

# Rural Health **Matters**

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**RURAL  
HEALTH  
WEST**



## FEATURED INSIDE

- 4** AI and the Outback
- 14** Dental students cut teeth during remote placements
- 18** The hidden key to healthy kids in remote WA



- 2 News in brief
- 3 From the CEO's desk
- 4 AI and the Outback
- 8 WA Rural Health Long Service Awards 2025
- 10 Shaped by winds of chance and tides of circumstance
- 12 Humble hero scoops top honours at WA Rural Health Excellence Awards 2025
- 14 Dental students cut teeth during remote placements
- 16 From coastal escape to community cornerstone
- 18 The hidden key to healthy kids in remote WA

## New network partners strengthen rural health workforce

The Regional Health Professionals Network (HPN) program continues to grow its reach and impact with the addition of three new sector partnerships in recent months.

The Royal Flying Doctor Service Western Australia (RFDS), St John WA, and the Australian Medical Association (WA) have each joined the HPN program, reinforcing a shared commitment to supporting and retaining health professionals across rural WA.

St John WA's partnership will see HPN activities delivered at country centres and depots to support paramedics and volunteers through stronger community integration and professional networking. While the RFDS has joined forces to reduce professional isolation and build support networks for aeromedical staff, with activities planned at its Broome, Port Hedland, and Kalgoorlie bases.

Most recently, AMA (WA) joined as an Associate Partner, bringing its workplace support services, education, and youth outreach programs to the HPN membership.

Rural Health West General Manager Education and Engagement, Leesa Thomas, said the partnerships mark a significant step forward for rural workforce support.

"Partnering with respected organisations like St John WA, RFDS, and AMA (WA) shows the importance and power of collaboration," she said.

"It ensures rural health professionals feel supported, connected, and valued which ultimately benefits the communities they serve."



For further information on any of the networks, visit the following websites:

gohpn.com.au  
gshpn.com.au  
khpn.com.au  
mwhpn.com.au  
phpn.com.au  
swhpn.com.au  
wbhpn.com.au



Professor Catherine Elliott

## Kaya!

Stepping into the role of Chief Executive Officer at Rural Health West earlier this year has been both a privilege and an opportunity to extend my lifelong commitment to ensuring all Australians can access high-quality healthcare.

As an occupational therapist specialising in paediatrics, my early clinical work was grounded in evidence-based, person-centred care across our state. Later, as a researcher collaborating with families, multidisciplinary clinicians, policymakers and health managers, I remained driven by one fundamental question: how do we ensure the right care reaches the right people, at the right time, in the right way?

Access is often spoken about in broad terms, but in reality, it is shaped by a complex interplay of factors, not just distance from the nearest clinician.

The financial burden of care, including travel, accommodation and lost income, is significant for many in the regions. Equally, care that is not culturally safe or informed by community needs can deter people from seeking support. Personal circumstances, such as disability, language, age or caring responsibilities, further complicate the picture.

These barriers do more than delay care – they disrupt the entire system. Without reliable access, continuity of care breaks down. Long-term relationships between clinicians and patients – essential for trust and understanding – fall away. Care becomes reactive, fragmented, and less effective. And in the end, it is health and wellbeing of the community that bear the cost.

Of course, achieving health equity is not just about access; it is also about quality.

Quality healthcare is culturally safe, locally responsive and grounded in the lived experience of those giving and receiving it. It requires creating the right conditions for rural health professionals to thrive.

The best care meets people where they are, shaped by the unique context, needs and aspirations of the community it serves, delivered by teams who are trained and supported to implement the latest science and innovations into healthcare.

In that sense, Rural Health West's mission resonates with me deeply. The organisation has a long and proud history of reducing barriers to care across Western Australia by supporting rural health professionals; and my personal passion is ensuring that the care people receive is world-class, regardless of their postcode.

For me, central to that vision is knowledge translation: ensuring that the latest research, innovation and best practice are not just published, but are actually implemented in meaningful ways in rural settings.

I believe in the power of local voices and shared learning; in communities of practice that are informed by both clinical expertise and lived experience. Our most effective and sustainable solutions are those co-created with the people who use them.

Over these past few months, I've been awed by the strength and diversity of Rural Health West's sector partnerships, which are just so vital in bringing about true change.

As I begin this role, I am listening closely and learning fast. I look forward to working with our staff, partners, clinicians and communities to build a rural health system where care is not only accessible, but truly equitable – for every person, in every town, across Western Australia.

*C Elliott*

Professor Catherine Elliott



Rural Health West is proudly funded by the Australian Government Department of Health, Disability and Ageing and WA Country Health Service.

Rural Health West acknowledges the Aboriginal people of the many traditional lands and language groups across WA and their connection to land, water and community. We pay our respects to them and their cultures, and to Elders past, present and emerging.

Katanning



# AI and the Outback:

A vision for smarter, more equitable eye care in rural Australia

Bruce Wiggan from Cygnet Bay.



In Australia's vast and isolated regions, access to healthcare often hinges not on the severity of a person's condition, but on how far they live from the nearest specialist. This distance can mean delays in diagnosis, missed appointments, and preventable loss of sight. But a new approach using artificial intelligence (AI) may be about to change that – starting with the eye.

