

The Rural Alliance In Nuclear Scintigraphy (RAINS): Progress Report

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Abstract

In a proactive initiative, rural Nuclear Medicine professionals formed a strategic alliance aimed at engaging with and developing strategies to overcome the unique professional difficulties encountered in rural Australia. Strategies are aimed at equitable provision of representation and professional opportunities for rural Nuclear Medicine professionals, strategic networking, continuing education and collaborative solutions to issues of isolation.

This report provides an overview of activities during the initial six months of operation. The data evaluated provides a useful tool for gauging progress toward goals and objectives while informing decision making with respect to future directions and strategies.

INTRODUCTION

The 'inverse care law' has been used to describe health care in Australia; those in the most need receive the least. For rural Nuclear Medicine professionals, those with the greatest need for support and representation actually have the least and, thus, it might be equally appropriate to use the 'inverse care law' as a descriptor. While the rural Nuclear Medicine technologist develops unique capabilities not typical of metropolitan counterparts, rural Nuclear Medicine technologists are confronted with professional isolation that fosters a number of inequities; particularly in relation to professional representation at state and federal level, and accreditation and continuing professional development (CPD). There are also social and cultural isolation issues.

While rural Nuclear Medicine professionals contribute to the buoyancy of both federal and state bodies, their collective representative voice is minimal. That is, branch activities are organised to meet the needs of the majority; those residing in the state capital generally. Moreover, rural members of a state branch would be required to cease operation for one to two days just to attend a weekday evening CPD meeting.

RAINS was conceived at the May 2007 Annual Scientific Meeting of the ANZSNM in direct response to concerns regarding continuing professional development (CPD)

opportunities in rural Australia and was formally launched on 1st July 2007. The purpose of RAINS is to offer a support network for rural and remote Nuclear Medicine professionals. The support network aims to engage with and develop strategies to overcome the unique professional difficulties encountered in rural and remote Australia. RAINS does not stand as an alternative to ANZSNM or state branch membership, but as an adjunct to it. RAINS offers a seamless representation of rural and remote Nuclear Medicine professionals. That is, RAINS is a single unified group of individuals with common needs and philosophy. There are neither state borders nor division between the private and public sectors nor delineation based on corporate ownership. RAINS does respect and honour commercial in-confidence and intellectual property rights. The vision of RAINS is equitable provision of representation and professional opportunities for rural and remote Nuclear Medicine professionals; strategic networking and support to foster professional development, continuing education and collaborative solutions to issues of isolation; recognition and exploitation of distinctive competencies of rural practitioners.

RAINS offers two categories of memberships. Ordinary membership to RAINS is open to those Nuclear Medicine professionals sharing the needs and philosophies

characteristic of rural Australia; underpinned by “professional, social and cultural isolation”. To that end, ordinary membership is open to those Nuclear Medicine professionals employed in a Nuclear Medicine practice that satisfies any one of the following criteria:

1. Practice located in a centre that the Federal Government Rural, Regional and Metropolitan Area (RRMA) classification deems either rural or remote.
2. Practice located in a centre that is more than 200 km from the state capital.
3. Practice located in a centre that is more than 100 km from nearest other nuclear medicine practice.

The latter two points were introduced to ensure eligibility of Nuclear Medicine professionals in Townsville and Darwin.

Associate membership offers, with the exception of voting rights, the same entitlements and services as those offered to ordinary members. Associate membership to RAINS is open to:

- Students not actively employed in Nuclear Medicine who are undertaking undergraduate or post graduate studies in Nuclear Medicine at any Australian university and who come from a RRMA classified rural or remote centre.
- Nuclear Medicine professionals employed in a Nuclear Medicine centre that does not meet the criteria for ordinary membership but who believe issues of professional isolation have a deleterious impact on professional development. Examples of such isolation include, but are not limited to; academics, researchers, company representatives and regional isolation with a small Nuclear Medicine network.

SUMMARY

Membership during the first six months of operation:

- 97 members,
- 52.6% female ($P = 0.612$),
- 71.1% technologists, 22.7% students, 5.2% physicians/radiologists and 1.0% in sales,

- 82.7% (excluding students) are also ANZSNM members,
- 12.0% (excluding students) are Australian Institute of Radiography (AIR) members,
- dual ANZSNM/AIR memberships was held by 9.3% (excluding students),
- distribution by state includes; New South Wales (57.7%), Victoria (14.4%), Queensland (12.4%), Australian Capital Territory (8.2%), Tasmania (3.1%), Western Australia and Northern Territory (both 2.1%) ($P = 0.298$),
- 88.9% of AIR members where in NSW (11.1% in VIC),
- 88.9% employed in private Nuclear Medicine departments.

