CAIRNS CALL TO ACTION
EDUCATION AND TRAINING
CO-EMPOWERMENT
COMMUNICATION
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;
EDUCATION AND TRAINING

• Establish or expand new **RURAL PLACEMENT OPPORTUNITIES**, ensuring adequate modelling from well-established rural health programs wherever applicable;

• 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; 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 such 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;
CO-EMPOWERMENT

• 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.
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 – students and YD

- Create and consolidate an international MENTOR-MENTEE PROGRAM;
- Establish and expand LOCAL RURAL HEALTH GROUPS through collaboration with existing international and interdisciplinary organisations for improved rural health promotion;
- Establish an effective and globally-accessible SOCIAL MEDIA PRESENCE for members to share local experiences, connect and collaborate;
- Provide an open platform for Rural Seeds to SHARE THEIR STORIES AND COMMUNITIES through poetry, film, painting and other creative endeavors; and
- Strive to maintain PRACTICAL AND MEASURABLE goals when planning future actionable items within rural health.
THE PLAN OF ACTION – governments and universities

• Establish and expand supported and **INTEGRATIVE RURAL HEALTH TRAINING** networks across undergraduate and postgraduate levels; and

• 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.