10th National Rural Health Conference, Cairns Qld, 17 – 20 May 2009

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Reports submitted by RAMUS scholars and Alumni who attended this conference with support from the RAMUS Conference Placement Program
Carolyn Chapman

Report on the 10th National Rural Health Conference
Cairns 17-20th May

The 10th National Rural Health Conference was an excellent opportunity to listen to current research into issues affecting the health and delivery of health services to rural, remote and indigenous Australians. Throughout the four-day conference I was also able to participate in discussions and debates on relevant rural issues and assist in the formation of recommendations for future health care policy in rural and remote medicine. The social and professional networking opportunities were abundant including talking to representatives of different organisations at the conference displays, student social events, the conference dinner and smaller concurrent sessions.

Having lived and worked in rural and remote areas for the past year whilst studying in the Rural Clinical School, I was somewhat aware of what some of the issues were in rural health. However, the conference sessions developed my understanding considerably in regard to innovative ideas of delivering appropriate and adequate health care and examples of communities and circumstances where these ideas had been successful. An example of this was a keynote presentation from the Katherine West Health Board which showcased a successful framework of community consultation and involvement in health services. This resulted in improved health outcomes in the indigenous population of one area in the Northern Territory. Instead of being overwhelmed with the extent of inequalities in Aboriginal health presented at the conference, the Katherine West example represented hope and an improved future in the delivery of Aboriginal health.

A research paper presented on interprofessional education and practice, especially in a rural context, was of particular interest replicating findings found in my research into a similar topic in 2007. My paper evaluated interprofessional education conducted by the Combined Universities Centre for Rural Health (WA) through their annual, one-week rural undergraduate program, Country Week. It assessed the impact of an interdisciplinary education program on health professional students’ understanding of interprofessional roles and examines how both this understanding is integrated into teamwork and whether it impacts on future workplace decisions. The researchers who presented at the conference in Cairns found similar results in their research with interprofessional education resulting in an increased understanding of interprofessional practice, teamwork and collaboration and that disciplines are not isolated in rural practice but collaborate and cross boundaries.

As a future rural practitioner, the recruitment and retention sessions were of particular interest and useful for further informing me of the benefits and disadvantages of rural practice and how retention can be improved in a variety of areas. These areas included social and spatial connectedness, professional support and individual factors. Being aware of these aspects will become important when I decide where to work and pursue postgraduate studies. In addition, the other session streams I attended and found especially interesting included infrastructure for health, indigenous health, schools and health, primary health, mental health, E-health, rural medical education, health professional innovations and arts-in-health.

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Enhancing the educational and academic aspects of the conference, were the social and professional networking opportunities which I particularly appreciated. In between sessions, I enjoyed talking to the various representatives of rural organisations and colleges. Many questions I had about postgraduate studies and opportunities were answered and I was able to collect information for future reference. It was also interesting talking to a variety of health professionals from around Australia, appreciating their unique perspectives on health care delivery. Incidentally, I met a physiotherapist working in a community in northern WA whom I have met again since the conference in a remote hospital in WA. The social events specifically for students attending the conference were a particular highlight. The welcome cocktail party on the first night was fantastic in networking and meeting medical students at different stages of their studies from around the country. There weren’t too many students in their final year of medicine but it was great to meet those that were and discuss our plans for the future and internship. I really appreciated meeting the RAMUS staff as well as other scholars at the RAMUS lunch. It was lovely to make new friends and possible future colleagues and spend time socialising throughout the conference.

The 10th National Rural Health Conference demonstrated the energy and enthusiasm that can be generated by a group of health care professionals that collaborate to develop ideas and creative solutions to important issues and consequently recommendations that can change rural health care. It was satisfying to contribute to improving health care policy and the betterment of health care delivery in rural and remote Australia, my future working environment.
Mark Dennis

RAMUS Scholar Report from the 2009 National Rural Health Conference

I have known for a long time extent and breadth of issues pertaining to rural and indigenous health but I had not seen the passion and determination of the rural health workforce to tackle these. This was one of many highlights of my attendance at the 2009 Rural Health Conference. It was truly refreshing and motivating to see and speak to so many professionals from such a wide background working to tackle health issues in the bush and it is something that we do not get to see in the city based medical educations.

