



May 2008 Edition – a newsletter for RAMUS Scholars, Mentors and Alumnus members

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The opinions expressed in *Gone fishin'* are those of the contributors and not necessarily of the National Rural Health Alliance or its individual Member Bodies.

From the RAMUS Team

At this time of the year we welcome new RAMUS scholars who have been awarded scholarships in the 2008 application round. More than 470 applications were received this year. So far 104 new scholars have commenced their scholarships and a further 29 scholarship offers are in process.

We also welcome new mentors.

Dr Mark Henschke and Dr John Kramer are the winners of the 2007 RAMUS Mentor Award. Both Dr Henschke and Dr Kramer are mentors for several RAMUS scholars and have been involved as mentors since the Scheme began. The nominations written by their RAMUS scholars are published in this issue of *Gone fishin'*.

Earlier this month Susan represented RAMUS and the National Rural Health Alliance at the National Universities Rural Health Conference in Launceston. She was delighted to meet so many scholars at the RAMUS lunch event and during the conference. Several scholars attended the conference with support from the RAMUS Conference Placement Program. We have included extracts from scholar reports of the conference in this issue of *Gone fishin'*. Go to the RAMUS website for full reports on conference which scholars have attended with Conference Placement Program support.

One of the pleasures of working in the RAMUS team is reading the annual reports submitted by scholars. The 2007 reports cover a staggering range of experiences, placements, travels and academic and other achievements. The passion and enthusiasm for medical practice in rural and remote Australia conveyed so eloquently in many scholar reports is truly impressive.

Thank you to all 2007 scholars who completed the online questionnaire about your perceptions of RAMUS and your future training and career intentions. A report is now being prepared for the Department of Health and Ageing. Once the final report has been submitted to the Department we hope to provide a summary of the results in a future issue of *Gone fishin'*.

Please remember that you can contact us at any time by email or phone if you have any questions about your scholarship. If you are in Canberra, please come by to visit us at the National Rural Health Alliance office.

Susan, Carol, Janine & Peter

RAMUS Mentor Awards 2007

Dr Mark Henschke of Armidale, NSW, and Dr John Kramer of Woogoolga, NSW, are the winners of the 2007 RAMUS Mentor Award.

The annual RAMUS Mentor Award recognises and celebrates the outstanding contribution of inspirational mentors to the RAMUS Scheme. Mentors are nominated for the Award by the scholars whom they mentor.

Dr Henschke and Dr Kramer each mentor several current RAMUS scholars and have mentored previous scholars who have now graduated. They have both been RAMUS mentors since the early days of the Scheme.

Dr Mark Henschke

Dr Henschke was nominated by **Damien Turner**, 3rd year, University of Notre Dame Fremantle, and **Francisco Letters**, 3rd year, University of Queensland.

Damien Turner writes:

“Dr Mark Henschke has been instrumental in my decision to enter into the medical field. I have known Dr Henschke since I attended primary school in Armidale, NSW. He sets a shining example of successfully balancing medicine, family, mentoring, and social life.



Dr Henschke

During my school years in Armidale, I didn't realise the demands that medicine can place on each of these areas and that without well oiled attention, cracks will form. Part of my role as President of the Medical Student Association of Notre Dame (MSAND) during 2007 was to help assess the stresses that studying medicine places on fellow students, and how these stresses affect other key areas of students' lives such as family, relationships, social networks, and life satisfaction. Dr Henschke has always found a way to prioritise these key areas and found time to allocate to each; something so simple and yet so effective in maintaining the important balance between these areas. Dr Henschke's model of study/work-life balance has provided MSAND with examples to pass on to the up-and-coming doctors of tomorrow. These kinds of real life examples are invaluable.

The workload for doctors in rural and remote communities can be enormous. Dr Henschke's workload is no different, yet despite this fact Dr Henschke has always made time to answer any questions that I have or to share advice; a quality that I have found very helpful and comforting.

In my role as MSAND President I had the privilege of meeting many doctors of varying disciplines; some bristled with awards such as Australian of the Year, or worked in natural disaster trauma wards around the world. In my eyes Dr Henschke has achieved a success comparable, yet not as widely acclaimed, as many of these doctors. Dr Henschke is a shining beacon for young aspiring doctors in both rural and city areas, a true role model and mentor of today. I can think of none better to receive the RAMUS Mentor Award.”