Lions Outback Vision has been conducting real-world implementation of AI-enabled retinal screening that's been hailed as a breakthrough in rural healthcare. Validated through research at Derbarl Yerrigan Health Services and in the Pilbara to detect diabetic retinopathy (DR), the tool is proving its value not only in streamlining access to eye care, but in redefining the role AI may have in delivering equitable healthcare for rural and remote communities.

"We're not just talking about screening eyes," said Lions Outback Vision McCusker Director, Professor Angus Turner.

"We're talking about screening for signs of systemic disease, earlier and more accurately, in communities that have traditionally been left behind."

## Why diabetic retinopathy matters

Diabetic retinopathy is one of the leading causes of preventable blindness in Australia. Yet despite how treatable it is, many cases go undetected until significant and irreversible damage has occurred – particularly among Aboriginal and Torres Strait Islander peoples.

"About 98 per cent of blindness caused by diabetic retinopathy is preventable," Angus notes.

"But too few people are being screened, especially in rural and remote communities."

Unlike countries such as the United Kingdom, Australia has no national screening program for diabetic retinopathy. While there are Medicare item numbers for general practitioners to conduct diabetic retinopathy screening (Item 12325 for Aboriginal and Torres Strait Islander patients and Item 12326 for non-Aboriginal patients), uptake has been minimal – with only around 8,000

claims made since its introduction over nine years ago.

The majority of those claims have occurred in Western Australia, thanks to targeted promotion efforts by the Lions Outback Vision team.

## A smarter, faster path to diagnosis

The AI-powered screening tool developed by Lions Outback Vision addresses two critical barriers: time and continuity of care. Traditionally, diabetic retinopathy screening involves capturing retinal images and sending them to an ophthalmologist for review – a process that can take weeks. In transient populations, or where follow-up is difficult, this delay often results in patients missing out on vital next steps.

With the new system, the AI algorithm analyses retinal images on the spot, providing a near-instant result back to the clinician. The clinician can then engage a

specialist via telehealth to speak directly with the patient and guide further care – all in one appointment.

"This is really about collapsing the care pathway," said Angus.

"It's practical, scalable and culturally safer – and in remote areas, that makes all the difference."

## Training AI to work for everyone

Selecting the right AI platform was critical. Some of the AI systems researched in clinics by Lions Outback Vision showed poor accuracy when used with Aboriginal patients – a clear example of how ethnic bias can creep into machine learning tools if datasets lack diversity.

The team ultimately selected a platform developed by Google, which used self-supervised learning to significantly improve its specificity and accuracy – achieving 97 to 99 per cent accuracy when benchmarked against human ophthalmologists. Thousands of scans were manually reviewed and compared to AI-generated results, ensuring high standards of safety and reliability.

"Bias in AI is a real issue, especially in healthcare," Angus explained.

"We needed a system that works just as well for Aboriginal patients as anyone else. That's non-negotiable."

## The eye as a window to health

What makes this innovation particularly exciting is its broader potential, with retinal imaging able to detect early signs of other systemic diseases, such as hypertension, stroke, and neurodegenerative conditions.

"There's a saying that the eye is a window to the body – and that's quite literal."

"We can see blood vessels, nerve layers and other structures that reflect what's happening in the brain, heart and vascular system."

Lions Outback Vision's research underway is already helping reframe eye health as part of a more holistic model of care – one that links vision with chronic disease management, health promotion, and digital health infrastructure.

The idea is deceptively simple. Trained non-specialists, such as Aboriginal Health Workers or nurses in remote clinics, use the AI

tool to scan a patient's eye. The images are instantly analysed by the software, which flags any concerns and recommends further investigation or treatment.

No specialist needs to be on-site. No days off work or long trips to the city are required. In minutes, the patient has access to a non-invasive and immediate screening that may help catch disease early – often before symptoms appear.

## AI as an equaliser

The success of Lions Outback Vision highlights a broader promise; AI may serve as a crucial workforce multiplier, enhancing the reach and capability of health professionals in the regions.

For Aboriginal communities in particular, who face higher rates of chronic disease and poorer health outcomes, the ability to provide early intervention in a culturally safe, local setting could be life-changing.

"Ultimately, we see this as a tool that strengthens local primary care," said Angus.

"It enables more proactive, preventative healthcare, and it empowers local providers with real-time decision-making support."



Imagine AI-supported triage in emergency departments where staffing is thin. Picture smart diagnostic tools assisting midwives or community nurses to make more confident calls in isolated towns. Think of wearable tech that flags early signs of health deterioration and alerts clinicians before an adverse event occurs. These aren't futuristic dreams – they're real possibilities, some already in development.

Crucially, AI can also support health equity by standardising care.

“Whether you live in Karratha or Kalgoorlie, in Fitzroy Crossing or Fremantle, a well-trained AI system offers the same standard of diagnostic support.”

“That's a powerful tool for overcoming health disparities.”

**Integrating AI**

Of course, technology alone can't solve everything.

Lions Outback Vision received national attention after winning the WA Government's Pilbara Challenge – a \$5 million initiative to uncover innovative health solutions for the region. However, the real test lies ahead; embedding the model sustainably into rural and remote healthcare systems.

Firstly, the regulatory steps which are increasing for implementation of new software as a medical device need to be undertaken.

Feedback from primary care has been clear that the use of the AI needs to integrate with existing electronic medical record workflow, as well as needing a sustainable business case for the capital purchase and operation of the camera.

