

The importance of developing potential for rural practice: a student's journey influenced by rural health opportunities

In this article, I share my journey of being a medical student, in which I seized rural health student opportunities to develop both personally and professionally. This culminated in my being elected as chair of the National Rural Health Student Network (NRHSN) for 2022. The NRHSN (<https://nrhsn.org.au/>) is a grassroots movement that started as a single university-based rural health club (RHC) for rural medical students. It is now a federally funded network of 29 RHCs, the peak multidisciplinary body for 12 000 health students, and one of Australia's largest student organisations.

I never imagined that I would be a rural medical officer cadet studying in the New South Wales city of Bathurst. Before this, I spent years wandering and searching for a community; I grew up on Reunion Island off the coast of Africa, experienced a chikungunya epidemic and its impact on under-resourced remote health care,¹ moved to Western Australia as an international student to study English, and worked in roles such as breakfast chef and tour guide, taking international students on tours of the outback. At 29, I decided to become a factor for change for those who need it most and moved to Sydney to study medicine. At orientation week, I met an executive member of the local RHC who mentioned that the club is required to engage rural high schools as part of their funding requirements. This sparked my interest, and we discussed my previous experience working with students from low socio-economic backgrounds. This simple conversation took me on an unexpected path of national leadership and advocacy.

My journey included a detour to Central Australia, as I completed six weeks of life-changing placement in Northern Territory communities during the summer holidays of my pre-clinical years. I realised that the social determinants of health have a crucial impact in remote Australia. Some of my fondest memories are of the first day of rain after 18 months in Tennant Creek, helping a nurse change a LandCruiser tyre in a remote community with no mobile reception, and being taught how to eat honey ants in Yuendumu.

My early and repeated exposures to rural and remote health have been the most memorable parts of my medical journey, and this is reflected in publications on future rural practice intent.² As I started my clinical years, I felt that I needed to be a part of the solution to the problems I witnessed during my placements, and the only way I could enact change was through grassroots movements. This led to my role as chair of the NRHSN in 2022. The council of the NRHSN is formed by the presidents of the 29 RHCs and 11 executives, who are led by the chair; it gathers biannually for a national in-person forum. My purpose

became ensuring the post-pandemic sustainability of this organisation which, through my local RHC, had put me on my path.

As chair of the NRHSN, I was a member of the Advisory Network to the National Rural Health Commissioner. I was also a council member for the National Rural Health Alliance and the Royal Australian College of General Practitioners Rural Council. The NRHSN is a key rural stakeholder — for example, it was invited to participate in a budget meeting with the Minister for Regional Health. Also, it is the only student delegation to the Ngayubah Gadan Summit, a national rural health meeting held in Cairns which led to the development of a consensus statement on multidisciplinary rural teams (as yet unpublished). As a fourth-year medical student, finding myself in crucial discussions on the future of rural health care was daunting but incredibly rewarding. The ability to advocate on behalf of students, and to take information and lessons back to the student body, was invaluable.

As research is also a crucial part of the NRHSN's role, I was able to present the work of the NRHSN at the 16th National Rural Health Conference and at RMA22 (the Rural Medicine Australia 2022 conference). At these meetings, I advocated for further investment in short term rural placements for allied health, nursing and midwifery students, as it is well documented that non-medical students are consistently underexposed to rural settings, and longer placements are not an option in many shorter degrees.^{3,4} I also presented this work at the 14th National Rural and Remote Allied Health Conference, where I won the Best Student Presenter award.

The predictors of rural practice are varied and conflicting. Rural origin is a major factor, but regardless of origin, repeated exposure to rural communities throughout training is paramount in producing future rural practitioners.⁵⁻⁷ Another significant influence is student-led movements by engaged and passionate leaders. Their many individual stories are reflected in my journey, which started with a simple discussion at my local medical school orientation and led to my role as chair of a national organisation. I finally found the community of like-minded individuals I had been seeking and I look forward to a lifetime of future involvement.

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