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[www.rmfn-vic.com](http://www.rmfn-vic.com)



## President's Report

by Amber Moynihan, President, RMFN Victoria

This year is the International Year of the Potato. You may ask what that has to do with rural family network as it is one of the world staple foods. Australia white settlers came from England and Ireland who are great potato eaters.

The GP Awards dinner saw the spouses who support the GPs acknowledged. It seems to me without the support of the spouse and family, the rural GP finds it difficult to give the commitment to their job and so to the rural community. The spouse often becomes an integral part of the community by serving on committees and giving of their skills.

We have been funded by DHS again; the network will be offering a round of bursary grants and also mentoring workshops for our members.

We look forward to meeting with you and your family at the Rural Doctors Conference in Port Fairy in November. See the spouse and children's programme in this addition.



### 16<sup>th</sup> RDAV Victorian Rural Doctors Conference & 15<sup>th</sup> South West Medical Update

Friday 14<sup>th</sup> – Sunday 16<sup>th</sup> November 2008

Victoria Hotel – Port Fairy  
<http://www.vichotel.com>



### RMFN Family Program

The usual comprehensive program will be organised by RMFN and there will be something for everybody in the family. (see enclosed RMFN Program)

## NE Vic Benella

The get together went well in Benella with Michelle, Sally, Robyn and Maggie meeting over lunch. Belinda Giersch who had recently arrived in Mansfield was unable to attend but met briefly with Maggie for coffee.

*(L-R): Michelle Slot, Sally O'Brien, Maggie Hollins & Robyn Kelly.*



## West Vic Ararat Luncheon

An RMFN lunch was held in Ararat on Wednesday 25th June at Sicilians Cafe. Six networkers from Ararat and Stawell, including 2-year old Mikayla Beatty, attended and we enjoyed a long chat over our leisurely and delicious lunch.

We discussed many weighty issues like work, travel, sewing, babies, Christmas puddings, the weather and everything else in between.

It was a great opportunity for some networkers to catch up with ones we already know whilst others were meeting each other for the first time. It was also a chance to meet and farewell two of our networkers who will be leaving the area shortly. With the huge amount of movement of GPs in and out of the area, these lunches provide a necessary connection for short timers and good on-going support for incumbents.

As some of us did not leave the table until 3.30pm, it would be fair to say that it was a successful event.

*Kate Connellan  
Ararat*



*Sue Cunningham*



*(L-R): Kate Connellan, Matt and Mikayla Beatty, Rebecca Boules & Carolyn Bertuch.*

# Regional News

## Otway Camperdown

Everyone seemed to enjoy the luncheon, hosted by Carolyn Menzies at her Camperdown home in late August. Unfortunately, after their walk around the garden in between the showers, there was not enough time for the seven people who attended to play Scrabble!

## South Gippsland Churchill Island

Some early morning rain led to a fine day for our luncheon on the island, off Phillip Island. This get-together was an opportunity to welcome Manjula Gowda, newly arrived in the area.

The island, with its historic working farm and original homestead, was once home to the first European settlement in Victoria: it was pleasant to take a stroll around before leaving.

Back at Manjula's house I was given a taste of her aromatic Indian cooking before being enchanted by daughter Nishkala, on her return home from school. Nishkala was keen to show me her schoolwork before changing out of school uniform for a photograph.

Nishkala played a big part in the family's decision to settle on Phillip Island – because she liked the beach.

*Gina Lambe  
RMFN Office*



*(L-R): Manjula Gowda, Michelle Bensley and Del Johnston.*



*(L-R): Nishkala and Manjula Gowda*



# International Year of the **POTATO**

2008



## In one big baked potato...

We would not be celebrating the International Year of the Potato if potatoes weren't so good to eat! For what has made the "humble tuber" the world's No. 4 food crop is not only its nutritional value (*see table*), but its amazing versatility in the kitchen.

Potatoes are the world's most popular vegetable, and have been welcomed into the cuisines of countries around the globe. Potatoes are used in curries in India and in pasta in Italy, stewed with bananas in Costa Rica, baked with rice in Iran, stuffed with liver in Belarus, stir-fried with green beans in Ethiopia, and simmered with smoked haddock in winter soups in Finland.