In truth, I found some presentations, for want of a better phrase, “re-stating the bleeding obvious” regarding the issues facing the rural workforce and public. So I enjoyed the tales of pilot programs that areas had set up for their area of need the most. “Doctor on Campus” was a simple but effective program to tackle secondary school mental health issues. It took a caring school counselor and GP to put together. A GP visits the school once every month and the counselor arranges children with mental health issues to see the GP. It allows direct consultation to children who would struggle to make appointments out of the school time and seems to me to be an obvious option for a number of other schools.

The “Bridging the Gulf” told of a community established a new health service in Normanton to address the health needs of the Gulf of Carpenteria. Whilst it did show the frustrating battles between stakeholders, it also provided real tangible progress in providing a workable solution to the area. I found the discussion around the critical pitfall areas very enlightening.

In addition the provision of cancer management programs to rural areas was heartening to see that some services are making progress in providing much needed services to rural locations.

A particular area I was interested in was workforce planning/retention and rural medical education. The sessions on the results from the Rural Medical Education stream – Spencer Gulf and James Cook Medical School whilst interesting, did not really tell me anymore than I already knew. However what I did find more important is the discussion on how the needs, wants and demographic of the students may change with the massive increase in medical students that is on its way. I believe that with the increased competition for internship places and eventually training positions students will start to look at rural clinical schools in an even more Machiavellian way. “If I chose to go to the rural school what will I and my career get out of it”. “Further can I be assured that I will be better off in the short term and long
term from going rural”. How this will affect student’s intentions to go and stay rural will be interesting to see.

Extrapolating this further to junior doctors, I still believe that there is some way to go to making sure junior doctors find “going rural” attractive. Lifestyle, quality of life etc will only get so many doctors so far. A career path for junior doctors needs to be planned out that includes getting back to the city centre for advanced training. Indeed one maybe could look to the teaching model in Queensland where teachers that elect to go rural in their early career accumulate points which gives them preference to get back into regional or city locations later on.

With regards to workforce retention the sessions gave me further an insight into the issues for staff living and working in rural locations. Whilst these studies outlined the problems, I felt they did not address any solutions to the issues. I am no further in understanding or seeing the solutions to the workforce retention problem. I believe this is an area that continued work.

There were many other discussions that were valuable and I do wish I had experienced these types of conferences more regularly through my medical school career.

The conference helping my career intentions
In one word “networking”, I was able to meet many people from medical students from other states through to managers of medical teams. It enabled me to discuss locations for my internship and later my career. More importantly, by speaking with some senior doctors it allowed me to see paths to stimulating careers in rural locations. This is particularly important to me as I would like to complete some training in city locations and then head to regional areas to work. Learning about the links rural doctors have back to the major universities or the respective departments of health also reassured me that quality research maybe undertaken at these locations.

Broaden my professional knowledge
As outlined above the conference did enable me to hear and discuss some programs that I was not aware of. It was encouraging to see these. I would like to think that the new ways of delivering health services discussed at the conference may assist me in developing programs in my future career. It will at the very least enable me to talk more authoratively about the options and pitfalls of certain strategies.

In summary I found the conference both daunting in terms of how far we have to go but also encouraging in terms of the enthusiasm as the team to move forward. I sincerely thank RAMUS for the opportunity to attend and wish I had taken the opportunity to attend other conferences earlier.

Regards, Mark Dennis

Reports submitted by RAMUS scholars and Alumni who attended this conference with support from the RAMUS Conference Placement Program
Sophie Martin

RAMUS Applicant Report.

The 10th National Rural Health Conference in Cairns was a new and valuable experience. It exceeded my expectations and I learned much about the challenges facing rural health, as well as progress and successes made in this area over the past couple of years. I also discovered and learned about organisations and relationships that I did not even know existed before I attended the conference.

With such a huge variety of speakers and disciplines within health contributing to the keynotes and concurrent sessions, one of the most difficult parts was choosing which presentation to attend at the cost of missing others.

From my perspective, the highlight of the talks was an afternoon session labeled ‘Lessons from the NT emergency response’. This session provided a factual explanation of the events leading up to the NT intervention and an evaluation of the outcomes to date. Several people involved in different angles of the process spoke about their experiences and involvement. As the intervention was such a controversial operation, question time was filled with ethical queries. It was a fascinating topic and I am interested to read the “Little Children are Sacred” report that was the so-called trigger for the decision.

It was no surprise that Indigenous health formed one of the major themes of the conference. Along with the afternoon session on the NT emergency response, their were discussions on Indigenous community capacity, the Katherine West Health Board and the most prevalent primary diseases affecting Indigenous Australians to name a few. There were some promising stories shared at the conference and the general tone was a positive one when considering options to tackle ongoing problems such as alcohol abuse and Indigenous children’s health.