Francisco Letters writes:

“I am nominating Dr Mark Henschke for Mentor of the year because he is simply the best mentor I could possibly imagine. Mark has a huge following of admirers and fans in Armidale and its satellite villages. He is a true pillar of the community and works very hard to maintain the high standard of service to which his patients have grown to appreciate (and even consider normal!). Mark works incredibly hard. As he is not only a General Practitioner, but operates in the fields of obstetrics and gynaecology and neonatal medicine as well, he is called on at the most inconvenient times to attend

to a very demanding and vulnerable clientele. He always does this with a grace and kindness which is extremely rare and wonderful in a doctor. His gentle, mild bedside manner allows his patients to feel welcome to reveal medical and non-medical secrets and issues which he will endeavour to solve. I will try to model myself on him, as I feel that he is a very worthy role model indeed.

Due to the special relationship he has with his patients, and the level of trust which he fosters with them, I have had the great opportunity to see a humane and candid side of medical practice that I would have otherwise missed out on. For instance, I was totally trusted by an expectant mother, and as a result I had the joy of aiding in the birth of a baby girl. To be witness to a life changing moment in a young family's life is a privilege indeed, and I will remember that moment for the rest of my life.

He truly deserves this award."

Dr John Kramer

Dr Kramer was nominated by **Catherine Crane**, 3rd year, University of Sydney; **Shernarz Salindera**, 3rd year, Flinders University; **Adam Parr**, 5th year, James Cook University; and **Katie Nay**, 3rd year, University of Newcastle. The nomination was also on behalf of **Ashlea Rincheval**, 3rd year, University of NSW; and **Joe Wilbers** and **Tanya Dean**, graduated 2007.

They write:

"We are nominating Dr John Kramer for a 2007 RAMUS mentor award for being an exceptional mentor.



Left to right: Carl Leong (USYD), Chris Kiely (USYD), Dr Janet McLachlan, Catherine Crane and in front is Dr John Kramer

Collectively, we have all been under the care and education of Dr Kramer for varied amounts of time however we have all been privileged to be able to be taught by a doctor who is so passionate about his practice, community and profession and supported by such an amazing group of women at this practice. Without them we would not be able to have the experiences we are able to.

Dr Kramer goes above and beyond the call of duty as a mentor to provide his RAMUS scholars with the most varied experiences from general practice experience, to indigenous health care, palliative and geriatric care as well as refugee clinics and an opportunity to practice all array of procedural and clinical skills."

A comment from **Shernarz Salindera**:

"Dr. John Kramer has been practicing in the Woolgoolga area for as long as I can remember and as a child my family used to visit his Beach Street practice. Dr. Kramer's style of being deeply involved in the local community and providing a family friendly practice was one of the sources of inspiration for me studying medicine in the country. His community involvement goes beyond providing specialist clinics for local Indigenous Australians and refugees to his passion for the Coffs Harbour region and particularly old steam trains! Dr. Kramer has been pivotal to restoring the historic railway in the area. You might ask how this is relevant to being a good doctor but I strongly believe that being a community leader and involved in the life of the region you practice in is critical to being a rural doctor. Dr. Kramer daily demonstrates the importance of having a life beyond medicine and balancing this with being a great doctor and a community leader- the perfect mentor!"

Catherine Crane says,

"My article in *Gone Fishin'* November 2007 on my experiences with Dr Kramer is a clear example of how inspirational Dr Kramer is to me and how much of an influence he has had in both my career and my life'.

We believe that Dr Kramer is the essence of what a RAMUS mentor is meant to be. He is inspirational, supportive, talented and a great educator. We are all honoured to have this opportunity through RAMUS to have Dr Kramer as our mentor. This award is an excellent opportunity to acknowledge Dr Kramer for all his efforts."

We will call for nominations for the 2008 RAMUS Mentor Awards in October 2008.

RAMUS scholar achievements

This is just a small selection of recent achievements by RAMUS scholars. Congratulations to all concerned:

- Lisa Connor (6th year, University of NSW) received the Richard Johnson Memorial Prize in Paediatrics from UNSW.
- Adele Zito (graduated 2007, University of Tasmania) received the Dr Bill Jackson Memorial Award, awarded by the University of Tasmania to the graduating student in the MBBS course who has shown the greatest proficiency in rural general practice, as verified by a letter of recommendation from a rural GP preceptor. Adele said, "It is thanks to both my mentor and her recommendation, as well as being a RAMUS scholar, that enabled me to win this award".
- Alina Harriss (4th year Flinders University) was awarded the Royal Australian College of General Practitioners National Rural Faculty Student Bursary 2007.
- David Deelan (graduated 2007, University of Melbourne) was awarded the Simon Furphy prize 2007, a University of Melbourne annual prize awarded to the person most demonstrating commitment to rural health.
- Heather Hanks (3rd year, James Cook University) co-authored a paper 'Colorectal cancer management – the GP role' published in *Australian Family Physician*, April 2008.
- Julieanne Lovell (3rd year, Monash University); an article was published in the latest NRHA *Partyline* newsletter based on her 2007 RAMUS scholar report.

