I feel very privileged to have been selected by my rural health club, SHARP, to attend NURHC 08, 10th National University Rural Health Conference. It certainly brought together a positive group of over 300 people including past and current health students from across the country, and representatives from Australia’s foremost rural, remote and Indigenous health bodies.

The organisers said the conference would be about sharing experiences, challenges and needs in a listening forum, and further inspire delegates’ interest in living and working as a rural and remote health professional so that our next generation is ready to develop and succeed – and this was very much the case. Every day of the Conference was immensely stimulating and fantastic to be a part of.

Julie McCrossin was an excellent MC, involving and challenging all in attendance to come up with lots of questions for the keynote speakers and presenters we were fortunate to hear from. We were encouraged to not only give feedback on what we felt was working well or not so well with regard to supporting students to go rural and remote, but to share ideas of what could work or examples of best practice that are already out there, that the Conference’s key stakeholders and guests can take back to their departments and organisations.

Shannon Nott and Felix Ho gave an brief overview of the NRHN at the start of the Conference, highlighting the importance of developing the interests of today’s health students to becoming rural health professionals of tomorrow. Shannon spoke about Generation Y, the work-life balance many of us are looking for and how this is still possible as a rural health professional - emphasising the value of multidisciplinary health care teams in reducing workloads while improving care for patients at the same time, which sounds pretty good to me.

It was also good to see how NRHN initiatives have been helping to address current rural workforce shortfalls, for example, rural high school visits and CrocFests to encourage rural kids to consider health careers and going to university, scholarships so disadvantaged students can focus on their studies, and placements for students with an interest in rural and Indigenous health to feel appreciated and strongly encouraged return to and make a difference in these areas.

NURHC 08 also brought together a great group of speakers from the rural and Indigenous health spectrum. One of the highlights was Dr. Tony Hobbs, Chair of the Australian General Practice Network (AGPN) who spoke about the successes and challenges he faced in setting up a superclinic in Cootamundra with GPs, nurses, a practice manager and allied health (dentist, physiotherapist, and podiatrist) professionals working together. The clinic also features a room for health and medical students to train, something which other Conference speakers acknowledged as
important to have in new and existing medical facilities to better support students during placements.

It was also great to hear from “Sugar Man”, Mr Michael Porter, who regularly goes out to rural and remote Aboriginal communities and CrocFests to talk to groups using a simple, fun and interactive approach about how they can prevent type 2 diabetes. What he has achieved for primary preventative health care with his popular educational sessions was inspiring, and relayed to us as future health professionals the power of telling things how they are and keeping things simple.

I also enjoyed hearing from Mr Christopher Cliffe, the President of CRANA (Council of Remote Area Nurses of Australia) who has made a difference with the Red Cross overseas and in remote Australia, and Mr Scott Wagner, the president of SARRAH (Services for Rural and Remote Allied Health) which is helping to drive health reform in Australia and has run educational sessions with families and communities reducing rates of hospitalisation by up to 100% which is truly excellent. It was also promising to hear about e-records and national health accreditation and registration schemes which are going to be rolled out at a national level to streamline and benefit practice between health disciplines, interstate and in rural areas.

Some delegates and I were also fortunate to visit the Launceston Aboriginal Medical Service (AMS) which was a good eye-opener. Just being there, it was touching to see how open, friendly and welcoming the place was for Indigenous members of the community to come in and get medical or legal advice. The AMS and Aboriginal community controlled organisation was also a good example of the integrated health care teams providing holistic care to patients.

I think that many health students including myself who are considering working with Indigenous communities feel unsure on how to approach them to form that initial connection. But it was encouraging to hear from the Spotwood sisters and Dea Delaney Theile at the Conference who shared a few pointers to help students develop that connection which will strengthen over time. These included getting to know the community you are working, consulting your the Aboriginal Health Worker and making a sincere approach by letting them know you’re willing to learn and engage with their community. They also recommended students read a document, “Making the connections” which can found on the Department of Health and Aging website. NACCHO (National Aboriginal Community Controlled Health Organisation) and the AMS expressed interest in hearing from any allied health, nursing or medical student who would like to work with them.

Many of the good ideas that came out of the conference included expanding the successful John Flynn Scholarship Program and HECS reimbursement schemes, providing more allied health scholarships and multidisciplinary learning opportunities while at university, as well as using the network as a place to share our experiences about rural and remote placements and organise house swapping during country/city placements so they are more affordable. There was also considerable discussion about bonded medical places, but overall many were positive about the increased attention universities and departments have been paying to these students including supporting them to attend Conferences like this.
There was also strong support to take our interest in working in multidisciplinary teams and rural, remote Australia back to our universities and friends. Many speakers commented that at university, many health students only hear the negative statistics about rural and remote health and become discouraged to go bush because they don’t know about the support that is out there or haven’t considered the benefits that can be had. For example, many students at the conference commented that they want to work in rural areas because it is more challenging, hands-on, and will enable them to do more surgical and specialist procedures than those who choose to work in the city. There are definitely plenty of opportunities to get the medical experience that many students are looking for by going bush, we just need to let our friends and universities know about it!

What I also took away from the conference are the numerous opportunities that are out there for students in their professional development into primary health care providers, for example CRANA and SARRAH run short public health skills courses, and the RACGP (Royal Australian College of General Practitioners) offer student membership, and you can always organise events with your rural health club. I highly encourage students to apply to go to conferences like NURHC and become actively involved in their university’s rural health club.

I would like to thank RUSTICA and the 2008 Co-Convenors, Andrew Tierney, Matthew van Zetten and Matt Cane for making all the delegates feel very welcomed during our time in Launceston. Thank you also to 2008 Co-chairs, Shannon Nott and Felix Ho, for your excellent presentation at the beginning of the conference and being all ears to the ideas raised, and Fiona Langelaan, 2008 NRHN Secretary. Well done to the Academic and Social Committees who were busy teleconferencing in the few months before. The social activities of “It’s a Knockout”, “Golden Windmills” and the “Formal Dinner” provided us with plenty of laughs, fun and style that topped off each day’s proceedings, with Outlook (University of Melbourne)’s Golden Windmills performance a deserving winner.

Thanks to all the student and skills sessions presenters and other keynote speakers. Thank you also to Litsa Kane, Linda Nink, Kerryn Eccleston, Kylie Carlson, Kay Kent and everyone on the NRHN team who worked unbelievably hard to make the event as successful as it was. The food was excellent, and the Tail Race Centre was a superb venue.

Thanks also go to the Department of Health and Aging (DOHA) for funding the conference and showing so much support to members of the NRHN, and Rural Health Workforce Australia for your support to the conference and the Network. It was truly amazing to be part of such a well-supported and professional event.