Another popular theme was that of the shortage of rural health practitioners. Several success stories were shared in this area, and many more ideas for recruitment and retention were put to the floor. There was also much debate around the fact that doctors are typically offered greater incentives to move to and work in rural/remote areas than other members of allied health. Despite several excellent contributions, the fact remains that this is still a major problem for rural Australia.

The conference provided a great opportunity for networking. As a fifth year medical student, I was still at this point looking for potential prospects for organising my end of year elective. Talking to other conference delegates, both students and staff, as well as visiting the numerous exhibitors provided plenty of inspiration for this. I paid particular attention to the Royal Flying Doctor Service whom I had already spent some time with and was interested in pursuing this further in the form of a four-week placement.

Reports submitted by RAMUS scholars and Alumni who attended this conference with support from the RAMUS Conference Placement Program
Although I do not have to make the ultimate decision of choosing a medical specialty for the next few years, I am starting to consider the different options available. A big part of this is speaking to doctors in each of the different specialties and gaining their perspectives of what their career entails. The conference was a good place to network with doctors including GPs, paediatricians, obstetricians, public health specialists and several members of allied health, many of whom were currently working in a rural setting.

Furthermore, I became aware of different rural career options and training opportunities available to medical practitioners. The Rural Generalist Pathway is a Queensland initiative which I was previously unaware of. Programs such as this allow a more diverse training program and field of practice through which GPs can take full advantage of their skills. It has taught me to be more aware of programs such as this and to investigate options offered in other states of Australia.

On the not-so-academic side of the conference was a great social scene. The RAMUS scholar/mentor lunch and the conference dinner provided great opportunities to meet people. Regular entertainment in the form of dance, music or comedy provided a little relief from the serious side of the talks. By the end of the conference I had met students and various health professionals from all across Australia.

Overall I found the conference to be very beneficial and a great experience. I was introduced to so many opportunities that I never knew existed, I learned a lot about rural health and met several people that I’m sure I will see again in the future.

Sophie Martin
(Med V)
Shannon Nott

Report on 10th National Rural Health Conference, Cairns

Shannon Nott, UNSW

First of all I would like to thank the NRHA through there RAMUS conference program for giving me the opportunity to attend this conference. It is a great way of enabling interested students in rural health to not only network but to be aware of the pertinent issues that are affecting rural communities throughout Australia. The student contingent at the conference was impressive and this is due to the fantastic work of the conference management as well as all of the programs throughout the country designed to support students in getting to this wonderful event. As a student myself and having been involved in rural health advocacy previously with the National Rural Health Students Network and now with the Australian Medical Students Association, I believe professional development opportunities such as these are integral in being able to breed up the new leaders in rural and remote health.

The conference experience for me, as it was two years ago in Albury, was an uplifting one. The networking opportunities it provided were invaluable for an upcoming health professional looking to work in rural and remote communities. Being able to speak with and discuss issues with Australia’s leaders in terms of rural health is undoubtedly an opportunity that has not only allowed me to grow as a student but has also allowed me to gain professional contacts for future endeavours. For me as well, it was a great opportunity to catch up with people I have met previously out bush and through my work with student organisations. For me as well, I could gain insight into the most knowledgeable individuals who comment on rural health. Being able to speak with people such as Gordon Gregory, Sabina Knight, Louise Lawler, Shelagh Lowe, Rod Wellington etc etc, allowed me to not only improve relationships I had with them but also to be able to ask specific questions I was curious about in regards to rural and remote health. The one on one networking well supplements the academic program as I am able to engage more with people one on one.

The academic program once again was first class. I think that the conference kicked off incredibly well with the absolutely impressive keynote addressed by Joshua Tepper. His speech was certainly the highlight of the conference for me and I cannot agree enough with his comment that health should be judged by its provision to all, not just the quality of healthcare in metropolitan hospitals. His discussion on changing the way we provide healthcare by moving away from the traditional “problem-based” model to analysing what works well and sticking with it.

Louise Lawler’s review of the last ten conferences also gave me huge insight to how far we have come, yet how much work still needs to be done. A concern of mine, which seems to be a very slow culture shift, is the encouragement of multidisciplinary teams. It seems that multi-d was an aspect that was encouraged throughout most conferences yet things still are not where they should be at. We have huge disparities in terms of benefits for allied health
and nursing colleagues in comparison to their medical counterparts. As a medical student who is completely supportive of this cause, it is frustrating to still see some road-block in the way of integrating into a truly multi-disciplinary system.