Conference reports

RAMUS scholars have made good use of the RAMUS Conference Placement Program and in recent months have attended a variety of conferences. Their reports offer some interesting insights into the value of conferences to challenge awareness and extend experience. Full reports are available on the RAMUS website. Here are some edited highlights:

National Universities Rural Health Conference (NURHC), Launceston, April 2008

About 25 RAMUS scholars attended, including several whose attendance was supported by the Conference Placement Program.

Austin May (University of NSW 4th year) reported:

One of the most inspiring stories was from rural GP Dr. Tilak Dissanayake. For the past 6 years he has worked in the Coolah and Dunedoo hospitals and has completed locums throughout rural NSW.

Despite completing medical and post-graduate studies in Melbourne, he has now moved bush, raising two children with a lovely wife, and has bought a farm. Six years ago he arrived in a green Alfa-Romeo Spider, but has since sold it for a more practical Holden commodore (pre kangaroo encounter), later adding a bull bar (post kangaroo encounter). He spoke very fondly of his chosen lifestyle, the local community, and his wonderful family.

Another interesting talk was given by Dr. David Rosengren, director of the Emergency Department at Greenslopes Private Hospital. He had performed many trips in what is called 'adventure medicine' or 'wilderness medicine'. This included Antarctic expeditions, Kokoda trekking, helicopter retrieval work, and work in rural Queensland and Aboriginal communities. I find the idea of pushing the world's boundaries exciting, and approached him afterwards to hear more of his experiences.

Undoubtedly the most rewarding aspect of the conference was the chance to meet like-minded fellow students. Here was an abundance of young people, each of whom recognised the inadequacies dominating rural health care and held a passion to do something about it. In spite of the organised night-time activities, which gave fruitful opportunities to embarrass ones self dancing onstage or climbing inflatable obstacle courses, we reconvened on mutual grounds to identify concerns and propose solutions to the health requirements of rural Australians. This discussion took place on the final day, lasting for hours, and allowed many students to voice their opinion on Bonded Medical Places, multidisciplinary teams, nurse practitioners, rural exchange programs, super-clinics, and workforce shortages. Each of these opinions was recorded on audio and will be summarised by the National Rural Health Network (NRHN), the student body which organises the conference each year.

Louise Parry (University of Melbourne, 4th year Medicine) also had a good impression of the NURHC:

The first thing to strike me was that there were quite a number of non-medical students in attendance. There were also students from nursing, physiotherapy, dentistry, speech pathology, social work, occupational therapy and a range of other courses related with health. My first impression of this was a little negative, having spent the first part of my medical degree in a culture where it is implied that the doctor is always most senior and his/her opinions are the most important, and so I wondered what these people could bring that would be new to me. But after the first morning, my opinion had totally changed (thank goodness), and I began to learn how incredibly important a multi-disciplinary approach in a rural settings is, and how this is the future of rural health. I was so intrigued to hear what others have done with limited resources to solve problems out bush. One particular example was a presenter affectionately known both by the South Australian Aboriginal communities and us as delegates, as the Sugar Man. His presentation inspired me to think outside of the box to help people understand their illness, in this case diabetes, and then be able to allow them to? take some control back in looking after their own health.



I had learnt very early in my medical course that there is not an easy fix to the problems that exist in health in the country. However, I was completely blown away by the statistics and charts that show the discrepancies in health indicators between people who live in urban areas and those who live out in rural Australia, and the estimated projections for the future. One of the key points coming out of the conference was that we as students supported a multidisciplinary approach in rural health, which I wholeheartedly believe in, a complete turn around from the thoughts I had before the conference.

Another important thing that I have taken away from this conference is the support that is out there for students involved in rural health. After initially being overwhelmed with the amount of acronyms for different organisations being thrown around in everyday conversation, I've learned that there are a lot of places to turn to if I ever needed them.