In addition, building trust in new tools – especially in communities

that have experienced decades of systemic health inequities – requires deep cultural engagement, local partnerships, and ongoing education.

The team continues to work closely with Aboriginal Medical Services, regional GPs and outreach clinics to support adoption, training and integration. They also hope to see broader awareness among GPs about the MBS items for diabetic retinopathy screening, and long-term support for wider rollout of AI-enabled tools.

This is not just about a single piece of technology – it's about making high-quality, preventative healthcare accessible no matter where you live.

As Angus puts it: “If we can diagnose vision loss early, prevent blindness and spot other risks while we're at it – then we're not just improving outcomes, we're transforming the model of care.”



Lions Outback Vision's Ophthalmic Consultant  
Dr Vaibhav Shah with Dr Angus Turner.

# The Pilbara Challenge

The Pilbara Challenge is a \$5 million health innovation competition led by the WA Department of Health, designed to find world-class solutions to improve healthcare access and outcomes in regional and remote Western Australia.

Ten finalists were selected from across the globe to deliver proof-of-concept projects over 12 months in the Pilbara. The winning solution – Lions Outback Vision's AI-enabled mobile eye screening service –



Above: Alex Ramirez, Christine Stott and Angus accept the Challenge prize from the Minister for Medical Research, Hon. Stephen Dawson MLC.

was announced in October 2024 and is now being scaled across remote WA.

The Challenge was supported by the Future Health Research and Innovation Fund, BHP and Rio Tinto.

Learn more at: [thechallenge.health.wa.gov.au](https://thechallenge.health.wa.gov.au)



Mobile diabetic retinopathy screening with AI diagnostics.



Angus presenting at the WA Rural Health Conference.



Angus with patient Teddy Biljabu.



Lions Outback Vision was recognised as Health Team of the Year at the WA Rural Health Excellence Awards 2025. L-R: Alison Steer, Kerry Woods, Jocelyn Drinkwater, Helen Wright, Angus, Margie O'Neill.





# 2025 WESTERN AUSTRALIAN RURAL HEALTH LONG SERVICE AWARDS

## Long Service Celebrations

Honour Decades of  
Dedication

In February, Rural Health West and the WA Country Health Service co-hosted the WA Rural Health Long Service Awards at the UWA Club, celebrating the remarkable contributions of long-serving medical practitioners across regional WA.

A total of 35 medical professionals were recognised for their 40, 30 and 20 years of outstanding service to rural communities with each one having played a vital role in strengthening health care across the State's most remote and regional areas.

These awards highlight the resilience, dedication and community spirit that underpin rural health and the health and wellbeing of country communities.



20 Year Award recipient Dr John Prempeh (Kalgoorlie) and his family.

### 40 YEARS OF SERVICE RECIPIENTS:



Dr Ian Taylor.

#### DR IAN TAYLOR

Dr Ian Taylor and his wife Diane moved to Geraldton in 1984 with their young family – planning to stay just for a few years. Those years became decades, and Ian soon became a cornerstone of the community and a familiar, trusted face to generations of local families.

With training in anaesthetics and obstetrics, Ian embraced the wide-ranging demands of rural general practice – delivering babies, managing emergencies, and providing anaesthetics at both local hospitals. He even had the honour of being the on-call doctor during Queen Elizabeth II's visit in 1988.

Recognised as WA Rural GP of the Year in 2019, Ian's contributions extend well beyond the clinic. He has served with the Rotary Club of Geraldton Greenough, performed on stage with Theatre 8, and cheered passionately for the Fremantle Dockers – still waiting for that elusive premiership.

Ian credits his wife Diane for being the steady force behind his career.

"She's been my rock," he said.

"Her wisdom, humour and love have carried me through the highs and lows of medicine and life."



Dr Gerard Travers.

#### DR GERARD TRAVERS

Dr Gerard Travers' early career took him to Wongan Hills for six years, before a brief stint in Bunbury and Harvey.

In 1992, he joined Dr Foster and Associates and the Bunbury Medical Centre – where he has remained since. Alongside his GP work, he also supported the South West Community Alcohol and Drug Service.

As a GP obstetrician, Gerard has not only supported countless families through pregnancy and birth but has also mentored many

emerging GPOs. His broad clinical interests span women's and men's health, mental health, chronic conditions, child health, skin and travel medicine, and preventive care for older adults.

Throughout his career, Gerard has been supported by his wife Janet.

"Her unwavering dedication and many sacrifices – and the sacrifices made by my daughters – have been vital," he said.

"I would not have been able to serve rural communities without their dedication and support."