If I could have one constructive criticism of the conference, it would be aimed at the conference MC. Comparing the two conferences that I have had the pleasure to be a part of (Albury and Cairns), the one thing that stood out most was the differences between Julie McCrossin and Robyn Williams. As a student, Robyn did not command the same authority in the conference as Julie did and did not have the same presence on the ground. One particular point to make is that he failed to keep speakers running to time, a crucial part of being an MC. Despite this though, this slight flaw in the academic program did not detract from the conference as a whole.

Cairns was an absolutely impressive venue. The convention centre was first class and at the calibre of professionalism that I believe the National Rural Health Alliance is currently at. The trade exhibition also supplemented the program by allowing for a place for delegates to not only socialise and network but to also learn more about programs spoken about within concurrent sessions and within the keynotes.

Overall the conference in my eyes was a huge success. I applaud all involve with its organisation and really look forward to attending Perth as a final year student for the 11th National Rural Health Conference!
Shehnarz Salindera

10th National Rural Conference Report:

Having never been to Cairns before I have to say that I was a little apprehensive watching the plane land in what seemed to be a sugar cane field. However at the last minute just before touch down, as if out of nowhere, appeared a row of sheds and buildings which were the airport. With one million Australians living in the tropics, including 30% of our Indigenous population, Cairns was an appropriate setting for the 10th National Rural Conference. As a final year medical student I attended this conference to meet more people working in rural health, to gain a better understanding of current rural health issues, and to learn more about post-graduate training opportunities in rural Australia.

Numerous occasions were provided to meet rural health workers and fellow students. In particular the RAMUS scholar’s lunch was a wonderful opportunity to meet the RAMUS team in person and to thank them for all their hard work in supporting us. I was also able to meet other scholars and alumni and exchange stories from rural rotations and future training plans.

Some of the most thought provoking sessions included presentations on the impact of climate change on health, especially for rural and remote populations. I found the issue of food security in the face of climate change to be a complex and alarming problem for remote Indigenous populations in particular. There was also an inspiring session about the development of innovative Indigenous health projects such as the Katherine West health services. This project was an excellent example of the success that can be achieved by adopting a regionalized model where community consultation is an integral component to planning the delivery of health services.

Also a significant message from the conference for me was that a multi-disciplinary approach to rural health is essential. Of course we are taught this at medical school but to meet allied healthcare workers and listen to the issues they faced in rural areas brought this theory to life. Numerous allied health professionals attended the conference and interestingly they faced similar recruitment and retention issues as the medical profession does. Several studies were presented demonstrating that social isolation and lifestyle choices strongly impacted the recruitment and retention of allied health workers to rural and remote regions.

Much debate and discussion also revolved around the problem of recruitment and retention of doctors and the proposed solutions, such as ‘workforce re-augmentation’ vs ‘workforce redistribution’. There was a strong sentiment that due to the urgency of the workforce shortage that Government must move beyond strategies for redistribution to solve the workforce shortage and to begin workforce re-augmentation by expanding the role of existing healthcare workers such as ambulance officers and introducing new ones such as physician assistants (PA). In fact this has become a recommendation of the conference.
However I felt that the evidence for this was limited in particular due to the increasing number of medical student numbers. The PA model depends on taking healthcare workers with extensive clinical experience, eg: paramedics, optometrists, nurses, physiotherapists, and giving them 2-3 years intensive training to become limited medical practitioners. UQ and JCU have developed PA training programs already due to commence in 2010 and 2011 respectively.

Some of the problems with this model centre on the issue of who will take up this training? Rural Australia cannot afford to lose people from these allied health professions to become PA. Nor can the professions themselves afford to lose their most experienced practitioners, teachers and leaders. It is hence probable that the candidates will be a non-rural healthcare worker, meaning that they are likely to be just as difficult to recruit to rural areas as allied health professionals and doctors currently are. Also urban trials currently occurring in SA suggest that Governments do not intend to limit PA to rural areas anyway.

Furthermore with the increase in medical graduates, in particular those rurally bonded, the pressure on the training capacity of our public hospitals and other areas are already at saturation with no particular plans in place for expansion- the training of PA will further burden this already strained system of training. However when these issues were raised there weren’t too many answers. One suggestion was the PA could teach medical students and junior doctors. This seems impractical because we don’t have any PA to teach student-PA let alone teach medical students. This model would also go against the established model of medical education with little supporting evidence.