The secret of the potato's success is its great diversity. In its birthplace, the Andes, the potato comes in thousands of "native" varieties, with distinctive colours, textures and tastes (in Peru, a potato salad may include three or four different types).

**Baked, roasted, boiled...** While the choice of tubers is more limited elsewhere, modern varieties of *Solanum tuberosum* offer a wide range of cooking characteristics suitable for hundreds of different dishes. Some give soups a creamy density, providing a delicate taste that highlights other ingredients. Other potatoes are great baked, served as a simple snack or with a filling as a complete meal. Roast potatoes - crisp and golden outside and fluffy inside - are the perfect accompaniment to roast meat. Smooth, creamy mash potato is said to be the "ultimate comfort food", while "new" potatoes, steamed or boiled, are considered a special delicacy.

### Potatoes, nutrition and diet

The potato is a good source of dietary energy and some micronutrients. But balanced diets need to include other vegetables and whole grain foods

### Key points

The potato is a good source of dietary energy and some micronutrients, and its protein content is very high in comparison with other roots and tubers.

Potato is low in fat - but preparing and serving potatoes with high fat ingredients raises the caloric value of the dish.

Boiling potatoes in their skins prevents loss of nutrients.

Potatoes are important in many diets, but need to be balanced with other vegetables and whole grain foods.

Further research is needed to determine the link between potato consumption and Type 2 diabetes.

(including skin, 299 g/10.5 oz)

| Nutrient      | % of DRV* |
|---------------|-----------|
| Energy        | 10.1%     |
| Protein       | 13.5%     |
| Carbohydrates | 17.2%     |
| Fibre         | 30.0%     |
| Iron          | 28.7%     |
| Vitamin C     | 71.9%     |
| Folate        | 41.6%     |

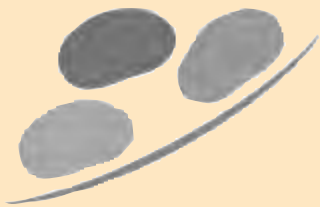
\* Dietary Reference Values (daily nutrient requirement) for male, aged 15-18 years, in the United Kingdom

Sources: U.S. National Nutrient Database (<http://www.nal.usda.gov/fnic/foodcomp/search/>); British Nutrition Foundation (<http://www.nutrition.org.uk/home.asp?siteId=43&sectionId=414&parentSection=320&which=1>)

Potato is a versatile, carbohydrate-rich food highly popular worldwide and prepared and served in a variety of ways. Freshly harvested, it contains about 80 percent water and 20 percent dry matter. About 60 to 80 percent of the dry matter is starch. On a dry weight basis, the protein content of potato is similar to that of cereals and is very high in comparison with other roots and tubers.

In addition, the potato is low in fat. Potatoes are rich in several micronutrients, especially vitamin C - eaten with its skin, a single medium-sized potato of 150 g provides nearly half the daily adult requirement (100 mg). The potato is a moderate source of iron, and its high vitamin C content promotes iron absorption. It is a good source of vitamins B1, B3 and B6 and minerals such as potassium, phosphorus and magnesium, and contains folate, pantothenic acid and riboflavin. Potatoes also contain dietary antioxidants, which may play a part in preventing diseases related to ageing, and dietary fibre, which benefits health.

For more information go to: [www.potato2008.org](http://www.potato2008.org)



# POTATO Recipe Corner



## Potato After Dinner Mints

### Ingredients

1/3 cup hot mashed potato  
1 oz butter  
1 2/3 cup icing sugar,  
1 3/4 cup coconut  
Peppermint essence  
Cooking chocolate

### Method

Beat butter into hot potato; gradually beat in sifted icing sugar. Add coconut and mix well. Add peppermint essence to taste.

Mould into small balls and refrigerate until firm. Dip half of each ball into melted chocolate and allow to set.

