GP11: Royal Australian College of General Practice Annual Conference

Hobart, TAS

6-8 October 2011

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

To supplement my final year of medical school, I attended the GP 11 (annual Conference for the Royal Australian College of General Practitioners) in Hobart. I was lucky to be able to take advantage of a national conference being held within my home state. The conference provided a broad program, catering for urban and rural general practitioners, training registrars and medical students. As students, we work closely one-on-one with GPs in small to medium sized practices, but rarely get the opportunity to see the direction of the general practice profession as a whole. Much of the plenary discussion focussed on the government driven health reforms within Australia and how primary care will fit within these changes.

A theme of the conference seemed to around the special connection that GPs have with their patient. The opening speech given by Prof Richard Roberts was extremely inspiring. He spoke of some of his personal experiences with patients in the community and how he had become a significant part of their lives. This is the aspect of general practice which I find to be most appealing. His stories were unforgettable.

I was particularly interested in the Indigenous health focus of the conference because I am completing my internship in Townsville. Indigenous people contribute to around six per cent of the population in Townsville. This is much higher than the approximately 2.5 per cent of Indigenous people within the general population throughout Australia. The discussion around Indigenous health included perspectives on both public health policy and practical advice, which was delivered by people working with Aboriginal people. One doctor could give a unique insight because he was working in an Indigenous community and also identified as an Aboriginal. He believed that clinicians must show a willingness to learn about the communities they work in if they want to be effective. I think this was a simple but key message which is often forgotten and sometimes not possible as a medical student on brief GP rotations.

I gained the most value through the series of workshop session focussing on common GP presentations. As I will be a junior doctor in 2012, this was excellent revision since we will be expected to manage those conditions in the emergency department. In particular, the dermatology session was excellent. The dermatologist was able to go over a wide variety of skin lesions with useful tips on how to identify each, as well as management options. Also, a session run by an ophthalmologist explaining common eye conditions was excellent. I feel much more confident in diagnosing eye conditions and ensuring that patients are referred correctly having attended this session.
A major focus of the conference was rural health and there was a great deal of excitement around the current technology for video conferencing or ‘tele-health’. It was great to see this technology demonstrated and discussed by some experts in the area. I think that this will make a big difference to healthcare delivery in rural and remote Australia in the very near future. By having video conferencing available in all GP facilities, doctors who would ordinarily have to rely on their own expertise can now have the benefit of a second opinion. One of the concerning things about working remotely is that you don’t have the same amount of support from colleagues that you might have working in an urban setting, but with the implementation of this technology, this may no longer be an issue. I think this makes rural practice much more inviting and it was great to see that it’s already being used in many areas.

Another aspect of the conference which was really excellent was going to see all of the tables from the various companies and government agencies that were offering information about everything from vaccinations to GP training programs and clinical instruments. Speaking with everybody really made me excited about the prospect of general practice. It was great to see all of the potential for further training, such as in expedition medicine, as well as the technology which will be used in GP rooms in the very near future.

I had a fantastic time at the GP11 conference and hope to be able to attend the GP conferences in the future.
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Felicity Brettig

In early October my husband and I flew to Hobart for the RACGP conference GP11. We invited the grandparents down from Queensland to babysit our 18 month old daughter while we hit the lectures and stands.

The conference was well structured and very organised and the speakers covered a wide range of topics. The social aspect of the conference was also appreciated.

My main goal in attending the conference was to improve my clinical knowledge to develop my confidence as a future rural practitioner. I attended several workshops by Dr Philip Clarke, a dermatologist from Launceston. His topics covered rashes, and diagnosis and treatment of suspicious skin lesions. This was a great update in dermatology to help me prepare for the GP exams and for rural practice in 2012.

I also attended some lectures on sleep disorders and emergency radiology for GPs.

On a very different note we attended a session on disaster management in General Practice. Dr Glynn Kelly gave an interesting presentation on the different demands a disaster can make on a medical practitioner. He and his fellow presenters gave great snippets of personal experiences in managing the recent Queensland floods and Victorian bushfires. Unless you have worked through a disaster it is hard to imagine how your practice would cope and how you could possibly be prepared for such an event. They also covered the perspective of a doctor going in to a disaster zone to assist in the recovery. This is something that interests me and I would be keen to help out in the future.

