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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

As you can see, *Gone fishin'* has had a makeover thanks to the design talents of James Easterbrook here in the National Rural Health Alliance (NRHA) office.

This is the final *Gone fishin'* for 2008 and this issue includes important information for RAMUS scholars about the scholarship and its requirements. By now all scholars should have received information in the mail about the end-of-year scholarship requirements. Please contact the RAMUS team if you have not received this information.

We are now inviting nominations for the RAMUS Mentor Award for 2008. Scholars – please consider nominating your mentor for the award and submit your nomination by the end of November.

The 2009 application round for RAMUS will open on 4 November 2008. Approximately 115 scholarship places are available in 2009.

An article from Marie Leknys, who is just completing her 1<sup>st</sup> year in the graduate-entry course at the University of Western Australia, describes her trip with her RAMUS mentor, Dr Lesley Skinner, on a Rural and Remote Women's Health Program visit to Kununoppin in the Wheatbelt region of Western Australia. This program is operated by the Royal Flying Doctor Service.

The Department of Health and Ageing has provided information about the HECS Reimbursement Scheme.

Surveys of current and former RAMUS scholars conducted in 2006 and 2007 have shown that RAMUS has enhanced the capacity of rural students to study medicine, and that RAMUS scholarship holders are more likely to practise medicine in rural Australia as a result of their participation in the scheme. The survey results are summarised in this issue of *Gone fishin'*.

This issue also includes a report on the recent *National planning in the rural and remote health sector* symposium hosted by the NRHA in Canberra in September.

We wish RAMUS scholars, mentors and alumni all the best for the coming holiday season and the new year and look forward to continuing to support you and the RAMUS Scheme. Congratulations to all RAMUS scholars graduating this year. We hope you will continue to be involved in RAMUS by joining the RAMUS Alumnus program.

The RAMUS team  
Susan, Carol and Janine

## 2009 Acquittal requirements

Scholars should have already received the 2009 acquittal requirements in the mail. Please contact the RAMUS team if you haven't.

All pro formas and details of the requirements are also available on our website [www.ruralhealth.org.au](http://www.ruralhealth.org.au) – follow the links to 'Current Scholars'.

<b>Continuing Scholars</b>
<b>Due 31 December 2008</b> <ul style="list-style-type: none"><li>• Scholar Details Form 2009</li><li>• Scholar Agreement 2009</li><li>• Scholar Report 2008</li><li>• Academic results 2008</li><li>• Confirmation of enrolment 2009</li><li>• Income details 2007-08</li><li>• Mentor Report 2008</li></ul>
<b>Due 30 April 2009</b> <ul style="list-style-type: none"><li>• Scholar–Mentor Plan 2009</li><li>• Please ensure you are a member of your university's rural health club</li></ul>
<b>Completing Scholars</b>
<b>Due 31 December 2008</b> <ul style="list-style-type: none"><li>• Completing Scholar Details Form</li><li>• Scholar Report 2008</li><li>• Academic results 2008</li><li>• Mentor Report 2008</li></ul>

## 2008 RAMUS Mentors Awards

### Nominate your mentor now!

It's time to consider nominating your mentor for the 2008 RAMUS Mentor Awards.

Has your mentor supported and inspired you in exceptional ways this year? If the answer is 'yes', the annual RAMUS Mentor Awards are an opportunity to acknowledge and celebrate the important contribution that RAMUS mentors make to scholars' links to rural practice and to the RAMUS Scheme overall.

To nominate a mentor, please send a statement of up to 400 words outlining your reasons for the nomination and the contribution that the nominated

mentor has made. We encourage you to include a photo of your mentor, or of yourself with your mentor, with your nomination.

Send your nomination by email to [ramus@ruralhealth.org.au](mailto:ramus@ruralhealth.org.au) by 30 November 2008.

The 2008 RAMUS Mentor Awards will be announced in early 2009.

## Tips for your scholar report

For new scholars in 2008, writing your first RAMUS scholar report, here are some suggestions which might be useful.

Your annual scholar report is the opportunity to reflect on your experiences as a RAMUS scholar over the past year. This is YOUR report, so feel free to use any style or approach you wish. Please include photos; for example, from rural health club events or visits to your RAMUS mentor.

