The launch of the new name of Rural Health Workforce Australia, formerly known as Australian Rural & Remote Workforce Agencies Group Limited set the scene for what was an eye-opening and productive 1 day forum on August 31, the long-term outcomes of which I look forward to seeing unfold and develop in the coming years.

The forum was structured into 3 sessions, each with speakers from diverse but important positions and experiences relating to improving and expanding the Indigenous Health Workforce on a national level. For me it was definitely an empowering feeling to be part of a conference that was engaging individuals from Rural Workforce Agencies and multidisciplinary health fields – all coming together to take action and establish partnerships on the important issues facing the crucial area of Indigenous, rural and remote health.

To begin, during session 1, Current Context for the Indigenous Health Workforce we were reminded of the enduring disparities between primary health care in cities and Indigenous Australian communities. Ms Dea Delaney-Thiele, CEO of National Aboriginal Community Controlled Health Organisation (NACCHO) spoke of how the Aboriginal Medical Services (AMSs) that NACCHO represent, provided over a million cases of primary health care in 2003/04 alone. I think this proves without a doubt the important and essential role AMSs play in the delivery of health care in Indigenous, rural and remote communities.

Dea also outlined the NACCHO Oxfam Closing the Gap ‘Equality in Health’ Plan launched earlier this year, detailing strategies and targets for Health Equality of Aboriginal and Torres Strait Islander peoples within 25 years. As delegates, Dea’s presentation provided us with direction on specific areas where funding and the work of agencies such as RHWA needs to be targeted to achieve this outcome. I highly encourage rural health students to consult this document which includes targets for closing the gap on the salaries of ACCHS GPs and their city counterparts, access to specialised health professionals and provision of Medicare benefits.

Session 2, Perspectives of the Health Workers: What are the Motivations, Rewards and Challenges Involved in Working in Indigenous Health? permitted discussion the support and infrastructure necessary to attract and retain the health workforce in these areas of need. Of note was the statistic presented by UWA Associate Professor Helen Milroy of Indigenous doctors only comprising 0.2% of Australia’s medical workforce. The session included discussion on the need for more Indigenous medical academics as role models for children and the social and cultural challenges Indigenous students face when selecting to study at a medical school. Moreover, session discussion centered upon the infrastructure and support necessary to (i) help nurture the desire of non-Indigenous students to practice in rural communities, as well (ii) facilitate positive experiences for International Medical Graduates.
The final session which rounded-up the days’ discussion concluded with the identification of the 3 most important areas for RHWA and its partners to focus attention over the next few years to improve the sustainability and efficiency of the Indigenous health workforce.

- Infrastructure support for student placements and Aboriginal Medical Services.
- Management & clinical governance support for AMSs to optimise their functional capacities.
- Local Aboriginal cultural training & mentoring for all health professionals.

Importantly, these plans for action are very much aligned with existing NACCHO Close the Gap Strategies, signifying RHWA would be working closely with NACCHO in future.

This having been my first CoNs experience, I was enthused and surprised at the welcoming of us as university students to an annual event with significant nation-wide outcomes. The experience has definitely given me a greater footing on the realities facing the development of a sustainable and quality Indigenous workforce. I highly encourage any student interested in health issues to apply to attend such conferences - to learn more and gain exposure to perspectives and insight which will be of value when we graduate and become health professionals working with rural, remote and Indigenous communities. I would once again like to thank to the NRHN for supporting my application.