From a business point of view it was great to attend the lecture of Dr Ayman Shenouda. He told the story of setting up a new General Practice in Wagga Wagga, NSW. Since I completed three years at Wagga Wagga Base Hospital it was of great personal interest to see what he has achieved. He now runs a very busy practice with a large percentage of practice nurses and a great team environment. He focused on the need for a written practice philosophy. I hope to one day own and run a medical practice, so hopefully this information will come in handy.

Some great lectures were presented on recent research into HPV vaccination, management of ADHD, fertility awareness and antenatal care. Women’s health and paediatrics form a large part of my current practice in inner suburban Adelaide, so recent information on these topics is extremely valuable.

An airway management update for the infrequent and timid practitioner was very useful. One of the presenters even encouraged us to put down a Guedel Airway on himself and proceeded to let us
ventilate him by bag and mask! Certainly above and beyond the usual commitment by a speaker! It was a very strange experience to ventilate a conscious ‘well’ patient.

Finally the Moot Court on the last afternoon provided an entertaining scenario to educate the medical profession on legal proceedings against a remote Queensland GP. It was great to watch the unfolding case and then to listen to opinions from GPs from all around Australia as to what they would do in that situation. 

An added bonus in attending the conference was the networking opportunities available. It was particularly valuable to spend time with the medical educators and mentors from my GP Training organisation, Adelaide to Outback. It was not only a great opportunity to hear the research this team of people is putting into the future of GP education, but also to spend time socially with people who are much more experienced than myself.

Great networking opportunities were also available at the RAMUS breakfast. I was seated next to Dr Jenny May from Tamworth, and a fellow RAMUS student. Dr May was on the lookout for future rural GPs and specialists and she did a good job enticing us with good career prospects as a GP and postgraduate trainee. I really enjoyed the lively discussion between influential rural health leaders.

Finally the Plenary Session on the last day provided a topical discussion on health reform in Australia. It was certainly very inspiring to hear the ten keys to health reform from the current RACGP president Professor Claire Jackson. Her talk was neatly balanced with a speech from local MP and Shadow Parliamentary Secretary for Primary Healthcare, Dr Andrew Southcott, about the political perspective to health reform.

I’d like to thank RAMUS again for the great opportunity to attend the RACGP conference for 2011. As a GP registrar planning her future career in rural General Practice it was a great chance to learn from an inspiring group of professionals.
Simon Brettig

In October I was fortunate enough to receive funding from RAMUS to attend the GP11 conference held in the relaxed portside capital of Hobart. Being a relatively large conference with many concurrent sessions I had to select a mix of informative and skills based sessions that would be relative to my future practice. It was very hard to choose which sessions to attend as they all offered interesting and educational topics.

Some of the sessions I attended include:

**Moot Court**
This session was a mock tribunal hearing performed by Avant for a rural practitioner under investigation for malpractice following a surgical procedure for which he was not qualified. It gave an insight into the difficulties with stretching beyond standard procedures for rural practitioners. The doctor had found himself between a rock and a hard place. He was unfortunately forced into doing something he wouldn’t have normally done, to do the best he could for a very remote patient. In the end it came back to bite him because of complications during the procedure.

I found this session both entertaining and informative and now have an idea what it would be like to be ‘grilled’ as a witness by the tribunal panel. Although the scenario was probably at the extreme end of what would happen in reality, it did highlight the position rural practitioners may find themselves in when in remote areas. It was reassuring to know that legal assistance is available when having to consider treating with limited experience. It was also great to hear the opinions of doctors from all walks and life and from all over Australia as to what they would do if they faced the same situation. It also made me consider how I would act with limited expertise in an area but with a patient in great need.

**Business of Medicine Session**
Various speakers on the business of medicine and maintaining quality of services.

**Healthcare reform**
This session was an interesting mix of opinions on the future of health care and what reform should include. It was apparent that many changes will be occurring over the next five to ten years which will impact all areas of medical care.

**Airway Management**
Two GPs from Tasmania gave a great practical session on how to perform airway management using rolling and recovery position and practice using jaw thrust and chin lift along with different airway devices. There was good coverage of the basic steps to take in an airway emergency. The focus was
on community and clinic airway skills, which are an important aspect of rural practice.

**CHAOS and CLUES**
This talk was about the use of a dermatoscope in identifying suspicious malignant skin lesions. We learnt to inspect all lesions for symmetry and colour with the CHAOS algorithm. These will be very useful skills for my learning next year as a rural medical student in the Clare Valley where we are without a dermatologist.

**POCT in GP**
This was a session on the use of point of care testing in GP settings and the implications of laboratory lobbying. At present POCT can be used with equivalent accuracy but Medicare claims are limited making it difficult to recover costs. It will be particularly useful for rural practice with limited access to laboratory services.