### 40 YEARS OF SERVICE RECIPIENTS NOT IN ATTENDANCE:

Dr Raymond Clarke  
Dr Peter Carroll

### 30 YEARS OF SERVICE RECIPIENTS:

Dr Olga Ward  
Dr Christine Jeffries-Stokes AM  
Dr Sharon Jackson  
Dr Alison Turner  
Dr Mark Smith  
Mr Michael Wren

### 20 YEARS OF SERVICE RECIPIENTS:

Dr John Alofabi  
Dr Anita Banks  
Dr Robert Bucat  
Dr Yien Peng Chin  
Dr Christian de Chaneet  
Dr Francois-Regis De Salve-Villedieu  
Dr Sally Garnett  
Dr Hendrik Gildenhuys  
Dr Johannes (Hans) Grobbelaar  
Dr Ingrid Hanemaaijer  
Dr Andi Howes  
Dr Marten Howes  
Dr Herma Inverarity  
Dr Ros Mellick  
Dr Sue Phillips  
Dr John Prempeh

Dr Kiran Ruba  
Dr Mairead Stafford  
Dr Anita Tandon  
Dr Hendrik van der Walt  
Dr Carolyn Waller  
Dr David Ward  
Dr Kara Whittaker  
Dr Lukas Vesely

*See overleaf*

**Dr Mike Eaton was also recognised as a 40 Years Service recipient. Read overleaf about his incredible career journey.**



# Shaped by winds of chance and tides of circumstance

A single piece of sage advice from Dr Phil Reid's country doctor father forever changed Dr Mike Eaton's trajectory when he was considering his next step as a junior doctor. The quote, from Shakespeare's *Julius Caesar*, stated:

"There is a tide in the affairs of men, which, taken at the flood, leads on to fortune."

"For me, those words were a turning point," Mike reflects.

"They reminded me to have the courage to make a change and not to get bogged down in the status quo; to stay open to opportunity and to ride the tide when it came."

Another quote that's become something of a personal motto for Mike comes from Hildegard of Bingen: *a feather on the breath of God*.

"I often say that my career hasn't been carefully mapped out – more shaped by circumstance and the winds of chance. That quote really resonates with me."

## The advertisement that set the course

One such wind of fate came in the form of a three-line advertisement in *The West Australian's* professional appointments:

*"Doctor with pilot's licence wanted for Aboriginal communities in the Pilbara. Nomads Charitable Foundation."*

"I read that and thought – well, I've got a pilot's licence and I'm looking for something meaningful. It just felt right."

Mike soon found himself flying solo between the Ngungamarta

Mandilyjarra and associated communities in the remote East Pilbara, sharing the community's light aircraft with the station manager and negotiating who needed it more each day.

One fateful flight saw Mike forced to make an emergency landing near Tabba Tabba Creek, using the northbound highway as an impromptu airstrip.

As Mike wrestled the plane to land, he asked his passenger, a Swedish school teacher, to remove her glasses in case of impact. He then called for her help to assess his clearance from the scrub as he began a slow turn towards the main road, to which she cried in reply, "I can't see."

"I still remember the road train driver who helped us get the plane off the road just in time before a car came hurtling under the wing. The whole community came looking for us because they'd heard the plane fly overhead but not land."

Eventually, Mike was able to take off from the main road with the community, CASA, Main Roads and Police in attendance and fly to Port Hedland.

"I hugged the highway all the way in – just in case I had to put the plane down again. I finished the role not long after, and the plane was retired from the air not too long after that!"

## Building a practice from scratch

After several stints in the city and remote WA, Mike and his wife Chris returned to Bunbury. Spurred on

by encouragement from patients and community members, he opened a clinic in a former fish and chip shop in Australind.

"I signed the lease, and then we scrubbed years of grease off the walls and from the ceiling cavity. Mates and former patients came in to help with the fit-out – even the local bank manager gave us support."

Six months in, Mike took on his first GP registrar, Dr Myra Brown – the first of about 45 registrars he would mentor.

"Sometimes I had two at a time, and a few husband-and-wife teams – which often coincided with 'evolutionary' times in their relationship – so it was often interesting!"

When the opportunity came to build a new clinic, he jumped at it – and was then given just one month's notice to vacate his existing premises.

"Within a month, we had two transportables set up with power, water, the works. It only happened because everyone pitched in. That's what community does."

## Changing winds and new horizons

In 2006, another gust of fate led Mike to regretfully depart the practice he had founded.

"It was time for a change of scenery and pace. I went back into ED, did some education work, and teamed up with my mate Clyde Jumeaux for general practice."

He was later approached by a friend at the Royal Flying Doctor Service

to provide care in Meekatharra.

"That became a FIFO model with five other GPs. We'd rotate through and support the community together. That model's now been used in other remote places – it worked well."

## Leading from the helm

Today, Mike works as a roving locum and has served as the general practice clinical lead of WACHS for the past four years – an opportunity that brought him to his first formal job interview in 35 years.

"In this role, I'm more the coach or captain of the team, rather than the full forward kicking the goals – and that's a good place to be at this point in my career."

His WACHS work has taken him to leadership roles across Carnarvon, Geraldton, Port Hedland, Karratha and Kununurra.

"Each place has its own flavour and its own challenges – but they all remind me why this work matters."

## A life defined by winds and waves

Mike's story is one of adaptability, resilience, and a willingness to embrace the unknown. Whether delivering babies, caring for palliative patients, or making emergency landings, he has consistently found himself at the confluence of fate and opportunity.

"I've had the good fortune of working in places most people never get to see. It hasn't always been easy, but it's always been worth it."

