

# Nothing ventured, nothing gained

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Rob Zielinski is a general medical oncologist who sub specialises in genitorurinary, melanoma and lung cancers. He treats many rarer cancers including CNS tumours, sarcomas and head and neck cancers and is the chair of the Orange Clinical Trials Unit. Rob also sits on the board of the Central West Medical Association a group that represents

generalpractitioners and specialists in the central west acting as their advocate. He is on the council of the Primary Health Network of the Western Local Health District and the Deputy Chair of the Regional and Rural group which reports to the Clinical Oncology Society of Australia (COSA). This is a group that represents and advocates for the interests of cancer centres and patients across regional and rural centres in Australia. Rob Zielinski is a general medical oncologist who sub specialises in genitorurinary, melanoma and lung cancers. He treats many rarer cancers including CNS tumours, sarcomas and head and neck cancers and is the chair of the Orange Clinical Trials Unit. Rob also sits on the board of the Central West Medical Association a group that represents generalpractitioners and specialists in the central west acting as their advocate. He is on the council of the Primary Health Network of the Western Local Health District and the Deputy Chair of the Regional and Rural group which reports to the Clinical Oncology Society of Australia (COSA). This is a group that represents and advocates for the interests of cancer centres and patients across regional and rural centres in Australia.

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I was pretty fascinated to learn about [onthewards](#), as this online resource never existed in my day. How handy would it be as you're running between patients, you flick on your smartphone and work out all the possible differentials for confusion in a post op patient. So I am very excited to be able to contribute to such a novel movement.

So who am I? I am a bona fide ex-city slicker who now works as a staff specialist medical oncologist, living and working in Orange, NSW. Orange is 3.5 hours drive from Sydney and is home to 40,000 people. It's a stunning place bursting at the seams with friendly, warm and inclusive folk. There is diversity in the community with a mix of migrated professionals, farmers, teachers, agriculturists and retirees. When I first arrived in 2013 the most common question I was asked was "What brought you to Orange to practice oncology?" These days I believe the better question is "What took you so long to move to Orange to practice medicine?"

So, back to the past. Medically I grew up in a tertiary teaching hospital in Sydney and naturally viewed the medical world through a very focused prism. These early rotations in sub-specialties convinced me that my future lay in becoming an expert in a small medical niche in Sydney. I yearned for more than that and hoped to make a more rapid

and sizeable impact to my community. I can tell you that my three years working in regional Australia has delivered on that desire and then some. So I encourage you to listen to your dreams and challenge pre-existing dogmas.

## The first experience of regional and rural medicine

Lucky for me I was part of the [Sydney University Rural Medical Program](#) and spent 12 months in Western NSW. This experience was literally life-changing. Prior to this rural immersion, I had never ventured west of the Blue Mountains and had next to no understanding of life and medicine in regional and rural areas. I was immediately struck by the impressive “can-do” attitude of regional medical practitioners.

Resourcing is sometimes limited in regional areas, which can be a headache, but also an opportunity to find more collaborative and innovative solutions. The potential to change how medicine is delivered in regional areas is huge. When I arrived the oncology service was a Fly In-Fly Out model so the transition to a resident oncology service was no small undertaking. At times it was a bit overwhelming but then I thought about the alternative where I would plug into a large tertiary cancer centre and be assigned the rare cancers and my voice would be difficult to hear over the booming professorial directions.

## Rural oncology is rewarding

Practicing medicine in regional Australia, especially as a specialist, is endlessly rewarding. Your capacity to effect change in regional areas is limitless. The ability to build a service that suits both your patients' needs and your own is more readily achievable. And lastly, there are abundant opportunities to become a strong community leader and feel even more valued. A prime example of this was working with community groups to raise \$300,000 to establish a cancer clinical trials centre. We now have 10 active trials and have treated 100 patients with novel cancer therapies. More importantly, there is now more community involvement in cancer care and I have helped create a lasting legacy.

So what am I trying to say... to convey to you? Perhaps what I would like to convey is that there will be numerous junctions in your life when following the well-trodden path will appear to be the most attractive and sensible one. But at least always ask yourself at these junctures *what if?* “What if I opted for the lesser worn path, where will it take me?” I am not saying that you should or will always deviate from the norm but try to put yourself in the mindset to consider a deviation. As you never know, it might open up extraordinary things.

## Rural oncology research

One aspect of my move that I found reassuring was the support from my specialist oncology mentors. They imparted onto me a quiet confidence, that I was ready for the challenge ahead and pledged unwavering clinical and psychosocial support. I felt they respected me for taking on this challenge. I have developed highly valuable collaborative relationships with not just my city colleagues but with many regional oncologists. I am now part of a broader regional group with an abundance of research opportunities to develop.

Interestingly, there is a clear emphasis on incorporating rural research in most research grant applications so many of the larger city cooperative groups actively seek my involvement in projects. At present, my passion is developing and implementing a model to deliver more clinical trials to regional patients through a TeleTrials model. This project has given me the opportunity to work with industry leaders, government agencies and all the leading national cancer cooperative groups. So it is a false argument to say that research opportunities in regional Australia are limited.

## The benefits of being a Jack-of-all-trades

One of the critical differences in my practice compared to the city, which is seen with all ruralists, is that you must be a [Jack-of-all-trades](#). For me that means I look after patients across the solid organ tumour spectrum – bowel, breast, melanoma, sarcoma, genitorurinary, thoracic, upper GI and nervous system cancers. This provides constant change, immense stimulation and variety. It also allows me to apply knowledge and skills learnt from one tumour stream to other tumour streams. The breakthrough of cancer immunotherapy in melanoma is a prime example as I am now employing immunotherapy in more and more tumour streams.

At the end of the day I am living in a stunning part of Australia without the stressors of big city life and delivering excellent cancer care and meeting the cancer needs of a population of 200,000 people. In 2015 I saw 350 new patients and treated 500 patients with cancer therapies and saw 1,500 patients in follow up appointments. I also run outreach chemotherapy services to Cowra, Parkes and Bathurst.

## You are not selling yourself short by going rural

I work in a District with two other full-time oncologists, yet the population we look after *should* be served by eight oncologists.

Townsville, a similar-sized oncology catchment area, is serviced by five medical oncologists. I thought I might have been selling myself short by going to a regional centre to practice medicine, but I am discovering nothing could be further from the truth. Not only am I honing my oncology skills and craft, but am also a spokesperson for the cancer needs of the region and a cancer service strategist. These are skills and responsibilities that I have enjoyed developing and ones that would only be asked of a much more senior clinician in the city. If you remember one mantra from this blog it would be *nothing ventured, nothing gained*. And yes the grass is always greener, but there is shit in both paddocks!

*This blog was originally published on Sunday 22 October 2016.*

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