

## Student report

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I attended my first professional convention in the form of the 12th National Rural Health Conference during April, with the much-appreciated financial assistance of the RAMUS Conference Placement Program. From the delegates, who ranged from young students with an interest in rural health through to the well-seasoned health professionals who work in the front-line of rural and remote health in Australia, and a program that showcased everything from redefining rural from remote to integrating social media and Telehealth into the future of Australian health care, the conference stayed true to its theme *Strong Commitment, Bright Future*.

My visit to Adelaide started on Saturday night with the ACRRM Networking Dinner, followed on Sunday by the Rural Health Management Workshop, run by the Australasian College of Health Service Management (ACHSM) in conjunction with Future Health Leaders (FHL). This workshop provided a forum for young health professionals to network with a more skilled and experienced multidisciplinary collective, while discussions throughout the day allowed each of us to be enlightened by the perceived and actual barriers to health care, rural experiences and where Australian health care stands after the recent reforms. Discussion surrounding the Health Reform was of particular interest to me, as it's something I have struggled to grasp. Prof. Michael Reid highlighted what the reform hasn't achieved, and made a point about the focus of policy on the "ageing population"—something he believes is overemphasized in the health reform. He suggested that of equal importance were both the growing population (I

note the media excitement surrounding 23 million on the 23 May, 2013) and efficiency of the medical system, arguing the "number of services provided per person per hospitalization is the greatest strain on the health system".

One of the terrific things about the National Rural Health Conference is that it is a very multidisciplinary conference, with a both an extensive program and variety of delegates that reflect the various health professions in rural, regional and remote Australia. Multidisciplinary teams are currently the saving grace of rural and remote health delivery, and it was great to see this highlighted in many presentations over the three days, from counselling services in Santa Theresa to engage Aboriginal patients, a report on the recruitment of Physician Assistants and their possible role in the future of health delivery, and the restructuring of nursing courses to include greater exposure to geriatric care were just some of the topics covered. Rural recruitment and retention was a stand out topic during the conference, and something that was particularly important to me as I quickly approach my internship. Executive from the National Rural Students' Health Network (NRHSN) were able to discuss early recruitment strategies and their National Priorities Paper, while Dean Carson discussed medical tourism in remote Australia and shortfalls of fly-in-fly-out services. The identification of an adventurist "migration personality" that is ideal for *recruitment* into the rural pipeline was a fascinating concept, although such a personality is less ideal for retention... What resonated throughout the presentations is that that rural origin, spouse and mentors are still important (necessary!) for *retention* of health professionals in a rural or remote community.

Fred Chaney, Bruce Walker and John Wakerman presented a brilliant concurrent session on remote Australia, and how is it distinct from the rest of Australia. Chaney set the tone for the session rather poetically with the observation that, although "The Outback" has been such an important part of the Australian Story, rural and remote Australia seems to be a forgotten part of the national narrative. From a political perspective, remote Australians made up less than ~3% of the population in 2006. Remote Australia has no electoral clout, and the ATSI voice is similarly small. Chaney's research shows people in the bush believe they have very little say in the decisions that affect their lives—and as we approach the next election, which to date has been based solely in Western Sydney,

it looks as though not much is set to change in the coming four years. Walker followed this up with a call for remote policy to be separately conceived and framed from the rest of Australia. A common complaint among health professionals on the front-line is that “rural and remote” seems to roll off the tongue as a single word in politics. Wakerman blamed this on a lack of empirical data for what we mean by “remote health”, and called on health professionals to continue their battles locally and for remote Australia as a whole to continue to be opportunistic with policy, even in the absence of systemic change.

During the conference, Malcolm Turnbull announced the opposition’s policy for the National Broadband Network which tied in rather nicely with presentations on the role of Telehealth and social media in the future of rural health. The Hon. Tanya Plibersek spoke to these issues, stressing the importance of Telehealth and Medicare Locals, and other speakers discussed the future of the electronic health record. While Alison Fairleigh discussed the potential of social media, Twitter exploded over three days with the #ruralhealthconf tag, allowing health professionals from everywhere follow the conference presentations—and allowing me to hear about concurrent sessions I wasn’t able to attend. Exhibit A? “Tweets” flashing up in the background of each plenary while members of the “Twitterati” tried to recruit other delegates to the cause. Beyond all this, being a student scribe for two sessions allowed me to contribute a very small part to the execution of the conference, and our delegate submissions to the online “Sharing Shed” was just another way technology and media were integrated into the daily program.

On opening the conference, Marie Lally noted the networking opportunities the National Rural Health Conference allows it’s fresher-faced attendees, but more importantly the chance for old friends to catch up while furthering their professional development. At the beginning of the conference this struck me as an odd comment, yet as I met up with my own friends and witnessed the way stranger’s faces lit up when they bumped into old colleagues it became apparent to me how important this aspect of these conferences are. Paired with an evening social calendar of formal dinners, dancing and karaoke, it turns out the conference is tailored for forming good friendships. As I sat with my rural family on the final afternoon, they announced the location for the 13th conference—and already we were eagerly making plans to meet again in Darwin in 2015. A great regret of mine is that I have not been able to attend conferences like this earlier in my degree, but I am thrilled to have had this opportunity tie in so nicely with my NRHSN and MIRAGE health club commitments, and anticipate many more inspiring experiences with these delegates as we progress beyond our degrees and further into The Outback.