

Kalgoorlie and Beyond: the History of the National Rural Health Student Network (NRHSN)

the future of rural health

About us

National Rural Health Student Network

The National Rural Health Student Network (NRHSN) represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university Rural Health Clubs from all states and territories.

It is Australia's only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers.

The NRHSN has two aims:

- ▶ to provide a voice for students who are interested in improving health outcomes for rural and remote Australians
- ▶ to promote rural health careers to students and encourage students who are interested in practising in rural health care.

The NRHSN and its Rural Health Clubs offer rural experience weekends, career information sessions and professional development activities as well as providing a social base for students at university and when on rural placement.

The student network leaders also advocate on behalf of health students of all disciplines - including opportunities for more rural placements and training support.

The NRHSN is managed by Rural Health Workforce Australia (RHWA) with funding from the Federal Department of Health.

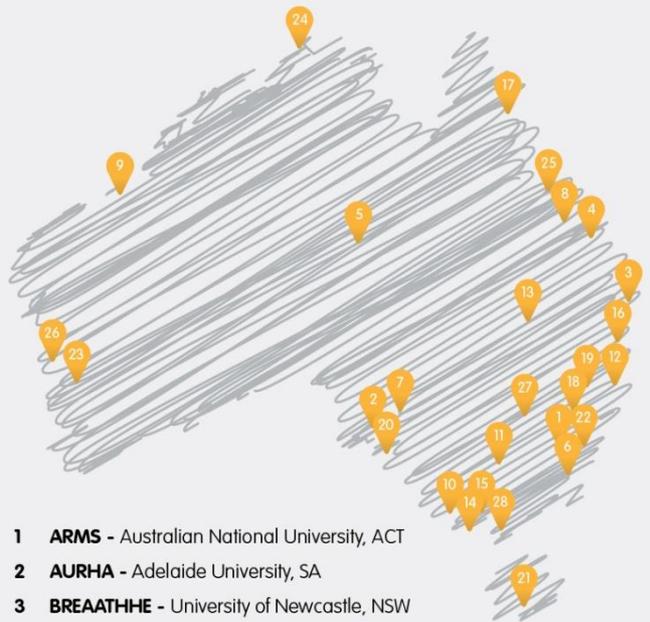
Rural Health Workforce Australia

Rural Health Workforce Australia is the national body for the seven state and territory Rural Workforce Agencies. This not-for-profit Network is dedicated to making primary health care more accessible by attracting, recruiting and supporting health professionals needed in rural and remote communities. RHWA is also committed to the future workforce through its support of the National Rural Health Student Network.

Contact us

National Rural Health Student Network
Suite 2, Level 5, 10 Queens Road
Melbourne VIC 3004
03 9860 4700
info@nrhsn.org.au
www.nrhsn.org.au

Rural Health Clubs



- 1 **ARMS** - Australian National University, ACT
- 2 **AURHA** - Adelaide University, SA
- 3 **BREAATHHE** - University of Newcastle, NSW
- 4 **BUSHFIRE** - Bond University, QLD
- 5 **CARAH** - Charles Darwin University, NT in assoc with Flinders University, SA
- 6 **CRANC** - University of Canberra, ACT
- 7 **FURHS** - Flinders University, SA
- 8 **HOPE4HEALTH** - Griffith University, QLD
- 9 **KRASH** - Notre Dame University, Broome, WA
- 10 **LARHC** - La Trobe University, Bendigo, VIC
- 11 **MARHS** - Charles Sturt University, Albury, NSW including La Trobe University Wodonga campus
- 12 **MIRAGE** - University of Sydney, NSW
- 13 **NERCHA** - University of New England, NSW
- 14 **NOMAD** - Deakin University, VIC
- 15 **OUTLOOK** - University of Melbourne, VIC
- 16 **RAHMS** - University of New South Wales, NSW
- 17 **RHINO** - James Cook University, QLD
- 18 **RHUUWS** - University of Western Sydney, NSW
- 19 **ROUNDS** - Notre Dame University, Sydney campus, NSW
- 20 **ROUSTAH** - University of South Australia, SA
- 21 **RUSTICA** - University of Tasmania, TAS
- 22 **SHARP** - University of Wollongong, NSW
- 23 **SPINRPHEX** - Combined Universities of Western Australia, WA
- 24 **SIARRH** - Charles Darwin University, NT including Flinders University, SA
- 25 **TROHPIQ** - University of Queensland, QLD
- 26 **WAALHIIBE** - Combined Universities of Western Australia, WA
- 27 **WARRIAHS** - Charles Sturt University, Wagga Wagga, NSW
- 28 **WILDFIRE** - Monash University, VIC