## Potato, Leek, Cheese and Almond Strudel

### Ingredients

680 g old potatoes  
4 leeks  
140ml milk  
85g unsalted butter  
85 g flaked almonds  
170 g Jarlsberg, Edam or Mozzarella cheese, shredded or diced

### Method

Peel, boil drain and mash potatoes. Trim, thinly slice and wash leeks. Cook them until soft in the milk. Drain and mix with potato. Melt a little of the butter and fry the almonds gently until golden brown. Mix almonds into potato, leaving the butter in the pan. Stir cheese into the potato. Brush sheets of filo dough with butter on a lined or non stick baking paper, one on top of the other. Spoon the potato mixture onto the dough, in a rough sausage shape, sown the length. Roll up and ensure the seam is underneath. Bake in a preheated oven at 200 C for 10 minutes and then turn down to 180C for a further 10-15 minutes

## Sweet Potato and Maple Syrup Tart

### Ingredients

500 g sweet potatoes  
250ml maple syrup  
3 eggs, beaten  
1 beaten egg yolk  
250 ml cream  
1 tsp ginger  
Dash ground cloves salt and pepper  
1 tsp vanilla essence  
1 pre baked tart shell

### Method

Boil or steam sweet potatoes until tender. Puree in food processor. Add salt and pepper to taste.

In the food processor, add 1 1/2 cups of the puree, maple srup, spices and eggs. Process until smooth. Mix in cream and vanilla and pour into tart shell. Bake in moderate oven until set. A nip of Cointreau or Fra Angelico liqueur can be added as an extra before baking.

## Potato fudge (pictured below)

### Ingredients (4 servings)

65 g (1/2 cup) powdered milk  
40 g (1/4 cup) of potato powder-  
240 ml (1 cup) hot water-  
1 ground cardamom  
100 g (1/2 cup) sugar

### Method

Mix the hot water, potato powder and powdered milk. Cook over low heat. When mixture turns brown, add sugar and cardamom. Continue cooking on low heat until mixture sets. Spread on a greased plate, cut into squares while still warm.



# RMFN Photoboard – RWAV Conference 2008

## Victorian Doctors Awards

The Victorian Rural Doctors' Awards 2008 were presented during the RWAV conference held in May.

These awards were given in celebration and recognition of doctors and their spouses who have contributed 35 years of service to their rural communities or made outstanding contributions in other ways to their rural communities. The presentations were made by the Hon. Jacinta Allan, MP and VMIA Chair Adrian Nye.

RMFN would particularly like to congratulate our RMFN members who together with their GP spouse/partner received this award. They are, in alphabetical order:

- Mrs Meg and Dr Chris Fielding
- Mrs Sandra and Dr Hulme Hay
- Mrs Margaret and Dr John Moran
- Mrs Wilma and Dr Ian Seymour
- Drs Dianne and Lindsay Sherriff
- Mrs Ailsa and Dr Lindsay Swalwell

CONGRATULATIONS !



(L-R): RWAV Chairman Dr Philip Webster, VMIA Chair Adrian Nye, Mrs Ailsa & Dr Lindsay Swalwell (Rupanyup) & Hon. Jacinta Allan MP.



(L-R): VMIA Chair Adrian Nye, Hon. Jacinta Allan MP & Mrs Meg & Dr Chris Fielding.



(L-R): RWAV Chairman Dr Philip Webster, VMIA Chair Adrian Nye, Mrs Wilma & Dr Ian Seymour (Omeo) & Hon. Jacinta Allan MP.



(L-R): RWAV Chairman Dr Philip Webster, VMIA Chair Adrian Nye, Dr Lindsay & Dr Dianne Sherriff (Kerang) & Hon. Jacinta Allan MP.



(L-R): RWAV Chairman Dr Philip Webster, VMIA Chair Adrian Nye, Mrs Margaret & Dr John Moran (Wodonga) & Hon. Jacinta Allan MP.



(L-R): RWAV Chairman Dr Philip Webster, VMIA Chair Adrian Nye, Dr Hulme & Mrs Sandra Hay (Orbost) & Hon. Jacinta Allan MP.