With respect to ordinary members:

- 90.9% are technologists and the remainder physicians/radiologists,
- 47.3% are female ($P = 0.686$),
- 81.5% have ANZSNM membership,
- 16.7% AIR membership,
- state distribution includes New South Wales (49.1%), Victoria (18.2%), Queensland (20.0%), Tasmania (5.5%), Western Australia and Northern Territory (both 3.6%),
- 94.2% employed in private Nuclear Medicine departments.

With respect to associate members:

- 100% are technologists,
- 59.5% are females ($P = 0.216$),
- 90% have ANZSNM membership,
- 0% AIR membership,
- state distribution of members includes New South Wales (55.0%), the Australian Capital Territory (35.0%) and Victoria (10.0%),

- 75.0% are employed in private Nuclear Medicine departments.

CPD point accrual was evaluated with respect to qualified technologists only and limited to RAINS specific CPD activities:

- 65.2% of technologists received CPD points from RAINS,
- 10.5% of associate members did not receive any RAINS based CPD points while 44.0% of ordinary RAINS members accrued zero RAINS CPD points,
- the mean CPD point accrual was 7.4 with a range of 2 to 21 and a median of 7,
- ANZSNM members accrued a mean of 7.7 points while those without ANZSNM membership only accrued a mean of 5.5 points ($P = 0.205$),
- AIR members accrued a mean of 5.7 points while those without ANZSNM membership only accrued a mean of 7.7 points ($P = 0.248$),
- the mean points accrued by males was 7.7 compared to 7.2 for females ($P = 0.674$),
- the mean CPD points was highest for New South Wales (8.6) followed by Queensland (7.5), Western Australia (6.0), Victoria (5.3) and Australian Capital Territory (4.9) ($P = 0.092$),
- no statistically significant difference was noted in the mean CPD points accrued between the public (6.0) and private (7.1) sectors ($P = 0.498$),
- no statistically significant difference was noted in the mean CPD points accrued between the ordinary members (7.2) and associate members (7.8) sectors ($P = 0.631$).

CONCLUSION

It is clear that RAINS activities extend advantage to regional and metropolitan based practitioners; particularly with respect to CPD. The importance of associate members can not be over stated. This analysis suggests that associate members tend to join RAINS specifically for the CPD opportunities. For ordinary members, CPD is just one of several key motivations for RAINS membership; issues of isolation and lack of representation. CPD activities have

been prominent in the early achievements of RAINS so 2008 will see emergence of strategies geared toward non CPD issues confronting rural practitioners including, but not limited to:

- Provide a voice and representation.
- Overcome barriers to training, recruitment and continuing education.
- Promote equity of service provision in rural areas.
- Undertake research on rural issues.
- Provide a network for support and collaboration.
- Integrated approach to student clinical placements.
- Lobby professional bodies on rural issues.
- Promote Nuclear Medicine services in the rural health sector.
- Inform and lobby, where appropriate, legislative and regulatory processes impacting on rural Nuclear Medicine.

CPD will continue to be an important priority in 2008 and will include opportunities for point accrual well in excess of the requirements for ANZSNM re-accreditation including, without being limited to:

- Two CPD articles per quarter in Seasonal RAINS (8 points annually with additional points available for authors).
- CPD CD distributed with 6 narrated powerpoint presentations (12 points annually with additional points available for presenters).
- Annual November CPD conference (4 points with additional points available for presenters).
- Journal or book review published in Seasonal RAINS (2 points per review).
- Collaborative publications on rural issues (2 points annually for participants).
- RAINS based research projects across rural departments (5 points over 3 years for participants).

A proactive approach to equity issues in CPD has provided a cost effective solution in rural Australia for a problem that continues to burden regional and metropolitan colleagues. The initial six months of operation for RAINS has provided a sound platform to build a productive future for rural Nuclear Medicine and CPD more generally.

For more information on RAINS, visit our website at www.rains.asn.au or complete the membership form

distributed with this edition of ANZ Nuclear Medicine.

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