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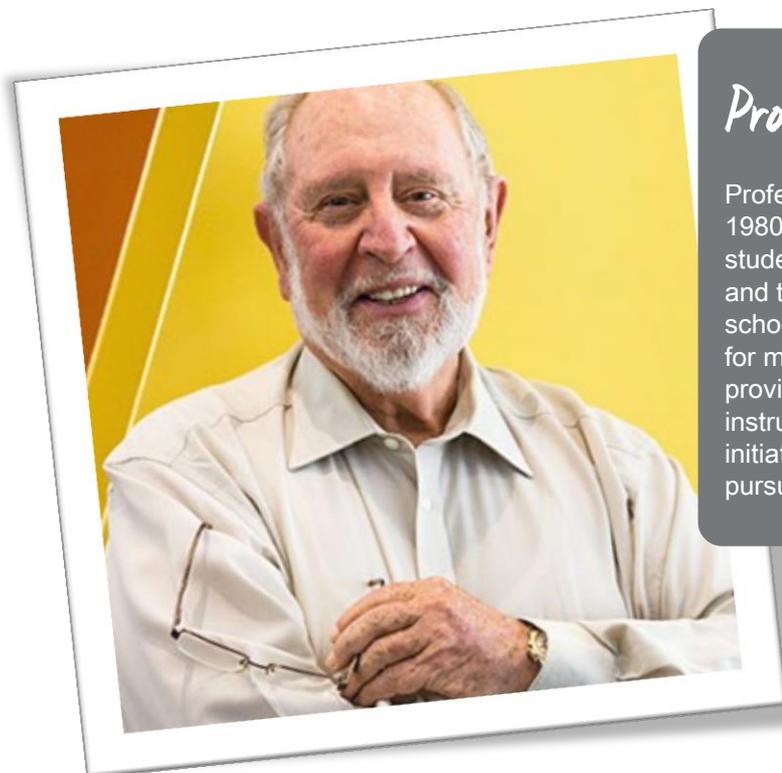
History of the student network

Maldistribution of Rural Health Services

Many developing and developed countries grapple with geographical imbalances in the distribution of their health workforce. Globally, around 50% of the world's population live outside of urban centres, however only 38% of the total nursing workforce and less than 25% of the total physician labour force work in these areas¹. As a geographically large country with a relatively small population, Australia is no exception in facing issues surrounding equitable access to health services^{2,3}.

In the 1980s rural students were underrepresented in undergraduate cohorts at Australian universities. Rural students were less likely to consider careers in health for a variety of reasons. For example, they lacked career counselling services and had fewer academic resources to prepare them for admission to medical school⁴. These disadvantages resulted in relatively low numbers of rural students applying to medical school and lower acceptance rates for those that did apply. At the University of Western Australia (UWA) medical school, this paucity of rural students applying for medicine was noted, and those that were accepted often faced a perceived negative view of rural general practice throughout their undergraduate and postgraduate training⁵.

Medical schools were failing to provide rural and remote medical practitioners with adequate training and skills required for rural practice. These issues started to get some media coverage in the mid-1980s⁶ but the impetus for change came in the late 1980s as a result of two key events on opposite sides of the country – a state election in Western Australia (WA) and the New South Wales (NSW) Rural Doctors Dispute.