Also there was no acknowledgement of the fact that many of the medical graduates would also be bonded students who must undertake a rural return of service. It seems logical to me that since these graduates are guaranteed to be coming to rural areas that more programs to employ, train and keep them should be investigated.

And finally does the Australian public not deserve the best possible medical workforce? I believe that the increase in the number of medical students and the graduation of bonded students especially, is the ideal opportunity to provide rural Australia with more doctors of a world class standard, by developing more rurally based training programs. It is not the time to introduce limited medical practitioners whose training will be at the expense of doctors, nurses and allied healthcare professions and their patients. It seemed to me that time and money would be better spent on both creating new and expanding existing rural training programs, and assisting existing allied health professionals and nurses in delivering rural services by implementing strategies such as equivalent recruitment incentives and appropriate MBS remuneration.

I am eager to see how the conference recommendations are received by Government and other groups, in particular because of the re-augmentation agenda proposed. There is no doubt that this is a high stakes debate that will change the face of healthcare in Australia for many years to come. I look forward to attending future conferences to be involved in the
development of the issues explored this year and to continue being inspired and challenged by these issues.

Shehnarz Salindera
Hassan Ahmad

6/9/2009

10th National Rural Health Conference Cairns, May 2009

Hassan Ahmad

Regardless of whether it was the intention of 10th National Rural Health Conference organizers when they initially selected the venue, attending the NRHC amongst the backdrop of beautiful, tropical Cairns in Far North Queensland was certainly a positive step in the direction of attracting practitioners and students the life of rural practice. I was privileged enough to be able to attend this conference, held from the 17 – 20 May, 2009, in my (essentially) hometown of Cairns, QLD. It proved to be a fantastic experience of professional development that consolidated my knowledge of rural health issues, brought into focus those sector concerns of recent prominence or significance, and provided a great opportunity to gain some insights into the minds of rural health professionals and students into all that is rural health in Australia.

Arguably, this NRHC may prove to be the most pertinent conference to be held years in either direction of 2009 concerning the future and direction rural health in Australia. One of the reasons I was so eager to attend this particular conference was that it was held amongst a climate of significant rural health reform, the outcomes of which will be pivotal to our careers as we continue down our professional pathways. The focus of some of the current government’s health reforms include the implementation and ramifications of a Primary Healthcare system, preventative healthcare strategies, aged healthcare, maternity services reviews and hospital reforms, and set a spectacular stage to fuel many thought provoking discussions and provided opportunities to view some very interesting presentations over the four day period.

The topics and breadth of issues covered by this conference were certainly not limited to these issues of bureaucratic strategizing. As is to be expected, an underlying theme of the conference was addressing the pressing issue of Indigenous health in Australia, and the ‘closing of the gap.’ In speaking to rural doctors and Indigenous Australians at the conference, although the general consensus was that public acknowledgement of the state of rural Indigenous health has increased significantly in the past few years, there is still a long way to go in terms of bringing the health of Indigenous Australians up to par with the greater population. One interesting presentation I witnessed was delivered by a group of health workers, some Indigenous, who presented their findings regarding a trip they made to New Zealand and Canada to study the indigenous people living in these areas. They presented the similarities and differences between the cultures, as well as the implementation strategies used by their respective governments to improve the health of these populations. It was encouraging to see that the findings showed that these cultures do not differ from Indigenous Australians in any manner that will affect the ability Australia to raise
their levels of health and welfare, and if we continue on the path we are on at the moment, closing the gap will certainly be achievable.

Interestingly, growing up in the Cairns and Cooktown region of Far North Queensland for the greater part of my life allowed me to develop a greater sense of empathy regarding the people indigenous to the area. Having this commonality really allowed me to connect with some of the older Aboriginal and Torres Strait Islanders delegates, many from the surrounding region, and it was quite insightful to discuss rural health issues from an alternative, Indigenous, perspective.

Work hard, play hard, or so the saying goes. This was certainly the case on the night of the tropically themed conference dinner midway through the conference. Due to some ingenious feat of engineering, the magnificent main conference hall that previously seated the entire conference was transformed into some sort of tropical ball room large enough to seat hundreds of delegates around magnificently decorated tables, complete with a hybrid Jazz-Hip-Soul band that needed to be heard to be believed. The night was filled with wonderment and merrymaking, and it was a fantastic contrast to the serious and academic nature of the day conference program, and particularly comforting to observe that rural doctors are just as festive as anyone else.