However, the most important thing that I gained out of the conference is that I can make a difference wherever it is I choose to work, or even now as a student. I had always thought that as a student my

job was just to learn as much as I could, and hadn't thought that I already have the skills to promote health to others. I was so encouraged to be told by a professor of my own university that it is students that have the voice that is listened to in the area of rural health, and that we have the power to implement change. It was also encouraging to hear from students who already are out there advocating for the rural population of Australia. This has encouraged me to really get involved with my rural health club and involved in the community I will be placed in at clinical school, in order to find out what it is I feel I can contribute to rural health. The conference provided such a wide spectrum of issues and opportunities it is difficult to know where to start!

12th NSW Rural Mental Health Conference, Bateman's Bay, December 2007, attended by **Rachelle Abouchedid** (University of NSW, 5th year)

Mental health and the drought

John Harper is a farmer from Stockinbingal (south-western NSW). His story has provided inspiration to mental health professionals and other farmers alike, when reaching out to farming communities. "Originally, the wife of a neighbour confided in me that she was worried about her husband, who wasn't getting out and socialising," he says. "I drove round and round the paddock thinking about how I could help my mate, and in doing that, I realised he was not the only one enduring these problems."

John began bussing farmers from the community away for evenings that encouraged camaraderie and open discussion about let's face it, their feelings and circumstances, their stories.

John used simple ideas to send powerful messages and beckoned the conference audience to think outside the square to demonstrate concepts of mental health. Clinical psychologists and John felt the most important way we could help our remote communities is to 'get out there and knock on the farmer's door'. Additionally, media personnel and psychologists emphasised the drought has provided a temporary spotlight on education and funding for mental health issues that existed long before the drought and will continue long after in rural and remote communities.

Recovery in Mental Health

For me, the keynote address from Professor Robert Bland's (University of Tasmania) entitled, "Rediscovering poverty and social exclusion as dimensions of long-term mental illness", hit home. The audience seemed to agree with Professor Bland who discussed the concept of recovery involving a re-integration of the person into mainstream activities at the pace of the person and into activities that suited the person's talents. It sounds straight-forward enough but in reality, as comments from the audience indicated, we often lose sight of the patient being the epicentre of services. Patience and perseverance is required when matching a client's needs with what is available especially in rural areas where opportunities may be limited.

Austrauma 2008, Sydney, February 2008

For **Tahnee Dunlop** (Monash University, 4th Year) this was a ". . . fantastic educational experience, which further enhanced my commitment to rural health and which I would love to repeat!"

Covering trauma aspects of emergency medicine, critical care and surgery, the lectures were extremely eye opening and educational, especially in regards to some of the current practices in military and disaster zones.

Session 1 was a great introduction for me into what trauma surgery involved and how the system works. I gained insight into the transfer of patients, reasons and timelines, particularly important in rural areas when aiming for optimal results. This talk was given by Dr Thomas Esposito, from Loyola University Medical Centre. Andre Campbell, professor of surgery at the University of California, San Francisco General Hospital, spoke about what the role of a trauma director entailed. We then gained some insight into possible trauma prevention and paediatric trauma management was debated.

Session 2 was one of the most clinically relevant of the sessions, in which difficult emergency surgery decisions were discussed. Diagnosis of ischaemic gut, elderly ruptured AAA, appendectomy lap vs open approaches, Hartmann's and widespread abdominal malignancy were all discussed. One of the things that was most evident and impressive was the amount of research many of the speakers had done into their areas. In particular George Velmahos, Professor of Surgery at Harvard Medical School, who has contributed to over 30 textbooks and hundreds of published articles, was inspiring, and it was a privilege to have the opportunity to hear his four lectures.

Session 3 covered disaster management, and Avi Rivkind, professor of surgery at Hadassah Hospital Jerusalem, and John Crozier, a vascular and trauma surgeon at Liverpool Hospital, both gave amazing firsthand insight into trauma care in war torn areas. We also heard about the evacuation of people from New Orleans during Hurricane Katrina and the strain this posed on surrounding areas.

Saturday started off with a session on emergency surgery as a career and possible ways to go about training, including information about the differences of the program in Australia compared to the United States. This session was given by leading people in the field and a wealth of information and expertise offered.

It was great to see the banter and camaraderie between members of the faculty. The wealth of experience and knowledge was incredible, and hearing about personal experience of Rwanda and tsunami aid doctors was enlightening and thought provoking. It demonstrated the importance of awareness of the world around us. I also saw the support network they were for each other, to have a place to discuss these experiences and challenges with other people who have faced similar ones.