In preparing your report ask yourself questions such as:

- What were the highlights of 2008?
- What activities did I undertake with my mentor and rural health club?
- How has my relationship with my RAMUS mentor developed?
- What other experiences, for example, through my formal studies or clinical placements, have exposed me to rural practice?
- To what extent did I fulfil the goals I set in my 2008 RAMUS Scholar-Mentor Plan?
- How has my understanding of and interest in working in a rural health setting developed this year?

Please use your report to tell us about your achievements for the year; for example academic achievements, awards or publications.

Any feedback about your experience of the RAMUS Scheme is very welcome. You might also like to comment on your longer term career intentions and aspirations.

Your report should be 500 - 1,000 words in length.

We prefer to receive scholar reports electronically as email attachments. Go to [www.ruralhealth.org.au](http://www.ruralhealth.org.au) and follow the links to the RAMUS 'Current Scholars' page to download the Scholar Report pro-forma. Alternatively, you can submit your report by mail or fax.

Your report, or extracts from it, may be published in the *Gone fishin'* newsletter, on the RAMUS website or in other NRHA publications. De-identified extracts from RAMUS scholar reports may also be used in reports on the Scheme to the Department of Health and Ageing.

## Want to change your payment schedule?

In 2007 we surveyed RAMUS scholars about the payment schedules. The survey found that the scholars in graduate entry courses and who were on the Graduate Payment Schedule were generally happy with this schedule. There was a mixed response from scholars in undergraduate courses. While some were happy with the Undergraduate Payment Schedule, others (especially those in later clinical years of their course) felt that the Graduate Payment Schedule would suit them better.

Each year we consider requests for scholars on the Undergraduate Payment Schedule to change to the Graduate Payment Schedule on a case by case basis.

Scholars in undergraduate courses will be allowed one opportunity to change to the Graduate Payment Schedule during the course of their scholarship. To change from the beginning of 2009, scholars will need to make such a request before 31 December 2008.

**Because the payment schedules must be set up at the beginning of the year** requests received after this date cannot be considered.

### **Graduate Payment Schedule:**

Payments twice monthly January to December, first payment in January \$800 and all the remaining payments \$400.

### **Undergraduate Payment Schedule:**

Payments twice monthly March to December, every payment \$500.

## Rural medicine - my first impressions, by Marie Leknys

During my last university break, I had the privilege of accompanying my RAMUS mentor, Dr Lesley Skinner, on a Rural and Remote Women's Health Program visit to Kununoppin in the Wheatbelt region of Western Australia. The program is run by the Royal Flying Doctor Service (RFDS), and involves flying female doctors out to rural and remote areas every two months or so to allow the women living in these areas to have their health needs met by a female doctor. Growing up in Bunbury, I have never really had a 'true' rural hospital experience before, and had never been in a small plane. Needless to say, I was so excited that I was speechless!



### First trip in a small plane

Today, the population of Kununoppin and its surrounding areas is about 1,000, with most people owning or working on wheat farms surrounding the town. As with many places in WA the farms have become bigger and the population has decreased. When the population was approximately 4,000, the Kununoppin and Districts hospital was built. It included an operating theatre, where visiting specialists from Perth routinely carried out minor surgical procedures and where babies could be delivered. Currently the hospital has about 30 patients - many of them long term - and about 40 staff members.

Once the plane landed we were picked up by Sophie, the multi-skilled orderly, and driven to the hospital where we began seeing the local women. The list of patients waiting to be seen by Lesley was full – having a female doctor visit is a great opportunity for the

women to discuss things they would not normally discuss with a male doctor, and saves them driving for three hours to reach the same service in Perth. People were really excited about having a student visit, and I was made to feel incredibly welcome.

In the afternoon, I had the opportunity to sit with Dr John Radunovich, who has been the town's doctor for 50 years. While meeting his patients, I was astounded by his encyclopaedic knowledge of everybody's medical history - he had delivered many of the patients himself. I loved that not only the patient's medical problem was discussed, but also how their family was going, and the success of their latest fishing/golfing trip. Dr John was crucial to the development of the hospital, and still oversees its running. He only works three days a week now, but on these days he runs his normal outpatients/GP clinic, sees patients in the hospital, dispenses medications and performs minor surgical procedures.