Something of particular interest to me personally is the innovation that is being born from the current state of rural medicine within Australia. A passion of mine external to medicine is innovation and entrepreneurship, and I found it particularly exciting to see some innovative themes underpinning a few keynote speeches, presentations, and debates at the conference this year. E-Health was a prominent topic that was the focus of a keynote speech, which addressed the plans of rolling out a nationwide, ubiquitous electronic health record system. Although it has been generally accepted that Australia would benefit from a nationwide eHealth system, questions have been raised as to how it will be implemented within the healthcare industry throughout the entire country, and how compatible it will be with existing healthcare management software programs. The government commissioned National E-Health Transition Authority looks promising however, and it will be interesting to follow the progress of Australia’s eHealth rollout in the following years.

A presentation on the concept of telehealth also highlighted the use of an innovative and promising form of communication that reaches out to the most rural and remote areas of Australia. Potentially it could allow the bridging of the gap between the rural patient and their distant specialist or clinician counterpart, through which diagnoses and treatments could be conducted and overseen. Another particularly interesting keynote presentation by an academic from the Washington school of medicine looked at the potential benefits and ways of incorporating two professions previously unheard of in Australia, Nurse Practitioners and Physicians Assistants. It was interesting to see the responses from the delegates, some concerned that these American models of healthcare professional could not be simply transposed to the Australia rural system to any benefit. As an aside, my RAMUS mentor is the superintendent of the Cooktown hospital that is one of the three in QLD to take on a Physicians Assistant and a Nurse Practitioner, and I look forward to spending some time in a clinical placement over the coming months. I thoroughly enjoyed learning about these fresh approaches to improving and developing rural healthcare and the original ways that we that we are utilising infrastructure,
legislation and technology to move forward to meet the new and increasing demands that are being placed on rural healthcare and its professionals.

In closing, I can say that I am extremely glad that I was able to attend the National Rural Health Conference 2009, and am extremely appreciative of the NRHA and the RAMUS team for making the extremely fantastic experience possible. It is always difficult to predict the ramifications of particular events on our eventual vocation as students, however I am extremely sure that this very positive experience of rural health has delivered a lasting impression on my professional choices now and in the future. In fact, I am now applying to study for 12 months at one of the UNSW rural clinical school campuses next year as I am adamant about my pursuit of rural health - beginning now, and hopefully stretching far into my professional future. The closing address for the conference was delivered by Minister for Health Nicola Roxon, and I was glad to hear her comments acknowledging the prominent and current issues for rural health. Hopefully, in time we will see the positive results of the government and the professional sector’s strong commitment to rural health reform come to fruition, assisted by the existence of the extremely important and pertinent conferences such as this one.

Hassan Ahmad

Medicine III, UNSW
Kate Chapman

RAMUS CONFERENCE REPORT

Scholar Name: Mary (‘Kate’) Chapman.

This was my first attendance at a medical conference and I quite enjoyed the experience. Many of the keynote speeches and concurrent sessions were very interesting, even at my level of training. They gave me a lot to think about as to the future of health care in rural and remote Australia and how, as a future medical professional, I can adapt the policies and innovations to my patients and practice.

Having lived the majority of my life in a rural area, up until I moved to Perth to study medicine, I am fairly certain that I would like to return to a rural area of Australia to practice. I therefore need little convincing of the benefits of living and working in a rural area. Nonetheless, I am quite interested in what attracts medical professionals to rural and remote practice, and what keeps them in these areas. Several of the sessions at the conference centred around these issues. It seems to me that much of the studies have shown that rural origin (both living and being educated rurally, prior to medicine) is a big deciding factor on intention and subsequent decision to practice in a rural or remote area. Along with rural origin, training in a rural area, from as early a stage as first year of medicine, seems to be a deciding factor in whether medical graduates and allied health professionals will decide to practice in a rural or remote area.

During the conference I had the opportunity to broaden my knowledge of the difficulties facing rural and remote communities in Australia, and their access to medical services. There are many innovations being put in place to help increase services to these communities. One such innovation is a “one-stop shop” for Indigenous families in the Pilbara. The families bring their children in and they play and at the same are seen by the relevant medical professionals, their parents/guardians can be chatted to and it makes it an easy way for the children to have a complete health check. This highlighted to me that, in my professional life to come, there is not only one way of conducting a consultation with a child and their parent/guardian. The ‘traditional consultation’ may need to be modified to accommodate different cultures and availability of services.