## RWAV Conference Healthy Workplaces Health Communities

Tim Charles, RMFN member from Warragul and married to Dr Jenny Worboys, gave a presentation on 'Looking at Stress – A Partner's Perspective'. Tim looked at work/life balance splitting time up between work, family and leisure. He discussed the quality of a doctor's life and the 'stressors' that go with that lifestyle: inflexible work conditions, difficult patients, keeping up to date in clinical practice and small town privacy to name just a few. Added to this is the lack of quality family time and time with the doctor's husband or wife. Tim finished his presentation with the diagram of an Anti-Stress Kit – take care if you try it!



(Far Left): Tim Charles' presentation on Work/Life Balance.

(Left): Anti-Stress Kit diagram.

## Dr Dianne Sherriff & Dr Lindsay Sherriff Kerang

Lindsay and Dianne met and were married while studying medicine. They had a passion for rural practice and decided to adopt a team approach and arm themselves with complementary skills, which would mean they were able to cope with all situations. Lindsay trained in paediatrics, anaesthetics, obstetrics and gynaecology while Dianne trained obstetrics, gynaecology and surgery.

When Lindsay and Dianne graduated there were no available training programs that included the skills that they felt were required to practise in a rural location.

Armed with the list of skills they felt were necessary they approached various post-graduate training programs and devised their own training programs. They undertook post-graduate training in the UK as well as some training in the Family Medicine Program in South Australia.

As well as challenges of having a family, Lindsay and Dianne have also spent many nights working as a team in the operation theatre doing emergency caesarean sections.

Medical student mentoring programs are important to Lindsay and Dianne because they provide the opportunity

for promotion of rural practice. Medical students are shown that rural practice provides variety, challenges, tremendous job satisfaction and the opportunity to work within a community.

Dianne and Lindsay were foundation members of the Murray Plains Division of General Practice (MPDGP). Lindsay represented the MPDGP on the Vic Felix Training Program board. Dianne is a member of the MPDGP Aged Care Panel. Lindsay is a field Medical Officer for Disaster Plan Victoria.

Both are inspirational teachers and role models to the fourth year Monash University medical students who spend their general practice placement with Lindsay and Dianne. Kerang is one of the most popular placement sites with our students.

*"Undoubtedly rural practice is the most interesting career choice one could make as a doctor. I really don't know why anyone would choose anything else!"*

*"The good thing about being a country doctor is you can be there for your local community to assist in any and every medical need"*

# Practice Managers Network



Rural Doctors Association of Victoria,  
Otway Division of General Practice,  
and Rural Medical Family Network



## 16<sup>th</sup> RDAV Victorian Rural Doctors Conference & 15<sup>th</sup> South West Medical Update

Saturday 15 November 2008  
at Victoria Hotel  
42 Banks Street, Port Fairy

### AGENDA

|                   |  |
|-------------------|--|
| 10:30am - 10:45am | Morning Tea on arrival - informal networking   |
| 10:45am           | Welcome<br>Trevor White, Program Development Coordinator,<br>Otway Division of General Practice  |
| 10:50am           | Risk Management in General Practice<br>VMIA  |
| 12:30pm - 1:30pm  | LUNCH  |
| 1:30pm            | Medicare Item Numbers and more<br>Medicare Australia   |
| 2:45pm            | <ul style="list-style-type: none"><li>• Networking Session</li><li>• Sharing your knowledge and experience.</li></ul> Trevor White, Program Development Coordinator,<br>Otway Division of General Practice |
| 3:00pm            | Evaluation/Close   |

\*\*\*\*Please Note: this program may be subject to change



# RMFN Update

by Gina Lambe, Chief Executive Officer

Regional meetings have been occurring since our last newsletter. They have taken place in the towns of Benalla, Ararat, Mildura, and Camperdown and on Phillip Island. Some of these have been an introduction to the RMFN for our newer doctor spouses. More get-togethers are planned over the coming months.

Department of Human Services (DHS) continues to support RMFN through 2008-2009.

RMFN is therefore in a position to offer another round of education and training grants, facilitate GP family networking events and Mentoring refresher courses for RMFN volunteers – details of each are given below.

## RMFN Spouse/Partner Education and Training Grants – Round 10

This year, previous recipients will not have to wait two years before re-applying.