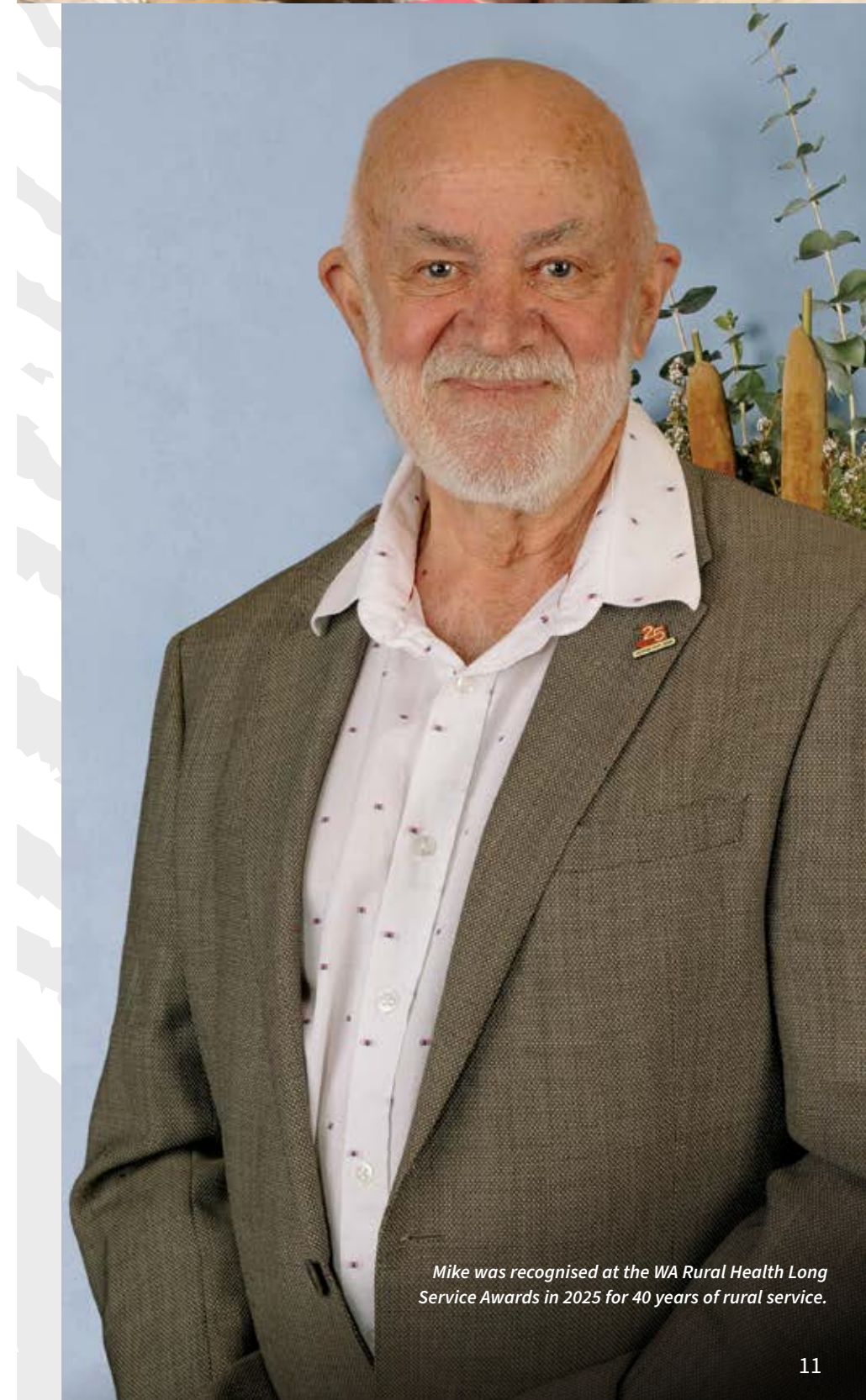
Throughout it all, his wife Chris has been his constant support. They first met on a turbulent flight over Rottnest Island, and on 12 January 2025, they celebrated 40 years of marriage.

"Chris has been my rock through it all – she's been on this ride with me the whole way."

Mike's remarkable path through medicine is proof that fortune truly favours those who dare to ride the waves.



Chris with rescue dogs  
Yakira and Pickles.



Mike was recognised at the WA Rural Health Long  
Service Awards in 2025 for 40 years of rural service.





# 2025 WESTERN AUSTRALIAN RURAL HEALTH EXCELLENCE AWARDS

## Humble hero scoops top honours at WA Rural Health Excellence Awards 2025



Dr Bryan Fleming.

For more than four decades, Dr Bryan Fleming has quietly flown under the radar delivering vital dental care to some of WA's most isolated communities. At the WA Rural Health Excellence Awards 2025, however, there was no missing him.

The respected dentist, pilot and long-time rural health champion was honoured with not one but two accolades: Allied Health Professional of the Year and the prestigious Chairs' Award, in recognition of his extraordinary dedication to rural health.

"I knew I was a finalist in the allied health professional's category, but I wasn't even aware of the other award," Bryan said.

"It's a great honour to serve the community and serve rural people, especially my Lake Grace community."

Held in March, the awards celebrated the outstanding work of rural health professionals across the state, with more than 30 individuals and teams recognised across 12 categories.

Jointly hosted by Rural Health West and WA Country Health Service, the awards serve as a celebration of the skill, commitment and compassion that underpin healthcare across country WA.

Since graduating in the early 1980s, Bryan has worked in towns including Kalgoorlie, Katanning, Narrogin, Bunbury, and provided outreach to Southern Cross, Norseman, and



Soleil White.

Wagin. But it is his service to Lake Grace, a community he has served since 1998, that he holds closest to his heart.

