RURAL DOCTORS ASSOCIATION OF AUSTRALIA

Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

# POSITION STATEMENT

# The ROLE of the RURAL GP in DISASTER RESPONSE and PRE-HOSPITAL CARE

## OCTOBER 2016

## Background.

People living in rural and remote areas should have timely access to safe, high quality emergency care.

Accidents and emergencies are relatively common in rural areas, with up to 65% of national road fatalities occurring in rural Australia.[1] Other hazards include agricultural and mining industry accidents, envenomations, wildlife-vehicle collisions and environmental hazards.

Rural doctors are at the frontline of the emergency response in rural and remote areas. They are often called to assist the ambulance and retrieval services at the roadside; supervise transport to the local hospital; and stabilise the patient for retrieval. Many have on-call responsibilities to their local rural hospital. This local involvement is important and can save lives.

It is important that these rural doctors have the necessary training, skills and support to be able to provide an effective response to a wide range of emergency situations.

Local support in emergency situations can be limited in rural and remote areas. Ambulance services may be available, however many have limited staff or rely on volunteers with only Basic Life Support (BLS) skills. These services may also be constrained by staffing and fatigue issues. Metropolitan and regionally based emergency and retrieval services support rural areas. However at times their response may be significantly delayed due to distance, weather or other factors.

In these circumstances, the local GP and hospital may be called on to play a critical role in early intervention and resuscitation. A 2012 survey of Australian rural GP-anaesthetists indicated that approximately 58% had been called to a prehospital incident in the previous twelve months. [2]

Despite this, most States do not currently have policies and clinical management frameworks which formalise the role of the rural GP in the pre-hospital emergency or disaster response. In some instances, the protocols instigated by centralised State government retrieval agencies may not permit local doctors to respond to disasters in their own towns.

This creates the potential for the rural GP to be bypassed in communication regarding local emergencies. This lack of involvement in formal coordination and communication networks can cause significant delays and fails to make the most effective use of valuable local knowledge and resources.

### *The International Context.*

In countries such as New Zealand, Scotland, the UK and Canada there are formal rural responder networks which incorporate the rural GP in their centralised emergency response protocols. It seems counter-intuitive that these countries, where rural areas are generally less isolated and have potentially faster turnaround times for city-based retrieval, respect and coordinate the role of local medical staff, yet this does not happen in Australia where there are vast distances, vagaries of weather and often significant delays in retrieval time.

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[1] McDonell A, Aitken P, Elcock M, Veitch C. The organisation of trauma services for rural Australia. *Australas.J. Paramedicine 2009; 7:7*

[2] Leeuwenburg, T. Access to difficult airway equipment and training for rural GP-anaesthetists in Australia: results of a 2012 survey. *Rural and remote Health 12:2127.(online) 2012*

***The Australian Situation - Training, Skills and Support for Rural GPs.***
Rural doctors with current advanced skills in anaesthetics, surgery and emergency medicine are particularly well equipped to provide emergency services in collaboration with ambulance and retrieval services.

However, not all rural GPs are trained or equipped to respond to emergencies appropriately. Utilising self-nominated volunteer members of the rural doctor workforce to form rural responder support groups may contribute to addressing issues associated with a relatively unskilled workforce and the inevitable delays in retrieval services.

An embryonic model of such a network exists in South Australia. The Rural Emergency Responder Network (RERN) comprises a small number of rural doctors who are available to assist in rural incidents. These doctors commit to maintaining relevant emergency skills. They are equipped by SA County Health and operate within a formal clinical governance structure. Variants of this model could be adopted by other State jurisdictions.[3]

A 2015 survey demonstrated tacit support for such a scheme, with 98% of 420 rural doctor respondees supporting involvement in a National Rural Emergency Responder Network [4]

***Equipment and Infrastructure.***
The 'gold standard' for safe, quality emergency care lies at the intercept of in-time access to services and adequate resourcing (in equipment, personnel and skills) of rural emergency departments. ACRRM has developed recommended minimum standards for small rural hospital emergency departments. These recommendations aim to assist small rural hospitals and relevant jurisdictions to work towards being adequately equipped and resourced to initially manage any presentation to their Emergency Department (ED), bearing in mind that many factors will influence the need for additional resources to be incorporated into the design and function.

Standardised emergency bags should also be available for the use of rural doctors who are called to attend to accidents and emergencies in the pre-hospital environment. Ideally such responses should not occur ad hoc, but be part of a scheme with agreed call-out criteria, equipment, training and clinical governance.

[3] Leeuwenburg T, Hall J. Tyranny of distance and rural prehospital care: Is there potential for a national rural responder network? *Emerg Med Australasia. 2015 Oct;27(5):481-4. doi: 10.1111/1742-6723.12432. Epub 2015 Jun 24.*
[4] Leeuwenburg T, Hall J. Tyranny of distance and rural prehospital care: Is there potential for a national rural responder network? *Emerg Med Australasia. 2015 Oct;27(5):481-4. doi: 10.1111/1742-6723.12432. Epub 2015 Jun 24.*

## Policy Positions.

1. Statewide retrieval services and other organisations responsible for emergency response and disaster management planning should formally recognise local rural doctor and hospital facilities and staff as important and integral components of the pre-hospital and disaster response team, and document their roles accordingly.

2. Jurisdictions should seek rural medical input in the development of their strategic plans and disaster response management strategies. These plans should include recognition of ACRRM and RDAA (or its State member associations) as key stakeholders, and mandate their participation in the development and evaluation of any disaster response policies and plans.

3. Rural doctors should be trained and supported so they can effectively respond to emergency situations. This includes specific training programs and/or curricular for rural doctors and ongoing CPD requirements.

4. A nationwide Rural Emergency Responders' Network should be developed to identify and document the location of rural doctors with advanced emergency response and retrieval skills to provide an additional level of community resilience in the face of pre-hospital incidents such as multi-trauma and State/National disasters. These doctors should be appropriately equipped and supported.