

Student report

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In early April 2013 I attended the 12th National Rural Health Conference (NRHC) under RAMUS funding. The theme for this year's biennial conference was the appropriate 'strong commitment, bright future'. This was the second time I have attended this conference, with the first being when I was a second year medical student in 2007. The first thing I noticed was the large number of familiar faces that were amongst the delegates, some being people I had not seen for several years. The reason I comment on this point is because it was reassuring to see these people continue to maintain an interest in rural health.

As a result of my rural and regional upbringing, I have often been aware of the health challenges faced by rural Australians in accessing health and their practitioners in providing it to this community. When I attended this conference in 2007, my understanding of these challenges was limited to those I had witnessed as a student or being a patient myself. However, now that I have worked in rural Australia as a medical practitioner I have been able to observe further challenges encountered and know first hand the frustration faced by my colleagues when trying to access medical care. It saddens me that many of the patients I encounter receive suboptimal care simply because of their geographical location; whether this is in the form of not having the appropriate investigations because the services are not offered, or simply not having access to operations in a hasty manner because they are not in the specialty unit at the tertiary hospital. I can not help but think that if the patient presented to a metropolitan Emergency Department their management would be far different. It is because of these difficulties, that I enjoy attending the NRHC and hearing how others have implemented strategies to overcome this challenges, or to learn about system changes that are underway. An example of one such program that has been implemented and resulted in improved outcomes is the Integrated Cardiovascular Clinical Network (iCCNet). Through my work in a both a tertiary hospital in Adelaide and a rural General Practice in South Australia I have seen both aspects of this service and its benefit in managing patients in rural areas. Hence, the presentation by Philip Tideman further reiterated the successes and improved patient outcomes resulting from a network approach such as iCCNet

I have a strong interest in retrieval medicine, and so the presentation by John Setchell in regards to the South Australian RFDS retrieval analysis highlighted the ever present need for retrievals. However, importantly, it focused on the changes in retrievals in conjunction with the changes in the population growth in rural and remote areas. In particular, it highlighted the result of population growth secondary to fly in/fly out services and the associated number of retrievals needed amongst this population.

The various stalls at conference provided a further education opportunity regarding various training programs. It was beneficial having personal access to people from the rural training programs and being able to have one's questions answered in person. While I had previously been aware of telemedicine and have encountered it through my training in rural areas, it was valuable to gain insight into the broadening specialists providing access for rural clinicians through telemedicine.

In theme with the technology developments, a big difference I observed was that several of the talks were video recorded so as to have the ability to access these later on. I think this is such a brilliant aspect of the conference because often an individual finds they are interested in talks being given at the same time. Hence, in the past one would have had to ultimately make a decision as to which talk to sacrifice. Whereas, now with the video recording, there is the ability to access talks multiple times.

I particularly appreciated the opportunity to attend the RAMUS lunch. This allowed me to meet the RAMUS team, especially Susan, who have all dealt with my questions and offered years of support during my study. Furthermore, and perhaps most exciting, it gave me the chance to catch up with old friends with whom I had either studied and worked but had not seen recently.

Given that the NRHC is aimed at multi-disciplinary delegates, it provides an opportunity for me, as a medical practitioner, to learn more about research and projects being undertaken by other health professionals and the difficulties they encounter. Furthermore, the conference not only encompasses various disciplines but also brings together delegates ranging from university students to professionals who have been in the workforce for decades. The enormously diverse nature of delegates, combined with the opportunity for individuals to voice their concerns based on their experiences allows what I consider a giant 'brainstorm' to take place. It also means that students can speak to senior colleagues about their experiences in a relaxed and welcoming environment. This was especially important for me, because I am at the point in my career when I need to make decisions about my future practice and suitable training programs.

Considering it had been several years since I last attended a National Rural Health Conference, I have not remained fully informed of the various advances in rural medicine. Thus, it was exciting learning of the developments that have occurred and the various schemes and funding now in place. Overall, my attendance at this conference provided me with a chance to meet new colleagues and catch up with old friends who all share a common interest in rural health. It succeeded in providing me with an opportunity to broaden my knowledge regarding the current and potential future difficulties myself and my colleagues encounter and manage while striving to not only improve but also service rural health.