Professor Max Kamien

Professor Max Kamien was part of the drive in the 1980s to set up a rural students club to support students contemplating a career in rural medicine and to provide a mechanism for input into medical school curriculums. He also strongly advocated for medical schools to have more focus on providing exposure to rural medicine and was instrumental in the establishment of Government initiatives to encourage and support students to pursue a career in rural Australia.

The 1985 WA state election hinged on six marginal seats of which four were rural. Doctors in these rural seats began to contact their MPs to highlight the shortage of rural doctors and locums in their electorates⁷. The concerns were enough for the Minister for Health to launch an Inquiry into the Recruitment and Retention of Country Doctors in Western Australia, chaired by Professor Max Kamien, the Foundation Professor of General Practice at UWA. The final report on the inquiry was submitted to the Minister at the end of 1987 and made a number of recommendations on the recruitment and retention of country doctors. It also recommended affirmative rural student selection, decentralized medical education, the creation of rural student clubs, and an organisation – the West Australian Centre for Remote and Rural Medicine – to drive all of this⁸. The report was published in 1987 and played a major role in shaping general practice policies in WA's rural and remote communities.

The 1987 NSW Rural Doctors Dispute was a result of the Federal Government changes to the Medical Benefits Schedule, which included the removal of the after-hours loading for GP consultations. The changes were designed to reduce the growth of private after hours GP clinics in the cities but had unintended consequences on rural GPs, which exacerbated their growing discontent with the conditions they were facing. The dispute led to the formation of the Rural Doctors Association NSW and culminated in the resignation of almost all rural GPs from rural hospitals across NSW. A settlement between the NSW State Government and the rural GPs was reached with the signing of the NSW Rural Doctors Association Settlement Package which became the national benchmark for rural and remote GPs⁹.

Government initiatives to foster interest in rural medicine

The events in WA and NSW placed rural health on the national agenda and, in response, the Federal Government added a Rural Incentives Program (RIP) to their General Practice Reform Strategy of 1992. The RIP consisted of five main elements¹⁰:

- ▶ Relocation grants – to assist GPs in relocating from their current area to an identified under-serviced area
- ▶ Training grants – for relocating and rural GPs to maintain and to increase their rural general practice skills
- ▶ Remote area grants – for recruitment and retention of GPs to isolated and remote areas
- ▶ CME/Locum grants – to support rural GPs to obtain skills in areas relevant to rural practice and to obtain leave
- ▶ Undergraduate grants – to encourage medical schools to focus on rural medicine, and to provide opportunities for medical students to obtain experience in remote practice and to pursue a rural career

The rural undergraduate component of the RIP provided funding to the medical schools in existence at the time and to a Rural Undergraduate Steering Committee for funding of projects of national significance. The steering committee was chaired by Professor John Hamilton (Dean of the Faculty of Medicine, University of Newcastle) and consisted of Professor Max Kamien (UWA), Professor Roger Strasser (Monash), Dr David Gill (Rural Practice Training Unit, SA) and Dr Michelle Hogg (at the time a medical registrar at Tamworth Base Hospital, NSW)¹¹.

At the medical education level, two initiatives were developed in the 1990s to encourage students to pursue careers in rural practice;

- ▶ Rural Undergraduate Support and Coordination (RUSC) program – supporting rural student admissions and requiring compulsory rural clinical placements for medical students¹², and the
- ▶ University Departments of Rural Health (UDRH) program - providing opportunities for students to practice their clinical skills in a rural environment and support for health professionals practising in rural settings¹³

The establishment of Rural Health Clubs

It was in the context of these rural health initiatives that the first university student Rural Health Clubs were formed. Professor Max Kamien was part of the drive to set up a rural student club, and the idea was driven by Dr Bill Jackson and his wife Doris. Dr Bill Jackson was the first full time director of WACRRM and wrote an article describing the first club¹⁴. SPINRPHEX, Students and Practitioners Interested in Rural Practice Health Education Xcetera, was the first Rural Health Club, formed in the early 1990s at the University of Western Australia medical school. Kamien's club was a club for students and practitioners interested in rural practice, health and education. The goal of the club was to promote rural practice in the university and in the further community, and to this end, members of the club visited rural high schools to promote and encourage medical careers¹⁵. Soon after, other medical schools across the nation established Rural Health Clubs.