The Wheatbelt town had gone without a dentist for more than 10 years, when Bryan began travelling weekly – at first by car, and eventually in a small aircraft he built himself – to provide consistent and compassionate dental care.

"I just enjoy being able to service areas that don't have access to treatment," he said.

Now based in Bunbury, he continues to make the weekly trip ensuring residents receive affordable, high-quality care equal to that found in the city.

Known for his gentle manner and steady hands, Bryan has helped alleviate dental anxiety, supported elderly and vulnerable patients, and cared for multiple generations within the same families.

Another recipient was Soleil White, who shared the Aboriginal Health Professional of the Year Award with Sharon Lockyer, who works for WA Country Health Service (WACHS) – Pilbara.

Soleil was inspired to join the sector after her daughter's early health challenges.

After completing Aboriginal health training, Soleil joined Broome Regional Aboriginal Medical Service (BRAMS) and later earned her nursing diploma. Today, she is the Community Health Services



Sharon Lockyer.

Manager, overseeing a team that delivers care to hundreds of patients across the Kimberley.

Her leadership has expanded services for chronic kidney, heart, lung, rheumatic heart disease and diabetes management; and she's helped pioneer innovative programs such as the Any Size Exercise initiative and expanded telehealth access.

Soleil said she was truly honoured, describing the award as something that meant the world to her.

"It is a reflection of my whole health journey and my career and I am really proud of all the work I have done over the years," she said.

Fellow Kimberley clinician, Dr Susannah Warwick took out the GP of the Year.

Susannah has spent 14 years providing life-changing care in some of WA's most remote communities.

Based at Derby Aboriginal Health Service, Susannah delivers care through community clinics and in schools, her work informed by deep cultural respect.

"This is a great honour to be recognised for my work in child health. I am hoping that by winning this award it showcases the teamwork as it's not just me; there's a whole team of us who work together and I am so thankful for all of those around me," Susannah said.



Dr Susannah Warwick.

The 2025 WA Rural Health Excellence Awards recognised more than 30 finalists across 12 categories, spotlighting excellence, innovation and cultural leadership in rural health care.

### OTHER WA RURAL HEALTH EXCELLENCE AWARDS 2025 RECIPIENTS WERE:

- 🏆 Clinical Leader of the Year (joint winners): David and Hayley Rigby, Pilbara Therapy Services
- 🏆 Community Health Professional of the Year (joint winners): Debra Collins, Morawa and surrounding areas, and Alexandra Naylor, Goldfields Family Dental
- 🏆 Health Team of the Year: Lions Outback Vision
- 🏆 Nurse or Midwife of the Year: Nicholas Corsair, Kimberley Renal Services
- 🏆 Specialist of the Year: Apaks Dede, WACHS – Midwest
- 🏆 Young Professional of the Year: Tylah Bedford, Yura Yungi Medical Service Aboriginal Corporation
- 🏆 WA Country Health Service Intern of the Year: Holly Reid, WACHS – Great Southern
- 🏆 WA Country Health Service Resident Medical Officer of the Year: Xavier Cornwall, WACHS – South West



# Dental students

## cut teeth during remote placements

For final-year dental student Jim Rae, gaining hands-on experience in rural and remote communities has been a defining part of his education – and one that’s changed the way he sees his future in the profession.

Growing up in Dalyup, near Esperance, Jim developed a strong appreciation for the challenges faced by people living outside metropolitan centres. That connection inspired him to pursue a career where he could make a difference in regional healthcare.

While many of his peers have trained in well-equipped city clinics, Jim chose a different path – one that took him to Roebourne’s Mawarnkarra Health Service through the dental student immersion program.

*“It was a really eye-opening and rewarding experience.”*

“It allowed me to step outside the traditional clinical environment and immerse myself in the

cultural, social, and healthcare dynamics of a remote community.”

The immersion program placed Jim alongside respected rural dental professionals including Dr Jilen Patel, Dr Helen Grady and Dr Blake Davidson, providing him with critical insights into the realities of remote practice.

“In rural settings, you don’t always have the same resources, so you have to think on your feet and work as a team. Problem-solving and adaptability are key.

“You need a versatile approach to care and a deep understanding of the cultural context.”

Jim treated patients with complex oral health issues, often in situations where creative solutions were needed.

“There’s a real sense of responsibility in these environments,” he said.

“You’re not just treating teeth – you’re earning trust and trying to address barriers that go well beyond the clinical.”

The placement also gave Jim a chance to engage with the community outside the clinic – spending time at the local recreation centre, and even picking up fishing tips from a local physiotherapist.

“These moments deepened my understanding of rural resilience and the importance of trust and relationships in healthcare. It’s not just about technical skills – it’s about connection.”

Jim also gained a stronger understanding of the challenges facing Aboriginal communities, including access, health literacy and systemic inequity.

“This experience really highlighted the importance of culturally safe care,” he said.

“You can’t provide good healthcare without empathy and respect.”

Now preparing to begin his career with Esperance Dental, Jim says his rural placement was instrumental in shaping both his skills and his aspirations.

“It confirmed that this is where I want to be. I’m really interested in mentoring other students and maybe teaching in rural settings down the track.”

He encourages every dental student to take advantage of rural placements.

“They’re such a valuable part of your training. You learn more about yourself, about teamwork, and about how to truly meet people where they are. Plus, rural communities genuinely appreciate the care.”