I found this session tied in well with the knowledge from the POCT elective that I completed at Flinders University last year. With a basic understanding of how to set up a POCT quality assurance program, this session gave me an insight into the possible opportunities to incorporate this type of testing into a successful practice.

**Quality Healthcare business model**
This was about keeping quality and patient outcomes central to the business. In Wagga Wagga NSW, this practice has doctors, nurses, reception/admin, practice manager, diabetic educator, exercise physiologist, psychologist, dietician, podiatrist and two students. The keys to their successful practice were shared goals and a written vision statement along with regular feedback from patients. This was an interesting session on how to improve the business quality and incomes with a moderate size private rural GP clinic. It gave me confidence that rural practices can be run better to deliver more services for the community as well as maintain a healthy workforce less prone to burnout.

**Emergency Radiology Session**
This session raised many questions to ask for emergency imaging such as ‘does it need to be done now? Will it change the management? Is this the appropriate modality?’ I found this a very useful session particularly when having to order and interpret basic films when a radiology consultant is not immediately available.

**Dermatology**
This presentation by a local Tasmanian dermatologist covered lots about pigmented skin lesions, which was very handy as I was starting an Ear, Nose and Throat block the following week.

**RAMUS Breakfast**
The RAMUS breakfast was a great opportunity to meet some of the RAMUS team and other scholars in the program to talk about issues facing training pathways and workforce issues in rural areas. I also enjoyed the opportunity to network with GP training providers and other doctors from across Australia throughout the conference.

Overall the conference was an exciting opportunity to learn about General Practice and has helped to bring a greater context to my idea of rural practice. These skills and insight will serve me well as I set out for a GP based rural clinical year in 2012 as well as into the future.
I would finally like to thank the staff at RAMUS for your ongoing support to attend this conference.
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Emma Cartwright

Firstly, thank you RAMUS for the opportunity to attend the GP11 conference in Hobart. This was the first time that I have attended a conference and I wasn’t sure what to expect and how the conference program would all fall into place. On the first morning, as everyone gathered in the main hall, it was nice to see students and GPs from all backgrounds together in the same room. My experience at the conference was an invaluable one. Not only was I lucky enough to attend the academic curriculum, I was also able to attend a RAMUS meet and greet breakfast where talked with other RAMUS scholars, mentors and staff alike. I also attended numerous other student morning teas and dinners throughout the conference. Furthermore, I was able to participate in a focus group with the goal of trying to make future GP conferences more student-friendly and to discuss current issues surrounding clinical placements and rural mentors.

One of the themes of the conference was Aboriginal and Torres Strait Islander Health. This theme could be closely linked to rural health. It was extremely interesting to listen to Associate Professor Peter O’Mara describe his experience of working in a rural community as one of the few Indigenous doctors in Australia. His true passion for helping Indigenous people and closing the gap was evident in his speech. Associate Professor O’Mara also highlighted a number of important issues, including what needs to be done in rural health. It is people like this that make you realise that there are so many people in our country who are disadvantaged simply due to where they live. This information had made me extremely willing to go and help wherever I can.

In addition, I attended a number of sessions that were relevant to my study at this point in time. In particular, a session on suspicious skin lesions and rashes was highly beneficial to my study. In just over an hour, my entire skin course for this semester was outlined and presented with a clinical focus. Other workshops focussing on anaphylaxis and emergency radiology also tied in with my subject material for the current semester. However, some of the most interesting sessions were about material I am yet to cover at university. Also from the conference I was given an insight into how to present at a seminar and what makes a presentation interesting yet effective. Health reform was another interesting topic and presented a different side of medicine that I am yet to learn about.

There were a number of opportunities throughout the conference to speak with rural GP’s. The GP’s were always more than happy to share information on their working lives,
experience and overall job satisfaction. It was highlighted from these conversations that sometimes the working hours can be demanding, however everyone I spoke to would not want to be working anywhere else. It was evident that everyone saw working in a rural community as highly rewarding, with many of the doctors basing their entire careers in one town and forming relationships with their patients. This was very comforting information for me, as you could hear the genuine sincerity in the GP’s voices and how they really love what they do.

Possible training pathways were not emphasised at the conference and I wasn’t in a position where I could speak to people on how to become a GP or a Rural Generalist. What I can take away from the conference regarding future employment opportunities is that I would like to be a GP, and that there are a number of different opportunities that may be available in the future. The diversity of knowledge required by general practitioners was evident in the topics of the conference. From women’s and children’s health, emergency medicine, dermatology and even Aboriginal and Torres Strait Islander health, there are many fields that could shape a career path of anyone.