Attendance at this conference broadened my professional knowledge, and made me realise what a unique specialty trauma is. The final event of the conference was case scenarios worked through by the expert panel. The first was an urban case and the second rural – these case scenarios emphasised to me the extra challenges faced by rural doctors and the very high level of clinical skills and judgement they require. It showed the real difference they can make and the vital role they play.

This conference offered me the opportunity to get to know and network with some rural surgeons and hear personal accounts and advice from them, which was encouraging. The lunch breaks were an especially handy time for this. Trauma and emergency surgery is something they have to be prepared to deal with as a general surgeon in a rural area, which I believe makes it an even more rewarding and varied career choice.

New RAMUS Brochure

We have a new RAMUS brochure! To view and print the brochure please go to our website www.ruralhealth.org.au and then to the RAMUS link

We have sent bundles of brochures to the rural health clubs and university medical faculties.

Please contact the RAMUS team if you would like some copies sent to you – for example for your next rural high school visit.

Australian Journal of Rural Health

RAMUS scholars have free online access to the *Australian Journal of Rural Health (AJRH)* through the RAMUS Current Scholars page at www.ruralhealth.org.au. Scholars will soon receive an email with a password and instructions for accessing *AJRH*.

Virtual issue on Indigenous health

To learn more about the facts surrounding Indigenous health you can consult the 2008 'virtual issue' of *AJRH*. Freely available at <http://www.blackwell-synergy.com/loi/ajr>, this issue of *AJRH* includes 22 key reports published in the last decade covering some of the most pressing topics in Aboriginal and Torres Strait Islander health.

Among these are articles by Lowitja O'Donahue promoting a culture of improvement in Indigenous health, and by Richard Hays on improving care through medical education. Other issues dealt with include barriers to improved health and increased life expectancy, the impact of disadvantage and discontent on Indigenous mental health, and oral health training for Aboriginal Health Workers.

This free virtual issue also has papers on the connection between alcohol and psychological health, and between housing and health, a partnership approach to Indigenous primary health care, innovations in management of diabetes, communication issues, educational resources, behavioural change, special services for remote areas and a review of post-operative pain experiences in Central Australian Aboriginal women.

Latest issue

The latest issue of *AJRH* (vol 16 no 3) focuses on public health. It contains a major review article on addressing the health disadvantage of rural populations and articles on chronic disease strategies in indigenous communities, mobilising rural communities to lose weight and iodine levels in the Riverina.

AJRH is a multidisciplinary refereed journal which publishes articles in the field of rural health. It is peer reviewed and listed in Medline, as well as being covered by other major abstracting and indexing services. It provides research information, policy articles and reflections related to health care in rural and remote areas of Australia, and is an important publication vehicle for researchers and practitioners.



Photo Gallery – photos from RAMUS scholars' 2007 reports



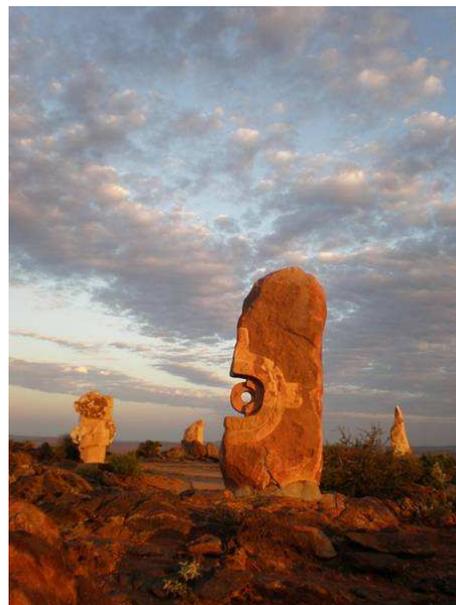
Cameron Carmody coaching Auskick AFL



Dr Paul Squires and Jake Parker



Jessica Dorman in clinical dress



Megan Suthern's photo whilst on placement



Rachelle Abouchid (centre) and the Greater Southern Area Health Services team in Albury



Megan Suthern's photo of Wilcania hospital

2008 Scholar-Mentor plan

Thank you to all the scholars who submitted their 2008 Scholar-Mentor Plan by 30 April.

For the scholars who have not submitted their plan yet, the pro forma is available on our website at www.ruralhealth.org.au and follow the RAMUS links. Your plan should be prepared in consultation with your mentor and sent to the RAMUS team once your mentor has signed it.

News from the National Rural Health Alliance

The National Rural Health Alliance (NRHA) is the peak non-government body working to improve the health of Australians in rural and remote areas. The Alliance administers the RAMUS Scheme on behalf of the Australian government.

