

## **MEDIA RELEASE**

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### **Dr John Douyere appointed as Medical Director of Rural Generalist Pathway**

Well-known Longreach rural generalist Dr John Douyere has been appointed to the role of Medical Director for the Rural Generalist Pathway (RGP).

In addition to his long term role as a general practitioner (GP) with generalist hospital practice, including in obstetrics and anaesthetics, for the past 18 months Dr Douyere has also been director of Clinical Training with Central West Hospital and Health Service (CWHHS). In this role he has been responsible for supervision and support of junior medical staff.

Dr Douyere said his new role as Medical Director for the RGP represented a significant shift in direction.

“This role is a big change for me because for most of the 20 years that I’ve been in Longreach I’ve been mainly full-time clinical,” Dr Douyere said.

“I’ll still be based in Longreach, but my time will now be divided between the new role which is three days a week, and I’ll continue to do clinical work with CWHHS two days a week.”

Dr Douyere said his focus as Medical Director of the RGP would be to look at how the Queensland Rural Generalist Pathway may redress workforce shortages in rural communities that did not have operating theatres at their hospitals.

“The RGP to date has been quite effective at supplying medical generalists to rural hospitals that have maternity services and operating theatres,” he said.

“This was the necessary first focus of the pathway to ensure birthing in the bush could be maintained and that birthing services that had been closed could be re-opened.

“What I think we need to look at closely is the rural generalist workforce needs of rural areas and our smaller towns that don’t have those procedural services.

“Those places will generally have two to five doctors and a small hospital with inpatient facilities, but no operating theatre, so one thing I want to focus on is working out how the pathway may also prepare rural generalist trainees for practice in those particular towns and communities.”

Dr Douyere said he was encouraged by the level of enthusiasm of young doctors to progress their careers in rural and regional communities.

“Some undergraduate courses have had an increased rural focus over the last 10 to 15 years, and it’s great to see a large cohort of medical students keen to pursue a career in the bush,” he said.

“We’re also seeing, at other universities, students who have come from a rural or regional area who have an interest in going back to their home communities to practice so that’s also encouraging.”

Interest in the RGP remains strong with the 425<sup>th</sup> intern commencing training since the program began in 2007.

**Ends**

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