The 11th National University Rural Health Conference (NURHC) was hosted in Cairns by Rural Health in the Northern Outback (RHINO) Rural Health Club in conjunction with James Cook University and the NRHSN. This year’s academic program centered on the conference theme “Rural Health: Diverse Landscapes, Endless Opportunities”. Particularly appropriate to the vast range of rural and tropical landscapes of North Queensland and wider Australia, the theme set the scene for a 3 day forum of conference activities designed around raising delegates’ interest in and awareness of the multitude of diverse opportunities and positive experiences available in rural, remote and Indigenous Australia.

The conference was opened by a traditional Welcome to Country from Jeanette Singleton of the Irukadji people, and introduction from Dr James Fitzpatrick, our Master of Ceremonies. Throughout the conference, Dr Fitzpatrick provided inspiring and encouraging insight into the opportunities that he has pursued in remote and Indigenous communities since being involved with his Rural Health Club and the NRHSN. His passion and enthusiasm for poetry and pirates, not only rural health, added fun and energy into the mix of the conference, and we were encouraged to make the most of the opportunity the event provided to engage with speakers and one another to share and come up with innovative ideas on improving rural health into the future.

Conference highlights

The entire conference proceedings offered several highlights. I was fortunate to attend a tour of the Cairns Base of the Royal Flying Doctor Service (RFDS) of Australia as one of my workshop options. Dr Minh Le Cong shared some of short video clips of some of the experiences he has had with the RFDS. Other members of the RFDS team also provided anecdotal and historical insight into the incredible difference the service has been making in improving health outcomes and access to rural and remote communities. The visit opened my awareness to the great camaraderie that exists among members of the RFDS team which extends to nurses, dentists, dieticians and other health professionals in providing relevant care to individuals in need. The mere fact that the RFDS today covers about 6,500,000kms in providing primary and preventative care to 176,000 patients across Australia each year is outstanding.

Dr Kim Webber spoke about some of the ways in which Australia is leading the world in rural health and the exciting developments she has been involved in as a Technical Advisor for the World Health Organisation. Several keynote speakers including Professor Roger Strasser, Dean of the Northern Ontario School of Medicine shared their wide-ranging experiences in rural health in Australia and globally in their talks about the international rural health landscape. Professor Strasser encouraged us to think about what defines rural
and why many people love rural practice. From even small differences in the meaning of “hospital” in rural communities and the point that Professor Strasser made about best-practice being quite different depending on context, I took away from his keynote presentation an affirmed interest in the variety and scope of practice possible when working in a rural setting. Quite evident throughout NURHC were the many and varied ways in which individuals and teams of people are helping improve health in rural and remote communities. I encourage anyone who hasn’t before considered a rural career to be open to what is out there – there are many interesting aspects to rural health available and possible, and I am yet to discover them all!

The keynote presentations on day 2 of the conference relating to “Endless Opportunities in Indigenous Health” were a definite highlight. Dr Mark Wenitong, immediate past president of AIDA, shared his experiences in working in Indigenous health. He relayed the importance of providing health care that resonates with the community and provides functional access for patients through having welcoming facilities, bulk-billing facilities and has been developed with community consultation. Dr Wenitong spoke about the important role of Aboriginal Health Workers in health care delivery, and encouraged all delegates to consider Indigenous health as a place where as future health professionals we can make a real difference.

Ms Maggie Grant, RN, extended this invitation, encouraging us to think creatively about effective health promotion in Indigenous communities and to question the myths we have of other cultures by experiencing them first hand. Ms Grant described some of the “incredibly interesting” aspects of working with Aboriginal communities and challenged us to think about ways the health service can support the people in the community who do not attend, not only those who do – which I feel is a very interesting but important concept. Dr James Charles shared some of his journey on overcoming barriers and becoming an Indigenous podiatrist after noticing a several foot problems in his community. Dr Charles recently founded Indigenous Allied Health Australia (IAHA) providing support for Indigenous Allied Health students and professionals, as well as non-Indigenous allied health students or professionals with an interest in Indigenous health. I am inspired by his passion for improving the health of Indigenous Australia.

The conference also featured concurrent student presentation sessions on a range of topics categorized into streams of scientific, activities, personal experiences, Indigenous Health and workforce. The diversity of topics presented reflected the vast range of activities NRHSN members are involved in and made it difficult to choose which presentations to go to. I attended the student talks on workforce issues within which I also presented a discussion on “What do different health professions really do?” about multidisciplinary teams with some pointers on how we as students can draw on what other disciplines have to offer while at university and the future. I found this an excellent opportunity to present to peers on a relevant area I’ve become familiar with and am quite interested in. I encourage other students to consider presenting at the next NURHC. It is a fantastic chance to share your experiences, research findings or great ideas relevant to rural health with other members in the Network!
Mental illness is involved in over half of the burden of disease in young people, yet is difficult because it is often something which cannot be seen, and is difficult for others to understand. There was a special moment during the conference when Stephanie Frazer shared her honesty and personal experience with depression in presenting “Black Dogs, Blue Days and Hazy Greys: A personal portrait of depression”. Steph’s moving and candid account was truly a privilege to be audience to and a rare insight into the real but often unseen impacts of mental illness on the lives of patients, families and carers. Thank you Steph - I believe that every delegate will remember your story and draw on the courage you have shared with us to improve awareness and understanding of mental health in our personal and professional lives, and in the communities we serve.

