

## Regional Neurology Committee

### ANZAN

#### Terms of Reference

##### Background

The Australian and New Zealand Association of Neurology (ANZAN) aims to ensure that high standards of clinical neurology are practised in Australia and New Zealand by playing an active role in training, continuing education and encouragement of teaching and research.

Most neurologists train and subsequently practise in major cities, but neurology patients are distributed across metropolitan, regional and remote locations. Many regional areas have limited access to neurology services, and Neurologists working in a regional setting tend to have a higher case load, reflecting the inequity of resource distribution between metropolitan and non-metropolitan areas. It is the goal of this committee to highlight and address differences and challenges encountered in neurological service provision at regional sites. The committee also seeks to ensure that decisions made by ANZAN address the regionally based inequity of access to high quality clinical neurology.

Regional centres are growing, yet recruitment to available neurology posts is challenging. Many neurologists and neurology trainees have had limited if any experience working regionally, and perceive regional positions as less desirable. In contrast, neurologists who have worked regionally usually report a positive experience. It is important that trainee neurologists are aware of the benefits of working regionally, in the short, medium or long term. This committee seeks to increase the profile regional neurology practice, amongst current neurologists and trainees.

Regional Neurologists require a broad range of skills that may not be gained from training based purely in subspecialist units. To be able to meet local demands regional neurologists often need to be prepared to offer neurophysiology investigations and their interpretation; state of the art stroke care, movement disorder management including administration of botox, and neuroradiological interpretations to name but a few. This committee seeks to ensure that neurology trainees acquire a broad range of neurology skills, such that they would be qualified and feel confident should they choose to work regionally.

Regional based neurology training offers the opportunity of quality general neurology training, and exposure to regional neurology settings. Metropolitan teaching hospitals offer excellent training opportunities especially in areas of sub-specialty neurology. By contrast regional training sites can offer a very broad exposure to a large volume of undifferentiated patients helping to hone diagnostic and basic management skills. General neurology skills are core to the practise of clinical neurology, whether working in an urban or regional setting. Regional training posts offer great opportunities to teach these skills.

Achieving appropriate recruitment into regional positions is best achieved by 'growing' our own young neurologists with an interest and required skill set to fill these positions. Yet, this takes time and workforce fluctuations are not always perfectly predictable. When an Australian or New Zealand trained neurologist cannot be recruited we rely on overseas trained clinicians. To facilitate adequate staffing the registration requirements for overseas trained neurologists need to be sensible.

High quality care also depends on the maintenance of skills for those already practising regionally. Furthermore, refresher courses need to be offered to neurologists wishing to shift to a more general post. Suitable CME activities need to be available to these individuals.

Lastly, despite maximal efforts to recruit and retain high quality neurologists to work at regional sites there are currently insufficient neurology positions in regional locations to adequately manage all Australians and New Zealanders with neurologic conditions. Some of this could be remedied by increased the numbers of neurologists, which is an issue that needs to be addressed. In some instances this will either not be enough to address inequity or too resource intensive. Therefore, alternative models of care also require exploring to ensure equity of care is achieved well into the future. Promotion of research around neurological health service delivery in regional and rural setting is important to inform optimal service delivery.

### Objectives

- 1) Advocate for our patients and specialist neurology services in regional locations to achieve equity of access
  - a. Form a community of individuals keen to collaborate to achieve this goal
  - b. Represent regional neurology on the ANZAN Council
- 2) Address inequity in training
  - a. Encouragement of regional neurology as an enjoyable, rewarding, and viable practice and lifestyle option
  - b. Facilitate the establishment of regional neurology training sites
  - c. Support regional training sites with promotion, subscription, and maintenance
- 3) Offer support to neurologists currently practising regionally and those wishing to shift to a regional hospital
  - a. Ensure adequate CME opportunities are available
  - b. Serve as point of contact for regional neurologist to raise issues/seek advice
  - c. Try to help with locum services
- 4) Address current regional work force shortages
  - a. Determine current and projected shortages
  - b. Input into registration and training decisions to ensure these do not disadvantage regional neurologists
  - c. Promote the development of novel solutions to tackle chronic neurology manpower shortages in regional Australia and New Zealand
  - d. Promote research in the area of regional neurology health service delivery and neurology problems common to regional areas of Australia and New Zealand, particularly with respect to indigenous communities.

### Membership

Committee members should have an interest in regional neurology and comprise a broad geographic representation with ideally (although not necessarily) at least one representative from each Australian state and New Zealand region. The maximum number of members is set at 10 although this could be readily amended, if deemed appropriate, by majority vote of the committee. Members will be informally nominated with nominations being communicated directly to the chair via email.

### Chair

The chair will be selected from amongst committee members. In the case of more than one nomination the chair will be selected via majority vote of committee members. The chair is responsible for organising and chairing the meetings, producing meeting minutes and agendas, and corresponding with the ANZAN Council and ANZAN President as well as other relevant parties and stake holders.

#### Term

Members and chair serve for a three year term. Terms roll-over automatically unless new nominations are forthcoming or the member actively steps down. Some effort should go into recruiting new members on a regular basis to promote contribution of new ideas and wider involvement of the neurological community. If a member attends fewer than 50% of the meetings in any given calendar year the member will be approached as to the reason for minimal attendance and asked to consider whether they wish to remain on the committee or as to whether they would nominate a replacement and step down. If a member attends fewer than 25% of meetings it will be assumed that they do not wish to remain in the committee wish to step down and a replacement will be sought.

#### Meetings

Meetings will be held via teleconference three times per year (February, August and November) with a fourth meeting held face-to-face during the ANZAN Annual Scientific Meeting.