I also had the opportunity, in several sessions, to learn about some allied health professions, which are apparently quite new in Australia but have been developed quite a lot in Canada and the US that seem to be aiding the access of services to rural and remote communities. These include nurse practitioners and physician’s assistants. It will be interesting to see how these professions develop in Australia and if they will be able to provide a medical service to communities that may otherwise have to travel some distance to seek medical attention.
Having lived in a rural area most of my life I am well aware of the challenges, and advantages, of living in the country. However, the sessions at the conference which highlighted the reasons why medical and allied health professionals go to the country, and the factors they keep them there or not, were very interesting to me. It became obvious to me that it is not easy, if you are the only medical professional for several hundred kilometers. It can be very isolating, difficult and there is a distinct lack of professional support. This can make it very difficult to wish to stay in this environment. Also, social support is a major deciding factor in retention of medical professionals in rural and remote Australia.

I also enjoyed mixing with other health professionals and students interested in rural health. It was a great opportunity for me to network with like-minded people who are interested in the future of rural and remote health in Australia, where it is now and where it is going. For most of the students, we are the future providers of the medical services in these areas and we should be starting to think now (if we have not already started) how we could contribute to making sure all communities in Australia have access to health care. We will need to work together to achieve that and building relationships now between current and future medical professionals and allied health is an important part of the process towards this.

Finally, I am grateful for the opportunity to attend the 10th National Rural Health Conference. It was a great learning experience for me and provided me much knowledge as to how to attract and retain medical professionals in rural and remote Australia, and how medical policy and innovations are working to improve the services available, towards the ultimate goal of all communities having equal access to medical services, and how I will fit into this system in a few years time.
Kate Fox

10th National Rural Health Conference Cairns 2009

When RAMUS gave me the opportunity to attend the 10th National Rural Health Conference in Cairns this year I was very excited. I saw it as an opportunity to not only network and learn more about Australian rural health, but as a chance to see and experience the beautiful city of Cairns.

Attending the conference really opened my eyes to the vast array of issues, ideas and initiatives currently at play in rural Australia. Before attending the conference I guess I thought I had a pretty good idea about a lot of these issues, but on attending I can see there is so much detail and different aspects to solving some of the shortcomings in rural health, a lot of which I had not even thought of. It is very encouraging to see just how diverse, resilient and determined the rural workforce and advocacy bodies are in this country and while it is clear that there is definitely a long way to go, it is also clear that we have come a long way.

The opportunity to meet and network with various different people at the conference was endless and depended on your willingness to do so. From students with different life stories and experiences, to other conference delegates from different parts of Australia working in their own unique rural health setting, to conference presenters willing to give some quick advice during the lunch break. Opportunities also presented themselves in the form of many exhibitors. In particular I found the Royal Flying Doctors Service exhibition very interesting and looks like a possible elective opportunity could arise for me with them in the later years of my degree.

As I am from the country I have always had a keen interest in rural health, but since taking part in an elective in Aboriginal health at University this semester I have become particularly interested in Indigenous health and found myself attending most of the plenary and concurrent sessions discussing Indigenous health issues in rural Australia.

Of particular interest to me was the plenary session on the success story of Katherine West Health Board (KWHB). The KWHB presented a model of coordinated care, cultural safety and security and community engagement. They are the perfect example of how a good level of funding, multidisciplinary teams and a community approach can and does lead to better health in predominantly Aboriginal communities. The advances KWHB are making can be largely attributed to their attempts to ensure that the predominant voice in the whole process is that of the Aboriginal people the program is trying to help and that there is always dialogue between participating parties. Physically going out into the separate communities in the area and asking the community members what it is that they think they need to make their community healthier is the grass roots kind of focus that will see huge advances in the state of Indigenous health in this country. This philosophy is well supported, researched and recommended in Indigenous health academic communities, but it is very refreshing to actually see the benefits of such an approach rather than just people talking about it.
I also found the concurrent session entitled lessons from the NT emergency response a very interesting one. It had a number of key note speakers who are considered leaders in their field including Lesley Podesta; the First Assistant Secretary in charge of OATSIH, Mick Adams; the chair of NACCHO and, Mark Wenitong who was the president of AIDA at the time of the NT intervention. AMSANT made an apology for not being able to make it for the session and their presence would have provided an excellent NT focussed perspective. The session was packed out with delegates who were not disappointed with the quality presentations of fact, opinion and interestingly and professionally minimal political jibes. The presentations started with Lesley Podesta presenting all of the positive things that came out of the intervention in terms of the large number of child health checks and provision of basic health care services in the NT. This was followed by the largely expected well constructed but subtle criticism of the disastrously implemented intervention and an outline of the recommendations for future progress by Mick Adams, Mark Wenitong and members of the KWHB.

