supervisor. It can be helpful to get to know others in the local community so a trainee has other sources of local support, but it is also important to use the established mechanisms for trainee support provided by the State faculty which has oversight of the training position. It is also important to remember that the College is here to support all supervisors and trainees and if a trainee has any concerns about a supervisor, they can contact the College for advice or support.



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What is mentoring?

The College has defined mentoring as a one-to-one collegial relationship between a more experienced and a less experienced professional.

Based on mutual trust and respect, this relationship combines openness and confidentiality with active listening and constructive feedback to work towards clear and defined goals regarding personal and professional growth. In a regional setting, a productive mentoring relationship can offer increased networking opportunities, access to resources, enhanced clinical skills, support in difficult or new situations, and increased job satisfaction while reducing the risk of burnout and stress.



Working with a mentor

Mentoring may be experienced in both formal and informal contexts. For example, informal mentoring may mean there are no specific aims, no explicit mentoring expectations and most likely no evaluation involved, whereas the formal mentoring relationship may be more structured with specific aims, clear expectations and regular evaluation. In a regional setting, a trainee's mentor could be their supervisor, or it could be another health professional, either that they work directly with, or from another health facility or practice. The goals and structure of the mentoring relationship will depend partly on who this other person is. Trust is essential to a positive mentoring relationship so the trainee should make sure they feel comfortable with their chosen mentor. Trainees should find a professional who is willing, accessible and reliable. If a trainee's mentor is not also their supervisor, it can be helpful to consider any gaps in the supervision relationship that may be met by the mentor.



Using a mentoring agreement

It can be helpful to develop a mentoring plan that sets out the purpose of the mentoring relationship, how often, when and where meetings will occur, the trainee's and mentor's expectations for the relationship, as well as some ground rules around things like confidentiality. The College has developed [a simple mentoring agreement template](#).



Finding a mentor

If a trainee would prefer to find a mentor who is not also their supervisor, they could ask another experienced colleague or team member.

The College has a mentor program that allows registrars to select their own mentor or one can be assigned to them. This may include opportunities for remote or virtual mentoring.

There may also be mentoring programs available in the regional community where the training placement is located. One example is the [Mentoring Program for Rural and Remote Health Professionals](#).

5. This definition of mentoring is based on other medical models, in particular the model of the UK Standing Committee on Postgraduate Medical Education, cited in Ehrich 2003.



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The College website provides a number of clinical guidelines and factsheets which can be viewed online or downloaded.

dermcoll.edu.au/for-fellows-and-trainees/clinical-guidelines-standards/

The A to Z of Skin information has been developed to help you and your patients understand more about common skin conditions and problems, and how these may be treated.

dermcoll.edu.au/a-to-z-of-skin/

The College has Wellbeing and Engagement Officers who can be approached should concerns or issues arise. Their details can be found on the College website.

The Employee Assistance Program provider is Converge International
1300 687 327 | info@convergeintl.com.au
convergeinternational.com.au



College Faculties

Contact information

The College provides information about each Faculty including the key personnel, accredited training locations and Faculty support and activities for trainees.

Dermatology and Health Service profiles

The College is undertaking an in-depth mapping of the dermatology services provided in each Faculty area including an overview for each health service or local health district catchment area and current issues impacting health service/dermatology service provision in the jurisdiction.

Regional Training and outreach locations

The College works with dermatologists providing private regional training placements and outreach opportunities to provide current contact information about site and an overview of the services provided there.

Rural and Regional Services Committee

The Rural and Regional Services Committee works with the College Board to develop and sustain the rural and regional dermatology workforce in Australia.



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Rural agencies

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Rural Clinical Schools

Universities with a medical school in Australia may also have rural clinical school with a local campus in regional towns where trainees may undertake a placement or visit. Regional and outreach dermatology providers may host senior undergraduates at a local dermatology practice or outreach clinic.

- medicalschoo.anu.edu.au/study/rural-careers-placements/rural-clinical-school
- uwa.edu.au/health/schools/medical-school/rural-clinical-school
- rcs.med.unsw.edu.au
- utas.edu.au/rural-clinical-school
- rcs.medicine.uq.edu.au
- sydney.edu.au/medicine-health/schools/clinical-schools.html
- health.adelaide.edu.au/adelaide-rural-clinical-school
- monash.edu/medicine/srh
- medicine.unimelb.edu.au/study/current-student-resources/md-students-resources/clinical-schools/clinical-schools-zones/rural-zone



Rural Workforce Agencies

Rural Health Workforce Australia supports a Network of seven government-funded Rural Workforce Agencies (RWAs). The agencies attract, recruit and support health professionals needed in rural and remote communities. Access to health services is also a key factor in the sustainability of small towns and communities. They offer a range of services, including:

- Recruitment for rural practices
- Orientation programs for new recruits
- Personal and family support
- Professional skills development
- GP locum relief programs
- Access to relocation and retention incentives for health professionals
- Support for Overseas Trained Doctors (including assistance with professional registration, immigration and securing Medicare provider numbers)
- Workforce planning and advice
- Practice management support
- Listings of career vacancies and locum opportunities

Each Australian State and the Northern Territory is served by a RWA:

[NSW Rural Doctors Network](#)
[Rural Workforce Agency Victoria](#)
[Health Workforce Queensland](#)

[Rural Doctors Workforce Agency \(SA\)](#)
[HR Plus \(Tasmania\)](#)

[Northern Territory PHN](#)
[Rural Health West](#)



FURTHER RESOURCES

Local Community Information

There are a number of resources which can be used to find out more specific information about the towns trainees may undertake a placement or outreach visit to. These include:

The website for the local government area (LGA) for the community will usually give information about local services and recreation facilities, the local economy, things to see and do and local transport options.

The Local Government Association of Australia – maps the boundaries of all LGAs in Australia alga.asn.au/resources/council-maps-boundaries to help you locate the town you are interested in.

The tourism association for each state and territory should allow you to search by town and provide an overview of the community.

visitnsw.com

discovertasmania.com.au

visitvictoria.com

northernterritory.com

teq.queensland.com

westernaustralia.com

southaustralia.com

visitcanberra.com.au

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