### Immersion bringing care and connection

Since 2023, Rural Health West and The University of Western Australia Dental School have partnered to deliver immersive rural placements for final-year dental students. The program, led

by passionate senior lecturer Dr Jilen Patel, provides students with practical rural experience while delivering essential dental care to communities with limited access to oral health services.

Each immersion allows students to work alongside experienced clinicians, engage in community outreach, and develop an understanding of the cultural and logistical realities of remote healthcare.



## Immersion placements by location:

### ROEBOURNE

Total students to date: 16, with 4 more scheduled for September 2025.

### NEWMAN

Total students to date: 8, with 4 more planned for October 2025.

### DERBY

Total students to date: 8.

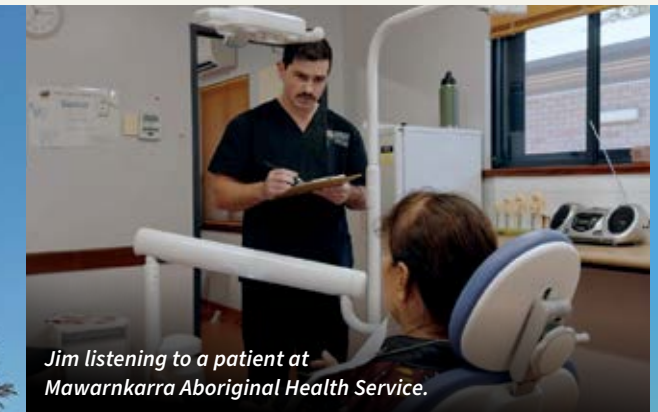
### SOUTH HEDLAND

First placement took place in May 2025 with 4 students.

These rural immersions are not only shaping the next generation of dental professionals – they are also supporting communities, strengthening local services, and inspiring long-term commitment to rural healthcare.



Jim and fellow dental students during their immersion experience in Roebourne.



Jim listening to a patient at Mawarnkarra Aboriginal Health Service.



Jim visited ABC Pilbara radio to talk about the group's experiences while in the Pilbara.



# From coastal escape to community cornerstone



David Scriven.

When physiotherapist David Scriven made the leap from Perth to Denmark, he expected a change of pace. What he didn't expect was how that move would open the door to a thriving career, a successful business, and a new sense of purpose.

Now the Director and Senior Physiotherapist at Ocean Beach Physio + Allied Health, Dave leads a growing team offering essential services to the Denmark community – and he credits much of that growth to the support he received after relocating.

“We’ve had enormous support from the community,” Dave said.

“We were fortunate to receive a \$150,000 Regional Economic Development Grant from the Great Southern Development Commission, supported by the Department of Primary Industries and Regional Development, to establish our very own clinic.”

The grant enabled Dave to upsize clinic plans from a modest three-room space into a state-of-the-art facility featuring five treatment rooms, a gym, and space to deliver a range of allied health and specialist services. The practice even boasts a visiting orthopaedic surgeon.

“Even while planting the landscaping at our new clinic, locals were driving past tooting their horns and stopping to chat. It’s really heartwarming to enjoy that level of support.”

“Rural Health West also played a big role in our development.

“Through the Health Workforce Scholarship Program, one of our senior physiotherapists completed Lymphoedema Accreditation Training. She’s now the only privately practising lymphoedema therapist in the Great Southern.”

Dave’s story is one of opportunity found through saying yes to a rural adventure.

During his physiotherapy degree, a six-week rural placement in Esperance first exposed him to the opportunities of country life.

“I loved that experience and spent the time engrossed in learning all I could as an almost-graduate

physio, as well as having a ball with a great bunch of health professionals,” he said.

“Years later, my wife and I were down south for a long weekend when some friends mentioned they could get me a job. We’d always said, ‘It’d be great to live here one day,’ and we realised – there was actually nothing stopping us. We handed in our resignations the next week.”

That decision has paid off, both personally and professionally.

“Since moving, I’ve had the chance to learn from experienced clinicians, work in multidisciplinary teams, even sit in on orthopaedic surgeries. I’ve grown so much more than I would have expected if I’d stayed in the metro area.”

Working rurally has also shaped how Dave practices physiotherapy.

“You become a generalist very quickly – treating elderly patients, kids, athletes, workers comp, DVA, NDIS – you name it. You need a broader skillset, and you have to be adaptable. It’s deeply rewarding, but it also means constant learning and collaboration.”

Distance and access remain challenges, but Dave says they drive innovation and patient empowerment.

“There’s often a barrier of distance, so we emphasise patient education and self-management tools.”

“We also need to be more creative in considering what the patient has at their disposal at home or on their farm to use for exercise equipment. Empowering patients and working together to find a game plan that they are engaged with is essential.”

He’s seen firsthand how local access to care can change lives.

“One of my NDIS participants, a seven-year-old with cerebral

palsy, was having infrequent physiotherapy due to the burden of travel,” he shares.

“At our initial consult, he could only walk one metre to his mum and stand independently for two seconds. Over the last two years, with more frequent sessions, he’s now walking independently around our clinic and turning corners over obstacles.

“It’s so great to be part of his journey and see real, meaningful progress.”

Dave is excited about the future – for his clinic, for allied health in the region, and for others who may be considering a similar move.

“We’ve built a fun, team-oriented culture here. I’d love to attract more health professionals to join us. There are so many benefits – career growth, lifestyle, and the chance to make a real difference.”