In its 1994 report 'Rural Doctors – Reforming Undergraduate Medical Educating for Rural Practice', the Rural Undergraduate Steering Committee reported that rural clubs "are a relatively inexpensive way to encourage interest in rural medicine amongst undergraduate students since a small subsidy will produce a multiplying effect. The Committee believes that all medical students who wish to join should have access to the clubs, and that this be assisted by a small amount from the funds allocated to each faculty"¹⁶.

What's with all those acronyms?

SPINRPHEX is Australia's first Rural Health Club. The acronym stands for Students and Practitioners Interested in Rural Practice Health Education Xcetera – a derivation of spinifex, the spiky grass plant so common in parts of rural Australia.

That name, which inspired a plethora of similar Rural Health Club acronyms such as WILDFIRE and TROHPIQ, was the brainchild of founding president and medical student, Dr Murray James-Wallace.



Dr Murray James-Wallace, First President, SPINRPHEX

Dr Murray James-Wallace was the first student president of SPINRPHEX Rural Health Club. He grew up in Albany and has always been passionate about country patients having easier access to city class medical services. Dr James-Wallace has gone on to become a director of the Panaceum Group, Geraldton's only multi-disciplinary medical centre. In 2015, Panaceum was a finalist in the Telstra Business Awards, WA Medium Business of the Year.

Kalgoorlie and beyond – the birth of the student network

Funding was subsequently provided by the Rural Undergraduate Steering Committee to partially fund rural club conferences. The first National Undergraduate Rural Health Conference was held in Kalgoorlie in 1995. It was attended by representatives of Rural Health Clubs from around Australia as well as leading rural health academics such as Professors John Hamilton, Paul Worley and Max Kamien¹⁷.

It was decided at this event to formally create a national umbrella body for the student clubs – the National Rural Health Network (NRHN), now known as the National Rural Health Student Network¹⁸. The NRHN consisted of representatives from each club and an executive committee, and was established with two broad aims:

- ▶ To provide positive rural experiences for medical, nursing and allied health students with the hope of encouraging rural practice in the future¹⁹.
- ▶ To raise awareness of rural health issues among students and the wider community²⁰.

Under the leadership of Professor Roger Strasser, Australia's first Professor of Rural Health, Monash University provided administration support at no cost to the network for several years, until federal funding became available in 2001 and the Department of Health contracted the Australian Rural and Remote Workforce Agencies Group (ARRWAG) to formally auspice the network. The network's co-chairs at the time were both studying at UWA so ARRWAG agreed for local administration of the network to be carried out by WACRRM (now Rural Health West). Two years later, management of the network returned to the ARRWAG (now RHWA) central office²¹.

"Be the change you wish to see in the world" Gandhi

Clare Valley²²

The 1997 National Undergraduate Rural Health Conference, held in South Australia's Clare Valley, was a pivotal event in the development of the NRHN.

It was here that a strong esprit de corps was established among the hundreds of Rural Health Club members who attended – a feeling that resonates today.

The Australian Army supported the event, providing tents for the delegates and a mobile field station for the clinical program. The clinical program and the army involvement were facilitated by Dr Jack Shepherd, a rural doctor from Jamestown who served part-time as an officer in the Citizen Military Forces. Local farmers, who had suffered actual amputations as a result of farming accidents, were enlisted for some of the emergency trauma scenarios.

A student committee was charged with responsibility for running the event; the importance of which was underscored by Professor Paul Worley from Flinders Medical School who made the conference an elective subject for the student convenors.

Clare Valley fostered a number of friendships and relationships that endure today. Michelle and Nick Towle, two founding members of the NRHN, were among those who fell in love at Clare Valley.

Michelle was so smitten that she transferred her medical studies from Monash in Victoria to the University of Tasmania, so she could be with Nick.