Overall the conference presented me with numerous opportunities to not only learn more about rural health issues, but to be a part of the future of rural health in many ways; by becoming a rural practitioner and actively being involved, or in the mean time simply by having the knowledge to advocate for particular rural health issues.
Alison Kirby

10th National Rural Health Alliance Conference Report

The 10th National Rural health Alliance Conference was both highly enjoyable and educational. Many important and relevant opinions and topics were raised and debated, with all participants there for a similar reason; to improve the health of Australians in rural and remote Australia. Numerous different sessions covering a variety of topics were able to be attended over the course of the four days.

The first day of the Conference commenced with a variety of keynote speeches that encompassed some of the most pertinent issues in rural health today. As a JCU medical student, I found Maggie Grant’s keynote regarding the issues of racism that arise within the context of cross-cultural training, at once interesting and disturbing. Maggie described how although cross-cultural training is aimed to stamp out segregation and racism by teaching medical students how to be culturally appropriate, many Indigenous students felt ostracised by this teaching, as though they were on display. I had never considered this point of view before and as such was very interested in Maggie’s remaining conference workshops and speeches where ways of improving cross-cultural training were discussed.

By far the highlight of the first day for me (and I’m sure everyone else who attended) was the keynote speech by Joshua Tepper from the Ministry of Health and Long Term Care in Canada. This engaging and passionate physician spoke of the difficulties associated with the provision of health care in rural Canada and demonstrated the similarities between rural health in Canada and Australia. Additionally, the constant struggle to attract suitable trained health professionals to the rural areas of Canada was discussed and Dr Tepper made reference to some of the solutions that were being trialled to alleviate this problem. It was clear from Dr Tepper’s speech that Canada and Australia can learn a lot from each other in terms of ensuring the adequate provision of rural health care and as such, must continue to work together for the good of rural health in both countries.

Day two of the conference was filled with so many interesting keynotes, workshops and soapbox session that I won’t even attempt to mention them all. Of particular interest to me were the sessions focussing on the surge of graduating medical students and the implications of this on rural health. The frightening statistics demonstrated by Professor Richard Murray in his soapbox speech showed that although the medical workforce will soon be overrun by newly graduating doctors, encouraging those graduates to become involved in rural medicine is still a challenge.

Another interesting session for me on this day was the session on rural generalists presented by Denis Lennox. As I have recently applied for and been accepted into this training program, I was interested to see how Denis portrayed this new pathway to other health professionals and very pleased to note that the pathway was widely accepted and acclaimed as a very promising addition to solving the rural health care crisis.
Day three of the conference was again very interesting and informative covering a myriad of issues pertinent to rural health in Australia. Day four of the conference however, was a real highlight for me. For a while now I have been very interested in the expanding roles nurse practitioners and physician assistants are playing in alleviating the rural workforce crisis. A panel facilitated by Robyn Williams (MC) which included representative from these two disciplines (among others) was set up with members of these professions discussing the role they play and answering questions regarding that role. I believe the role of nurse practitioners and physicians assistants in rural health will expand exponentially in the future and as such, it is important that both the current and future health workforce are well informed of the role of these professionals, so that they can be best utilised in rural health.

Whilst I found the entire conference very interesting and informative, I must confess that one of the absolute highlights for me was the social networking opportunities provided by functions such as the conference dinner, exhibition and afternoon “happy hours’. The social networking opportunities provided by mixers such as this, I consider invaluable. As well as meeting students from other universities with similar interests in rural health, I also met some of the most well known faces in rural health today. I believe the professional relationships that can be forged by events such as these will aid me greatly in my future ambition to become a rural generalist as the people I met at this conference are all people who had, or currently have, or will have in the future, a major role in the provision of health in rural Australia. Additionally, the animated discussions I had with some of the most passionate providers of health in rural Australia gave me insight as to what to expect when I eventually commence rural practice. The isolation, both professionally and geographically, the lack of resources and the constant struggle to secure funding were always prevalent in these people’s conversation. But equally prevalent, and just as passionately, these rural health providers spoke of the love they have for both their profession and their rural community, and I gained the definite sense, that despite all the hardships, these passionate providers of rural health in Australia wouldn’t be anywhere else. And neither would I.