Dr John is retiring at the end of December, and there is uncertainty about who is going to be the town's GP when he finishes up. While talking to his patients, it became obvious how important the local doctor and the hospital are to the people living in the town, and how willing they are to do anything to keep the hospital open. Almost every patient that came in to see Dr John brought a stub of raffle tickets sold for the Auxiliary Fete being held to raise funds for equipment and supplies for the hospital. It truly would be a shame if no doctor can be found and the hospital must be closed. The effect on the people of the town, the staff, and the long-term patients staying in the hospital would be devastating.



**Wildflowers in Billycatting Reserve, WA**

Towards the end of the day, Lesley and I went to look at the wildflowers in bloom in the Billycatting Reserve. When we got back I was completely exhausted. Dr John however was still seeing patients. He truly is an inspiration.

One of the reasons I wanted the RAMUS was because it would give me the opportunity to explore the things that people often say about rural medicine: that you are really appreciated, become part of the town and have the opportunity to do things that you normally wouldn't do working in a metro area. I can safely say that all these things are definitely true. You also get to work in a team where every person is multi-skilled, and everybody helps out where they can. The people you meet are absolutely lovely, too!

Overall, visiting Kununoppin was a wonderful experience, and an experience that will definitely influence my decision to become a rural GP.

## **RAMUS Alumnus update**

The RAMUS Alumnus is the network of former RAMUS scholars and current and former RAMUS mentors which supports RAMUS scholars to 'go rural'. Through the RAMUS Alumnus former scholars and mentors can maintain contact with the Scheme and with fellow doctors with a commitment to rural practice.

Scholar Alumni have access to the RAMUS Conference Placement Program which provides grants to attend selected conferences.

Scholar Alumni may also register their interest in mentoring a RAMUS scholar in the future. They will be eligible to become mentors once they have commenced vocational training (usually PGY3) and are working and/or training in a rural or remote location.

The RAMUS team will contact those scholar Alumni who are included on the register of interest from time to time to check whether they are based in a rural location and are available for RAMUS scholars to approach them as a potential mentor.

We are planning a networking event for RAMUS Alumni, scholars and mentors at the 10<sup>th</sup> National

Rural Health Conference, Cairns, 17-20 May 2009. More details will be announced in the next *Gone fishin'*.

Go to [www.ruralhealth.org.au](http://www.ruralhealth.org.au) – follow links to 'RAMUS Alumnus' to download a brochure and membership form, or contact the RAMUS team and we will send one to you.



## Conference Placement Program

In 2<sup>nd</sup> semester 2008 more than 35 RAMUS scholars and scholar Alumni have attended conferences with support from the Conference Placement Program. A list of the eligible conferences for 1<sup>st</sup> semester 2009 will be issued early in the New Year as well as a special call for applications for support to attend the 10<sup>th</sup> National Rural Health Conference in Cairns, 17-20 May 2009.

### Conference reports

Since the last *Gone fishin'* more than 20 conference reports have been added to the website. Here are just a few short extracts from some of these reports. Go to the 'Conference Reports' web page at [www.ruralhealth.org.au](http://www.ruralhealth.org.au) to read all the conference reports in full.

Global Health Conference, Melbourne, 4-6 July 2008

The conference *'provided an exceptional learning ground for furthering my knowledge and ideas about rural and remote health in Australia.'* Andrew Bullen (University of Queensland, 3<sup>rd</sup> year)

*'The Indigenous Australia Forum held on the final day of the conference brought together some of Australia's most influential leaders and researchers in the field of Indigenous health.'* Ruth Taylor (University of Queensland, 2<sup>nd</sup> year)

*'Many of the presenting doctors who had worked remotely in Australia and beyond shared their ideas about professional development opportunities that had helped them work effectively in their roles.'* Travis Leahy (University of Notre Dame Fremantle, 3<sup>rd</sup> year)

Australasian College of Skin Cancer Medicine Annual Conference and Scientific Meeting, Gold Coast, 29-31 August 2008

*'The doctors I met had a broad but also deep understanding of medicine and all its aspects. They are truly complete practitioners.'* Yannick Cucca (University of Western Australia, 4<sup>th</sup> year)

