

Sheilagh, with her position as medical advisor, was also aware of a proposed model for health care delivery in Cloncurry, established by Health Workforce Queensland, the Queensland rural medical workforce agency. This model formed the basis of a plan for Cloncurry.

Sheilagh speaks for herself elsewhere in this issue of *Outback.doc*.

They wanted a procedural practice, “interesting medicine”, and not to be based in the city. Cloncurry gave them both the opportunity for the

practice model. Planning went on apace to set up an independent private practice. It was not easy; it took them two years to convince the bureaucrats that they needed more doctors. When they moved in, the expectation was that the doctors would work one in two nights. They needed to convince the bureaucrats that the workload, with the demands of the mine and its 1000 miners working round-the-clock-shifts and the associated heavy afterhours workload required an additional hospital doctor. It has been one of the failures of planning in these

NOTE FROM SHEILAGH CRONIN

Montville is a pretty town situated in the Blackall Range area about 100km north of Brisbane on the Sunshine Coast.

The area used to mainly consist of dairy and beef properties backing onto what is now thickly forested National Park areas which have beautiful walks through subtropical rainforest with many springs and waterfalls. As we are in the hills it is usually much cooler than the coast which we can view in the distance over the green valleys.

As you can imagine it is a complete contrast to Cloncurry, but that makes for a wonderful contrast when we work between the two practices.

The practice in Montville serves a community which is a mixture of young families, local business people and retirees.

I've met some fascinating patients here who have travelled the world in their work but have chosen to retire to the Blackall Range area because of its temperate climate and outstanding beauty as well as the wonderful organic food which is grown and produced in the area.

We have five part-time doctors and two practice nurses who job share plus a nursing assistant and three part-time receptionists. We run both practices with the same software systems, protocols and billing systems, and the staff liaise between the practices on a daily basis. As doctors exchange places between the practices as needed, we have found the patients in Montville have been very understanding when I say I am heading out to Cloncurry for a couple of weeks. We have a lot of Montville patients who have lived and worked in remote areas themselves and understand about supporting remote communities like Cloncurry.

I still find it exciting flying into Mt Isa, the landscape in Western Queensland is stunning and I'm proud to have worked out there for so many years and I'm not ready to stop. The people are great, friendly and very appreciative of the work we do



out there. I am planning to resume my RFDS work later this year doing some Women's Clinics in some of the remote Indigenous communities west of Mt Isa.

Bryan, Chris and I find it very frustrating that a lot of our time is also taken up with dealing with ever increasing bureaucratic hurdles. We feel sometimes that the politicians and urban based State and Federal bodies such as the HIC and Medical Boards just don't care about how hard it is to deliver health care in remote areas. Queensland Health has been very supportive to us over the past year but we feel that much more help is needed, especially at a Federal level if communities such as Cloncurry are to receive the services they need and deserve. Hopefully the balance between spending time living and working in two very different, but beautiful, locations will be a model that will attract both young adventurous doctors and older ex-remote rural doctors who cannot give up completely, the wild and beautiful Outback.