His advice to others considering a rural move?

“Just do it. There are great adventures, great people, professional development opportunities, and vibrant, rich communities,” he said.

“Did I mention how stunning the forests, beaches, and ranges of the Great Southern are – I could go on.”



The Ocean Beach Physiotherapy team is better supporting the community's allied health needs.



# The hidden key

## to healthy kids in remote WA

Across rural and remote Western Australia, children grow up surrounded by the natural beauty of Country. But for many, the environment within their homes is working against their health.

Environmental health isn't just about clean air and water – it's about whether children can grow up with the basic conditions required to stay well. It's about functional taps, showers that work, homes that are safe and clean. And the consequences of neglecting these foundations are stark.

"In some of our most remote communities, nearly every child has had otitis media by the time they turn five," said Matthew Lester,

a leader in Western Australia's environmental health sector.

"And we're not talking about a one-off ear infection – we're talking about kids living with recurrent and persistent ear infections with moderate to severe hearing loss through their entire early childhood."

That hearing loss can have lifelong effects: delayed speech development, disrupted learning, social withdrawal, and poor educational attainment. In later years, it's often linked to disengagement from school, unemployment, poverty and involvement in the justice system.

"Otitis media isn't just a health issue; it's a social justice issue," Matthew said.

"When children can't hear properly, they struggle in school – and that disadvantage follows them."

But it doesn't have to be this way. Otitis media is preventable. What makes it difficult to address is not a lack of treatment options, but a lack of attention to the root causes.

"Simple interventions can make a difference.

"Things like hygiene education in schools, or making sure a child has access to washing facilities at home that work – these aren't

high-cost solutions, but they have high impact."

One example is the Simon Says campaign by the Aboriginal Health Council of WA, which has successfully promoted handwashing and face-cleaning in Aboriginal communities. Programs like these, grounded in culturally safe practice and community-led education, are helping reduce the burden of ear infections.

Primordial prevention of otitis media requires both health promotion and functional health hardware, which provides the ability for people to wash themselves and their children safely in a home.

Support at a national level for an Aboriginal workforce that links primary care, health promotion and housing maintenance together as primordial prevention is lacking.

"There is a national roadmap for ear health, eye health, renal health and heart health – and yet the fundamental element that is capable of preventing all of these conditions is environmental health – where is its roadmap?"

"We need a proper plan. We need to work alongside families in their homes – supporting them to improve conditions, maintain health hardware, and create healthier living environments. That's where real change happens."

The story is similar when it comes to eye health. Trachoma, a disease largely eliminated in most developed countries, continues to affect Aboriginal children in

remote WA. But recent gains show that change is possible.

The World Health Organization strategy for trachoma prevention is known as **SAFE**: **S**urgery, **A**ntibiotics, **F**acial cleanliness, and **E**nvironmental improvement. But local experts are pushing for a new model: **EFAS** – putting **E**nvironmental change and **F**acial cleanliness first.

"We've seen facial cleanliness rates rise from 55 per cent to 70 per cent in just one year. That's a big step forward – and it's thanks to community-driven approaches."

"If we want to eliminate trachoma, we need to start by making sure every home has a working shower, a basin with soap, and proper drainage," Matthew said.

**"We need to prioritise health hardware and support housing maintenance – not just rely on medications after the fact."**

Initiatives like healthy homes 'intensives' – where environmental health workers assess health hardware in the home and repairs that follow are coordinated and timely – have proven highly effective. These intensives not only fix immediate hazards, but build trust and create a stronger link between health services and community members.

"Aboriginal environmental health practitioners visiting homes,

sitting with families, yarning about what's working and what's not – this is what culturally safe, meaningful health promotion looks like.

"You can't fix health problems without fixing the places where people live."

Health professionals working in rural and remote WA are increasingly recognising the link between environment and health outcomes. But Matthew believes more needs to be done to connect clinical practice with upstream prevention. The Aboriginal environmental health program now offers clinic-generated environmental health referrals.

"We want GPs, nurses, and allied health workers to be able to offer patients with preventable contagious health conditions an environmental health referral that involves taking 'health into the home' and managing the conditions in the home that are contributing to these conditions," he said.

"These aren't just infrastructure issues – they're clinical risk factors."

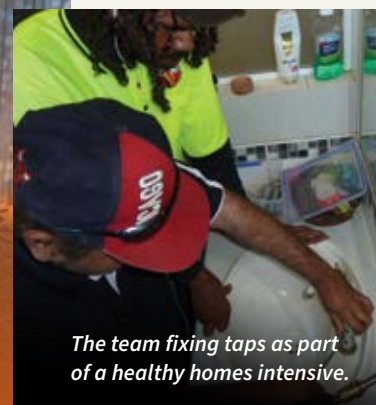
The message is clear: improving health in remote WA starts with getting the basics right. Clean water. Safe homes. Functioning health hardware. When these needs are met, kids can thrive.

"Health doesn't start in the clinic – it starts in the home," Matthew said.

"And every child in WA deserves a healthy home."



Milpa the Goanna, the mascot for the 'Clean Faces, Strong Eyes' health promotion message, with some of rural WA's environmental health champions.



The team fixing taps as part of a healthy homes intensive.



Thumbs up for a newly working shower.



Checking for trachoma.





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