Advanced Life Support in Obstetrics, Melbourne, 30-31 August 2008

*'The ALSO course was a fantastic opportunity to review many basic obstetrics skills and learn many more.'* Jared Watts (RAMUS Alumnus, graduated 2005)

RANZCOG Australian Indigenous Women's Health Meeting, Darwin, 14-16 August 2008

The conference *'demonstrated the absolute requirement, particularly for rural medical practitioners, to be aware of Indigenous health issues as well as the essential role of the Indigenous Health Worker.'* Kate Wilson (University of Queensland, 2<sup>nd</sup> year)

The conference has *'undoubtedly supported my dream to working in Indigenous women's health in a rural/remote setting.'* Mikhaila Lazanyi (Monash University, 5<sup>th</sup> year)

RACGP North Queensland Sub-Faculty Conference. Townsville, 13-14 September 2008

*'This conference has opened my eyes to further diversity of a GP's role, from 'Cradle to Grave,' especially in a rural area.'* Jessica Dornan (James Cook University, 2<sup>nd</sup> year)

Emergency Management of Surgical Trauma (EMST), Adelaide, 29-31 August 2008

*'The skills learnt during the EMST were invaluable to the rural GP. Trauma is an inevitable occurrence, and as a rural GP you are the person who is responsible for the care during that "golden hour".'* Ruth Highman (RAMUS Alumnus, graduated 2002)

WONCA Asia Pacific Regional Conference and RACGP 51<sup>st</sup> Annual Scientific Convention, Melbourne, 2-5 October 2008

*'The conference focused on the unifying and collaborative efforts in a primary care setting that family practitioners undertake both in Australia and abroad.'* Graham Irvin (University of Queensland, 3<sup>rd</sup> year)

*'It was genuinely worthwhile, for both its excellent learning and invaluable networking opportunities.'* Stephanie Breen (University of WA, 6<sup>th</sup> year)

*'Attendance at this conference was perfect for gaining a perspective on what it is to have a career in rural health in Australia.'* Edward Springhall (University of Queensland, 2<sup>nd</sup> year)

## **RAMUS Scheme prepares doctors for the bush**

Surveys have shown that rural students awarded RAMUS scholarships are more likely to practise medicine in rural Australia as a result of their participation in the scheme.

This positive outcome accords with one of the core aims of RAMUS – to reinforce medical students' ties with regional and rural Australia.

Since the scheme began in 2000 more than 1400 RAMUS scholarships have been awarded and over 750 scholarship holders have graduated from medicine.

Key findings from a 2006 survey of RAMUS graduates showed:

- 75 per cent of respondents agreed participation in the scheme had increased their intention to practise medicine in rural or remote Australia;

- 80 per cent indicated an intention to do so, with the majority of scholars forming the intention while still in high school or at university;
- personal preference for a rural lifestyle was the strongest positive factor to influence RAMUS students to start or continue in rural or remote practice after graduation; and
- opportunities for greater diversity and responsibility in rural practice also ranked highly.

A 2007 survey of current scholarship holders reflected a similar positive perception of the scheme and its objectives. It showed 92 per cent of respondents agreed RAMUS had increased their intention and commitment to practise rural medicine, while 99 per cent agreed the level of payments significantly enhanced the capacity to complete their studies.

The results of both surveys are available on the NRHA website at [www.ruralhealth.org.au](http://www.ruralhealth.org.au) – follow the links to RAMUS scholarships 'Tracking Project'.

The NRHA thanks all current and former RAMUS scholars and mentors who participated in the surveys.

### **2008 survey of new and completing scholars**

To follow up these surveys, all scholars who commenced their scholarship in 2008 and all those who are graduating and finishing their scholarship this year are being asked to complete a brief online questionnaire on their perceptions of RAMUS and their future career intentions.

The RAMUS team has contacted all these scholars by email, giving them the link to the online questionnaire.

### **2009 RAMUS Application round**

Applications for RAMUS 2009 will open on 4 November 2008 and will close at 5pm AEDST, 19 January 2009.

Apply online at [www.ruralhealth.org.au](http://www.ruralhealth.org.au)

## What is the HECS Reimbursement Scheme?

### Article provided by the Department of Health and Ageing

The HECS Reimbursement Scheme is one of several Australian Government initiatives which promote careers in country medical practice.