This conference aided in my professional development and the decisions surrounding a rural career immensely. I was presented with the opportunity to meet and network with students from other universities, to discuss with different GP’s about their careers, contribute to focus groups, and build on my clinical knowledge. This conference also allowed me to feel like a part of the medical community. As I am finishing my preclinical studies, it is easy to lose sight of the eventual goal of becoming a doctor and it was refreshing to learn about the different possible career paths available to me. This was my first conference, but based on the experience I had it certainly won’t be my last.
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Jennifer Connor

I attended the GP11 conference on 6-8 October 2011, in my current home town of Hobart, Tasmania. I have moved back to this regional area at the start of 2011. I am currently doing locum work in Tasmania and throughout Australia – I am actually in Alice Springs at present, my third stint here! I am probably unlikely to move to a more rural setting than Hobart, but I am certainly a strong advocate for being a rural general practitioner, or a GP anywhere for that matter! I am planning on six months of overseas travel next year, but looking forward to returning to Hobart to become a regular in one of the local practices where I have done a locum placement (and will be doing another in January.) It may be an option to take over this solo GP practice sometime in the future – time will tell!

I attended various sessions at the conference. Some of these included refugee health, allergy, sleep series, ophthalmology, dermatology and women’s health. I was keener to attend sessions to broaden my knowledge base rather than those about health reform etc. I also attended the Welcome Drinks and was able to meet with one of my supervisors from the GP rural training program. Frank is from Mandurah, Western Australia, and a potential option for future locum work. I also met quite a few junior doctors and medical students who are keen to pursue a career in general practice. I feel that I am a good advocate for this area of medicine. As general practitioners we have endless opportunities for different sub-specialities, but can still be an ‘all-rounder’. Lifestyle options are excellent as far as places to live, and flexibility for allowing time with family and friends, and to indulge in favourite hobbies or interests.

The refugee health session was particularly interesting. It was fabulous to have a definite Tasmanian perspective; this may be an area for me in the future! Two different approaches, those of Hobart and Launceston, were presented. The Hobart practice involved caring for the refugees from arrival in Hobart and then ongoing. Challenges were met and solutions found, such as having a dedicated session for refugees. Appointments are made to get the refugees to adjust to an Australian way of attending the GP, but flexibility was allowed. Having a session just for the refugees, meant that other patients, who were accustomed to the appointment system, were not inconvenienced by a family of ten turning up without an appointment. In Launceston, they were unable to find a practice to take on such an involved role and, therefore, a dedicated clinic was developed. This clinic aims to provide care for the first six months, with the goal of getting the refugees into a practice somewhere in Launceston by the end of that period. Both speakers were passionate about their work. Incidentally, I have recently become involved in assisting in settling new refugees arriving in Hobart – this is as a volunteer, and not medical, role. We have been assigned a family from Ethiopia. Unfortunately I will be in Alice Springs for their arrival, but will meet them on my return and hopefully will assist in settling them in to life in Hobart. I am looking forward to assisting with the GP and hospital appointments in particular, and potentially getting involved in this area of medicine in the future.
The allergy session was a particularly interesting session with yet another passionate speaker. There are lots of new theories and research in this area for an ever expanding clinical problem. The speaker was more than happy to offer his email address for any queries in the future. A presentation on fertility was another interesting update; a GP from Hobart is also hoping to produce an information booklet for GPs to assist in dealing with fertility issues. It was useful to attend the session by a local ophthalmologist to reassure myself that I was treating and referring appropriately in regard to a very delicate organ, the eye.

I didn’t gain much in relation to ‘provide useful information about living and working in rural communities’, apart from catching up with my old supervisor and meeting other GPs and medical students from other areas. I have lived and worked (and still do work) in rural areas, so I feel that I am probably well equipped in this area anyway.

I was able to discuss locum opportunities with other GPs at the conference, and have a few more options for the future. I was also able to speak with the various locum companies present at the Exhibitor section to arrange future rural employment.

Overall, it was an excellent conference.
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Dr Elizabeth Oliver

There are many fantastic aspects to working in Alice Springs, however, active and regular effort is required to maintain connections with the broader medical community and to continue to expand one’s knowledge base in a system which has a strong focus on Aboriginal health.