Special mention must also go to the conference social program which did not disappoint. Gilligan’s Backpackers had a fantastic live band and the Golden Windmills performance night revealed much creativity and entertainment. A clear highlight was the formal dinner on the final night which included a spectacular dance performance by the Tjapukai dancers at the Tjapukai Aboriginal Cultural Park. The atmosphere was amazing.

Conference outcomes

We were fortunate during the conference to have access to representatives from Government and key national rural health organizations who with their experience in leading health care reform and innovation, shared insight into how we can best go about influencing future of rural health in Australia at a range of levels, including as a students, practitioners, and in providing ideas and feedback to stakeholders and Government.

The final day provided a useful opportunity for students from different disciplines to participate in discussions with students and the NRHSN Portfolio representatives from Medicine, Nursing and Allied Health on the issues concerning them to inform the Network and stakeholders on key areas for advocacy. As the NRHSN Junior Medical Portfolio representative, it was fantastic to see everyone contributing ideas and feedback during the session and be part of discussions with students from other Rural Health Clubs about how we as students can contribute to improving health outcomes for rural and remote Australians. The outcome of the discussions was the generation of over 5 key recommendations relating to strategies to improve the recruitment, retention and support of health students into rural and remote health careers.

Personal and professional benefits

Being part of the 3-days of conference proceedings has provided me with several personal and professional benefits. It was exciting and motivating to be among a passionate crowd of students and stakeholders from the multi-disciplines of health and with a common interest in improving health outcomes and contributing to the future health workforce for rural Australia. It is very true of everyone being a teacher and student who we can learn from which Dr James Fitzpatrick alluded to at the start of the conference. I have made several valuable contacts with other attendees at the conference who I plan to remain in close communication with as we take back a wealth of ideas and enthusiasm to share with
our rural health clubs and our communities. It is very amazing to feel part of the larger NRHSN family of like-minded students who we can draw on one another for support and expertise for when we embark on professional practice into the future.

The conference has provided an opportunity to gain important insight into the many landscapes and opportunities of rural health outside of the University setting. I hope to share what I have learned from my participation in this conference with my University, Rural Health Club and local area, and through my role in the NRHSN Medical Portfolio - to translate the many ideas and enthusiasm generated from the conference into practical initiatives and action. I wish to again thank Rural Health Workforce Australia (RHWA) for your sponsorship of my award for Outstanding Contribution to a Rural Health Club – I am extremely humbled to receive this award. I also certainly encourage all NRHSN members to attend a NURHC in the future – with so much interest and enthusiasm it is hard to believe that it is over for another year!

I wish to thank the organizers for convening the 11th National University Rural Health Conference. The event attracted over 300 student delegates and certainly would not have been possible without your hard work. I was fortunate to have been on the NURHC Committee this year and offer my tremendous thanks to RHINO, the Conference organisers, NRHSN Executive, RHWA and NRHSN Staff, NURHC Co-convenors Heather Hanks and Sarah Farlow, and other members of the Committee and volunteers for your energy and dedication behind the scenes over the past year in bringing together this successful conference.

Thank you to the Australian Government Department of Health and Ageing for your support for the Network and as principal sponsor of this important Conference. In addition, thank you to all other sponsors for supporting this event and sharing your enthusiasm for rural health with us – including Tropical Medical Training, Prostate Cancer Foundation of Australia, AGPT, Beyondblue, RHWA, Janie Dade Smith, SR Media, Valet Promotions, SARRAH, Therapeutic Guidelines, ARHEN, Medic Oncall Recruitment, Optometrists Association Australia, ACRRM, RDWA, GPNNT, MICRRH and CRANaplus.

Thanks also to Dr James Fitzpatrick and the wonderful presenters for sharing your skills and experiences, and to Brothers Leagues Club and The Cairns Colonial Club for fantastic conference venue and accommodation facilities.

I wish to thank the University of Wollongong Graduate School of Medicine and the Wollongong University Medical Students’ Society for supporting my registration fees for this conference. Thank you also to the Student Health Alliance for Rural Populations (SHARP) Rural Health Club for your support and assistance for my participation in this conference.

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