Through the scheme, one-fifth of your HECS debt from studying medicine is reimbursed for each full-time year of training undertaken or medical service provided in a designated rural or remote area of Australia.

### Where can I work or train?

Eligible areas under the scheme are in RRMA (Rural, Remote and Metropolitan Areas) 3-7 locations. These locations include many large regional centres, with a population of less than 100 000 people, as well as other smaller rural and remote areas throughout Australia.

### How does the Scheme work?

You can register for the HECS Reimbursement Scheme by completing an application form and forwarding it to Medicare Australia.

Reimbursements are calculated on the total HECS which applies to the medical degree. This includes either a deferred debt or up-front HECS payments. Reimbursements reflect the differing HECS payments made. Additional undergraduate degrees or failed units are not included.

Applicants who undertake training or provide services on a part-time basis of more than 10 hours per week will be provided with reimbursement on a pro-rata basis.

### Am I eligible?

You must have completed your final year of study and obtained your medical degree in 2000 or later and:

- be an Australian or New Zealand citizen, or a permanent resident in Australia;
- have completed an Australian accredited medical course to the award of a Bachelor of Medicine/Bachelor of Surgery degree (MBBS) or equivalent, for which a HECS fee was payable; and

- undertaken training or provided medical services in rural and remote locations for a period of at least 12 months.

### How do I get paid?

The first HECS reimbursement payment is made at the completion of a continuous 12-month period of training or service provided in an eligible location. Subsequent payments are made at the completion of every continuous six-month period.

Medicare Australia provides a claim for payment form to participants, which must be submitted for ongoing eligibility.

### How do I find out more?

To find out more about the HECS Reimbursement Scheme, contact Medicare Australia on 1800 010 550 or go to [www.health.gov.au/hecs](http://www.health.gov.au/hecs)

## We want your photos!



We are still searching for photos to feature in *Gone Fishin'*!

Please send any photos you want to share to [ramus@ruralhealth.org.au](mailto:ramus@ruralhealth.org.au)

## National planning in the rural and remote health sector - videos of symposium presentations now available

The need for a national rural primary care strategy and an update on the state of Aboriginal health were among key topics discussed at the *National planning in the rural and remote health sector* symposium hosted by the NRHA in Canberra on 22 September 2008.

Professor John Wakerman, the Alice Springs-based chair of the NRHA, shared his thoughts on ways to build an improved rural and remote health system.

The former Victorian Health Minister, Rob Knowles, current chair of the Mental Health Council of Australia and a member of the National Health and

Hospitals Reform Commission (NHHRC), discussed the Commission’s work to provide advice on practical reforms to the Australian health system, including identifying a long-term plan for improving rural health services.

Ms Pat Anderson, Chair of the Cooperative Research Centre for Indigenous Health, gave an update on what is happening in Aboriginal health – and what is not.

Other speakers included:

- Dr Tony Hobbs, Chair of the Government’s External Reference Group that is seeking ways to develop a National Primary Health Care Strategy;
- Tony McBride, Chief Executive Officer of the Health Issues Centre in Melbourne, who discussed the involvement of rural consumers and citizens in health services planning and evaluation; and
- Bruce Simmons, Chair of the Rural Health Advisory Panel of the Australian Dental Association who spoke on achieving better oral health for the bush.

Go to [www.ruralhealth.org.au](http://www.ruralhealth.org.au) and follow the link to ‘Public Seminars’ for links to videos of all presentations.

## RAMUS scholar and mentor achievements

Congratulations to Jodie Delanty, a RAMUS scholar who won one of the NRHSN and AMSA’s 2008 Rural Elective Bursaries. The essays and placement applications are available at on the NRHSN website [www.nrhsn.org.au](http://www.nrhsn.org.au)- definitely worth reading!

Congratulations also go to Andrew Webster. He was jointly awarded the Westpac RDAA Medical Student of the Year Award 2008.

RAMUS mentor, Dr Sheilagh Cronin has been awarded the ACRRM-RDAA Peter Graham “Cohuna” Award 2008. This award was for exceptional service to rural medicine and rural communities.

## Contact RAMUS

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