Attendance at GP11 was one of the ways I aimed to make that happen this year, and despite being only able to attend two days of the conference I found it a refreshing and refocusing experience.

One of the most affirming aspects was having time to hear from GPs about their careers. This was done formally in the address by Drs Elliot, Shenouda and Boyce ‘Celebrating general practice’. These doctors told three very different stories but each highlighted the self-determination, individualism and pursuit of personal ideals and interests that is possible when taking on a general practice career. They celebrated the difficulties and triumphs that are part of pursuing self formed goals rather than hospital KPIs or College objectives. They celebrated the connection that general practice can have with the doctor’s other interests or beliefs – such as environmental land management, community development and social justice. Informally, talking with other doctors about how they had personalised their careers, what they would do differently and the nature of the challenges in their area (both medically and geographically). This helped to start refining my own picture of my career. I met a number of people generous with their time and experience who provided information about training pathways and alternatives which I would not have been able to obtain simply via the internet. A small number have continued to provide advice and assistance and have connected me with further contacts - this was one invaluable aspect of the conference.

Though the work-shops were interesting, varied and helpful, the most useful seminar I attended was the ‘Mythbusters of Therapeutics’ by Drs McCormack and Allan. This seminar was, unfortunately, poorly attended (possibly due to it being given via web-link), but I enjoyed the seminar and have since used some of the principles in approaching scientific literature. The presenters’ energetic approach to their self-confessed ‘boring’ area showed how passionate they were about finding the truth behind the big reviews. Their material was controversial to some, but the clinical ‘facts’ given were secondary to the principles they discussed regarding the approach to ‘evidence’. I find the search for reliable evidence sometimes overwhelming, and often contradictory. It was interesting to be reminded of how numbers can be misleading, and of the importance of knowing what outcome is desirable to a patient, before deciding whether or how aggressively to treat a problem. I have since used their website Therapeutics Education Collaboration (http://therapeuticseducation.org/) a number of times and find it a useful and thought provoking adjunct to reading the literature.

The address by Associate Professor Peter O’Mara was another highlight. A graduate of my own medical school at the University of Newcastle and an Aboriginal general practitioner, his words were
particularly meaningful for me, coming off my first two junior years as an intern and RMO at Alice Springs Hospital. I reflected on what I had known two years ago and what I know now about the barriers to effective healthcare faced by Aboriginal people, particularly those from remote areas. Having cared for multiple generations of the same families I now begin to understand more intimately the ‘other’ priorities they have, and the often vast distances between the patients and those priorities.

We all try to enable every patient to get the best outcome from their encounter with the health system and can become frustrated when this doesn’t happen; with Aboriginal patients in the acute care setting this is often the case, leaving the hapless RMO and confused patient equally frustrated. A hospital that is over-utilised and under-resourced and constantly groaning under bed block can never, no matter how hard working and caring the staff, provide the therapeutic relationship of a GP service. Hearing from Dr O’Mara about the relationship he has with many of his clients reminded me of this.

For junior doctors who choose to work in rural or isolated locations during their formative years, the opportunity to network, increase clinical and academic knowledge and to be exposed to medicine in more mainstream areas is invaluable. Discussion with other doctors working with mainly non-Aboriginal and in non-remote areas is important, not just because the medicine is different, but because it reminds me of how very unique the medicine is in Alice Springs. A recent article by emergency physician, Dr Peter May in the CRANA (Council of Remote Area Nurses of Australia) publication highlighted the ‘compassion fatigue’ that can occur when a person is repeatedly exposed to shocking or inequitable situations, such as the alarmingly poor health of Aboriginal people in Central Australia. Refocusing and seeing beyond the often exhausting challenges to the fact that the situation is absolutely intolerable is crucial to the pursuit of better outcomes.
The GP11 Conference which I attended on 6-8 October 2011 was an eye-opening and inspiring experience. As my first ever conference I was unsure of what to expect however I was overwhelmed by the friendliness and openness of everyone there, both doctors and students, and the information presented was so much more useful than I had imagined. After a 30 minute walk through beautiful Hobart, from my motel to the Grand Chancellor (the Conference venue), I stepped into another world. It was at this point I realised this conference was for ‘real’ doctors, where no money was spared to make these doctors comfortable, where drug companies will spend whatever money is necessary to get these doctors on their side; I was nervous all over again. However, I was quickly settled when the conference began with a keynote speaker, Profess Richard Roberts. Professor Roberts presented the lecture ‘We need better science and new technologies: we need family medicine’. This was an inspiring talk about the importance of family doctors (in America) or GP’s within a family or community and how they can use new technologies to better serve these people. Some of the ideas presented included doctor-patient SMS’s instead of straight out call outs, creating health-linked on-line community support networks and ways to target all aspects in a community (children, adults, elderly etc) to get a problem solved. The message that shone through to me was that the patient comes first; each patient is an individual and needs to be tackled differently. To achieve this it is essential that you look at and attack all aspects of their life to make a change. For me he put general practice back on the radar. I want to be a doctor to help as many people as I can and where better to do this then in general practice where you have the ability to save communities at a time.

