

## CAIRNS CALL TO ACTION - "*Health for all rural people around the world*"

### **'Rural Seeds' - The WONCA Working Party on Rural Practice group for young doctors and medical students.**

Cairns, Australia.

April 29 - May 2, 2017

The WONCA 14th World Rural Health Conference (14WRHC) was held in Cairns, Australia from April 29 - May 2, 2017. The vision of the WONCA Working Party on Rural Practice and for the conference was to achieve "*health for all rural people around the world*".

Attendees of 14WRHC included representatives of global organisations including *Rural Seeds*<sup>1</sup> - *World Rural Doctors in Training*, representatives from regional organisations including *WONCA Rural South Asia*<sup>2</sup>, representatives of local Australian student organisations including *Future Generalists Committee*, *National Rural Health Students' Network* and *AMSA Rural Health*, and many other young people from around the world in both representative and individual capacities.

This Call to Action was created in consultation with the aforementioned organisations and individuals present at 14WRHC. This Call to Action aims to give a voice to rural health professionals in training, and to set integrative and supportive goals for the rural health sphere based on the cumulative experiences of those organisations and individuals.

Importantly, this Call to Action does not seek to diminish or replace the work already being completed by many groups internationally. Instead, this Call to Action aims to support the currently existing rural health initiatives of young people globally. Collaboration with and of other rural health initiatives around the world will facilitate the development of innovative and sustainable rural health practices in rural and remote regions worldwide and will help bring this Call to Action to fruition. We invite all future rural health professionals to stand together as one community for rural health.

Following discussion at the 14WRHC, three main areas were elicited for action and these are detailed below:

#### **Education and Training**

- Promote rural health career options at both undergraduate and postgraduate levels;
- Support student endeavors to include or increase the content or quality of rural health in their local medical curriculums;
- Empower local communities to contribute to the development of sustainable rural healthcare practices for their region and support translation of these approaches into the local medical curriculum and reality;
- Establish or expand new rural placement opportunities, ensuring adequate modelling from well-established rural health programs wherever applicable;

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<sup>1</sup> The WONCA Working Party on Rural Practice group for young doctors and medical students

<sup>2</sup> The WONCA Working Party on Rural Practice South Asia region group

- Encourage and facilitate culturally-aware education structures as part of the rural health curriculum and ensure adequate preparation has been provided prior to placement in a community with differing cultural attitudes than ones own; and
- Increase the attendance of rural health professionals in training to World Rural Health Conferences through careful consideration and mitigation of associated costs and other barriers to accessibility.

### **Co-Empowerment**

- Continue the development of *Rural Seeds*, *Rural Family Medicine Cafe*, *Rural Health Success Stories*, and other international organisations and platforms that support the needs and practices of rural health professionals in training;
- Develop a toolkit for local rural health projects to ensure that they are better connected with international networks;
- Promote the advocacy and lobbying efforts of other rural health professionals in training with regards to rural health education, training and practices;
- Collaborate with interdisciplinary rural health professionals in training on issues of common interest;
- Ensure equal opportunities exist in rural health irrespective of gender, ethnicity, religion, sexuality or disability;
- Support the development of national rural placement guides for young professionals who are due to commence a new rural placement;
- Build quality relationships with local communities for reciprocal learning; and
- Seek out and utilise community role models to promote rural health needs and as a career choice.

### **Communication**

- Improve the utilisation and proficiency of social media as a tool for empowerment and engagement in rural health;
- Increase the sharing of art, stories, songs, poems, narrative-based medicine and other creative endeavors for the benefit of both rural health professionals in training and rural patients;
- Ensure that adequate face-to-face connections are maintained wherever possible; and
- Survey members on their preferred methods of communicating, sharing and connecting and adapt communication methods accordingly.

### **The plan of action**

We<sup>3</sup> present below our plan, calling to action all rural health professionals in training across the world. The plan of action has an expected timeframe of three years to ensure adequate progress of the stated objectives. Review and refinement of proposed targets and achievements will occur over a subsequent two year period.

1. Create and consolidate an international mentor-mentee program;

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<sup>3</sup> We refers to the young doctors and students at the conference namely representative of *Rural Seeds - World Rural Doctors in Training*, local Australian student organisations including *Future Generalists Committee*, *National Rural Health Students' Network* and *AMSA Rural Health*, and many other young people from around the world in both representative and individual capacities.

2. Establish and expand local rural health groups through collaboration with existing international and interdisciplinary organisations for improved rural health promotion;
3. Establish an effective and globally-accessible social media presence for members to share local experiences, connect and collaborate;
4. Provide an open platform for *Rural Seeds* to share their stories and communities through poetry, film, painting and other creative endeavors; and
5. Strive to maintain practical and measurable goals when planning future actionable items within rural health.

In addition to our call to rural health professionals in training above, we also call on governments and universities to support the endeavours outlined and to action the following plan:

6. Establish and expand supported and integrative rural health training networks across undergraduate and postgraduate levels; and
7. Increase consultation opportunities with rural health professionals in training and facilitate the translation of their ideas and needs into the provision of rural health practice.

## **Conclusion**

As young people, we often underestimate the influence that we have as rural health professionals in training. However, it is through our lived experiences that avenues for change can be identified and it is through our collective efforts that such changes can begin to occur. We can choose to lead initiatives for the betterment of rural health, and take action.