It's time to be bold for rural health

The NRHA has responded to the Rural Health Workforce Audit released by the Minister for Health, the Hon Nicola Roxon MP on 30 April 2008.

Alliance Chairperson, John Wakerman, said there were no surprises in the report.

"The audit has confirmed what rural people already knew - based on evidence and anecdote - about the dire workforce shortages in rural and remote areas," said Professor Wakerman.

Rural and remote residents will have high expectations for the proposed Office of Rural Health and will be watching closely to see that it delivers on its brief of driving much-needed reform in response to the findings of the Rural Health Workforce Audit. The Alliance stands ready to work with the new Office of Rural Health in the interests of improved health for rural people.

"Rural communities have been waiting a long time for significant reform. This is an opportunity for the Government to show it has a serious commitment to rural health,"

"For example, in its budget submission the Alliance recommended a national undergraduate student placement system for a range of health disciplines which would promote equity and move away from fragmented programs into an integrated national system. This is an investment in our future workforce. We've also outlined a three-pronged approach to improving access to dental services and reducing the current long waiting lists."

"For both these proposals there is a good evidence base. They are opportunities for the Government to do something bolder at a national level," Professor Wakerman said.

The Rural Health Workforce Audit report, by the Department of Health and Ageing, can be downloaded from: www.health.gov.au/internet/main/publishing.nsf/Content/work-res-rurau

Health alliance makes stand for increased rural student support

The NRHA has called for increased support for rural students who need to live away from home to undertake tertiary study.

The Alliance was responding to a discussion paper, published by the Department of Education, Employment and Workforce Relations (DEEWR), on plans to expand the scope of the Commonwealth Scholarships Program and double the number of scholarships by 2012.

The Alliance has asked for at least half the scholarships in the new categories to be awarded to students from rural and remote areas.

“Rural students are currently under-represented in tertiary institutions. Our brightest kids are keen to get a uni qualification and then contribute to the rural workforce and the local community, but they face particular cost and distance barriers in accessing tertiary education,” John Wakerman, Alliance Chairperson, said.

“If the Government is serious about addressing rural workforce challenges, it needs also to increase investment in rural primary and secondary education, as well as other means, to ensure comparable rural participation in tertiary studies,” Professor Wakerman said.

The Alliance’s submission is available at www.ruralhealth.org.au

Join *friends* of the Alliance now!



friends of the Alliance is a network of people and organisations working to improve health and well-being in rural and remote Australia by supporting the work of the National Rural Health Alliance.

Join *friends* at the individual rate of \$44 or the student rate of \$27.50 to receive your free copy of the CD 'Rural and Remote Health Papers 1991-2007'; regular issues of the Alliance’s newsletter, *Partyline*, as well as being eligible for a discounted registration for the 10th National Rural Health Conference to be held

in Cairns in May 2008. As a *friend* you will also be eligible to nominate for the *friends* Advisory Committee.

Nominations are now being called for people to join the *friends* Advisory Committee. The *friends* Advisory Committee helps keep the Alliance informed about current issues in rural and remote areas. Nominations close on 31 May 2008 with an election held after that date.

To join *friends* and find out more, go to the *friends* page of the Alliance’s website at www.ruralhealth.org.au

NRHA website

Have you checked out the National Rural Health Alliances’ website lately?

Go to www.ruralhealth.org.au and you will be able to tap into some rural resources, see some of the projects the National Rural Health Alliance is working on as well as the publications and submissions published by the Alliance.

Staff news

The end of 2007 saw the RAMUS team keeping busy with scholar acquittal requirements and the new application round. But of course we made time for some fun!



Carol, Susan and Janine at the NRHA staff Christmas party. A night in which we travelled by train from Canberra to Tarago and back.

We even participated in a triathlon! The NRHA entered 3 teams with 3 people each into the DLA Phillips Fox Government & Business Triathlon, each person participating one leg. The team with our mascot 'Lola' is about to receive the 'best dressed team' award.



In other news, Denisse Dimatatac, a member of the RAMUS team in 2005-2006 who moved to the NRHA's IT team in 2007 where she provided great IT support to RAMUS, has left the Alliance for a new job in Sydney.

Keep your contact details up-to-date

Have you recently moved house? Or changed your email address? Any time your contact details change, please call RAMUS on 1800 460 440 (free call), 02 6285 4660 or email ramus@ruralhealth.org.au so we can update your details on our database.

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RAMUS is an Australian Government initiative