As I looked through the timetable for the three days ahead I was surprised by the number of workshops and lectures presented at in each session; however, luckily for me, being a second year medical student it was quite obvious which ones were applicable to me, as they were the ones where I could actually understand the title. The first workshop I attended was ‘Suspicious skin lesions; diagnosis and treatment’. This was a popular workshop for both students and GP’s on a subject which is obviously very important in Australia, however it seems doctors are struggling to be confident in their diagnosis and how to make the decision to cut or not. The presenter went through the common lesions, using photographs of patients, the way they were treated, and the prognosis. After the two hours, even though I am yet to study dermatology, I felt that I was definitely going to be ahead for next year. I particularly enjoyed the how it was all explained in a clinical situation which is often missed in university lectures. This completed my first morning.
The afternoon began with a workshop on sleep and circadian rhythms, which has been covered in my neurology subject this semester, and it was interesting to get another opinion on some of the speculated physiologies of sleep, such as why there are morning and night people. I then attended a workshop on anaphylaxis and learnt that adrenaline is always the answer. To finish the day I attended ‘Managing obesity in 15 minutes’ I found this particularly fascinating as I have a great interest in preventative medicine. The presenter enlightened us on some of the new evidence about how hard weight loss is once the obesity mark has been hit and how it becomes almost physiologically impossible to lose weight. It was interesting to hear that lap band surgery was actually almost encouraged as the way to go in these situations. Of course though the main message was we need to work harder on preventing people from ever getting to in this situation.

This concluded my day and after a quick nap I was ready to attend the Welcome Reception. This was a nice start to the evening and an opportunity to mingle with a few more people and make my way around the exhibition hall. I then attended a three course dinner with some fellow students hosted by a drug company looking into new diabetes medications. The exquisite food was accompanied by some interesting talks on the future of diabetes treatment.

Day two began bright and early with a RAMUS scholar’s breakfast. This was a great opportunity to meet some of the other scholars, talk to some other mentors, and people sharing our passion in rural health. I haven’t had an opportunity to meet any other scholars before and it was nice to finally get to do so in such a relaxed and comfortable way. With a very full belly I got to sit and relax while listening to the morning talks on Aboriginal and Torres Strait Islander health. This linked in well to my subject RRITH (Rural, Remote, Indigenous and Tropical Health) this year, it was nice to hear that people are actually out there working on all these problems we are constantly getting told about, and that a difference can definitely be made if you have a passion.

After morning tea I listened to some paper studies about women’s and children’s health. These were all very interesting, and it was especially inspiring to hear some papers presented by students not much older than myself. I then moved onto a workshop about emerging therapies for psoriasis. I had never realised what a debilitating disease these is for sufferers. It crushes their self confidence, chews away their money and hope on useless treatments, and leaves them judged by society as contagious scum. This was quite eye opening and should again give me a step-up for my dermatology subject next year.

I finished day two and perhaps started day three at the Nation Rural Faculty and Registrars Cocktail Reception. Again this was a very fun event, and I was pleasantly surprised by the friendliness of everyone. Although not many students attended I quickly found one of the...
other RAMUS scholars I had met that morning and we got into great discussion about our experiences so far. The night passed quickly as I met various doctors and students all lifting my opinion of General Practice especially in a rural setting. I also got to meet the student award winner who was particularly inspiring about her passion for rural health and the way she openly expressed her ideas and opinions on the issue.

The next thing I knew I was packing my bags and getting ready to board the flight back home. After I quick stop into the Grand Chancellor for the student morning tea, where I said goodbye to all my new friends I found myself back at the Hobart airport reflecting on the three days that had just flown by.

The conference was a very worthwhile experience. I won’t deny that I felt out of place at times however I was quick to realise that was because I hadn’t done as much, read as much or taken as many opportunities as my fellow students there and so I left inspired to become more involved and seek out the various opportunities that are out there waiting.