Today, she is an advocate for health literacy in her role as health promotions coordinator at the Tasmanian Department of Health and Human Services. Her husband Nick is working at the Rural Clinical School in Burnie, where he teaches the next generation of rural health professionals.

One of Nick's favourite quotes is from Gandhi and is directly relevant to today's NRHSN members "Be the change you wish to see in the world".

The network today

National Rural Health Student Network

The National Rural Health Student Network (NRHSN) is now Australia's only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers.

It has more than 9,000 members who belong to 28 university Rural Health Clubs throughout the nation. The NRHSN is funded by the Federal Department of Health and is managed by Rural Health Workforce Australia, the national body for the state and territory Rural Workforce Agencies.

The NRHSN has two aims:

- ▶ to provide a voice for students who are interested in improving health outcomes for rural and remote Australians
- ▶ to promote rural health careers to students and encourage students who are interested in practising in rural health care.

The NRHSN and its network of Rural Health Clubs offer rural experience events, career information, clinical skills workshops and professional development activities designed to encourage rural careers. The network also provides a social base for country students moving to the city for study, city students interested in learning more about rural health, and students on rural placement. The NRHSN itself hosts meetings each year for Rural Health Club leaders, featuring a range of speakers and sessions designed to engage and inspire attendees.

The national Executive Committee

The Executive Committee is made up of:

- ▶ Chair
- ▶ Vice Chair
- ▶ Secretary
- ▶ Allied Health Officer
- ▶ Community and Advocacy Officer
- ▶ Indigenous Health Officer
- ▶ Medical Officer
- ▶ Nursing and Midwifery Officer

The Executive Committee advocate on behalf of health students of all disciplines – in relation to improved rural training pathways, the fostering of positive rural experiences, mental health support and closing the gap on Indigenous health. The Committee is represented on the Council of the National Rural Health Alliance, the Advisory Committee to the Board of Services for Australian Rural and Remote Allied Health, the CRANaplus student and early career graduates sub-committee to the Board, and the Medical Schools Outcomes Database run by the Medical Deans of Australia and New Zealand. It is also represented on the Australian College of Rural and Remote Medicine's advisory committees for the Bonded Support Program and John Flynn Placement Program.

Rural Health Clubs

There are 28 Rural Health Clubs (RHCs) across Australia. All RHCs are multi-disciplinary and encourage health students at University to join.

RHCs work to achieve the NRHSN's aims by:

- ▶ Increasing awareness of rural health and the variety of careers available in rural and remote Australia including possible pathways, rewards and issues unique to these working environments
- ▶ Offer members the chance to experience rural and remote Australia
- ▶ Provide information about scholarships and placement opportunities
- ▶ Provide a social/networking base
- ▶ For rural origin students who may feel overwhelmed about moving to a city to study, a RHC offers a ready-made support network
- ▶ And for city origin students it offers a forum to see what rural health is all about.

NRHSN Statistics

- ▶ 69% of NRHSN members are female and 31% are male
- ▶ 53% are studying medicine, 16% nursing, 3% pharmacy, 2% dentistry with the balance enrolled in allied health courses.
- ▶ 39% of members are of rural origin
- ▶ 2% are of Aboriginal and/or Torres Strait Islander descent
- ▶ Since July 2013, 652 Rural Health Club members have visited 243 country schools as part of the NRHSN's Rural High School Visits Program. They run workshops and speak to more than 10,000 country students about healthy living and health careers.
- ▶ A further 464 Rural Health Club members have attended 34 Indigenous Community Engagement Activities across Australia where they delivered health workshops and spoke about health careers
- ▶ The NRHSN funds Rural Health Club members to attend national conferences so they can hear from and network with rural health professionals. Since July 2013, 211 health students have been funded to attend these conferences, of which 44 students presented at the conference they attended.
- ▶ The NRHSN itself hosts meetings each year for Rural Health Club leaders, featuring a range of speakers and sessions designed to engage and inspire attendees.



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