The guidelines and application form can be accessed on the RMFN website [www.rmfn-vic.com](http://www.rmfn-vic.com).

Closing date for submissions is Friday 14<sup>th</sup> November 2008.

## GP Family Networking Events

Details are currently being finalized for these events.

In the past many rural divisions have organised these events with subsidy from family support programs. RMFN will be holding discussions with the divisions in the coming weeks to consider the process for these events to take place.

## RMFN Mentor Training

This training is offered as a refresher course to those RMFN volunteers who undertook the training some years ago. It is also being offered to other RMFN members who feel that the

mentor training could assist them in their support to other rural medical families.

The one-day courses to be held in March 2009 are expected to run in three separate locations in rural Victoria. Dates are yet to be scheduled.

For interested RMFN members: contact Gina on (03) 9348 7806 or email: [gina.lambe@rmfn-vic.com](mailto:gina.lambe@rmfn-vic.com)

## RWAV Conference and Doctors Awards 2008

Whilst missing the last issue of our newsletter, it was important to share this information with you, which can be found on the centre photo board of the newsletter. RMFN congratulates all the spouses and doctors who received awards. Special thanks go to Tim Charles for providing a presentation during the conference – giving a spouse perspective on the session topic.

## Rural Doctors Association of Victoria (RDAV)

This year the RDAV annual conference is combining with the Otway Division of General Practice South West Medical Update. RMFN has arranged a spouse and children's program and this is included in the newsletter. Please note that the Registration and Permission forms need to be returned direct to RMFN by 31<sup>st</sup> October. It is also most important that any medical family wishing childcare &/or babysitting contact the carers B-Beside the Sea on (03) 5568 1670.

Details of the RDAV and RMFN Programs and their individual Registration Forms can be accessed on both websites: RMFN [www.rmfn-vic.com](http://www.rmfn-vic.com) and RDAV [www.rdav.com.au](http://www.rdav.com.au)

Registration for RMFNs Spouse and Children's Program at the RDAV Conference 2008 closes on 31<sup>st</sup> October. Don't miss out – send your Registration Form in early! ....we hope to see you there.

## RMFN Spouse/Partner Education and Training Grant Round 10

Applications will commence to be received for the above round of these grants.

This year the 2 year waiting period does not apply. Therefore, if you were successful in receiving a grant in Round 9 and wish to apply again in Round 10 you will be able to do so.

All applicants will be advised the assessment outcome of their submission by 19th December 2008.

The Guidelines and Application Form is available on the RMFN website at [www.rmfn-vic.com](http://www.rmfn-vic.com)

Closing date for all submissions is Friday 14th November 2008.

## RMFN Mentoring Training 2009

Mentor training was originally offered in February 2001 and again in March 2003. On these occasions a total of twenty RMFN committee members and other spouses took part in the 2-day training courses.

Mentoring has been recognised as an area requiring rural medical spouses to be better prepared with the necessary skills to support rural GP families, as well as assisting new families settle into rural communities.

RMFN is able to offer three one-day mentor training/refresher courses in March 2009. It is planned that each course will be located in a different rural area in Victoria. Hopefully, these factors will make it possible for more spouses to participate.

Interested spouses should contact Gina on 9349 7806 or by email [gina.lambe@rmfn-vic.com](mailto:gina.lambe@rmfn-vic.com).

# RMFN Survey Report 2007

## Report on the Victorian RMFN 2007 Spouse/Partner Survey

The Rural Medical Family Network of Victoria commenced in 1994 and now has a membership base of around 360 spouses of rural GPs. Its activities now include: the provision of information and support to rural GP families; the establishment of peer support networks and activities; as well as a range of specific programs targeted to meet identified needs.

The Victorian RMFN has conducted several surveys of rural GP spouses.

This most recent survey conducted in 2007, was designed to identify the views of rural GP spouses in Victoria about:

1. The effectiveness and impact of RMFN strategies and supports to this group, and
2. A range of key issues identified in previous research (both externally published and conducted by the RMFN). These issues included the relationship between children's education and family satisfaction with rural practice, spouse employment, and satisfaction with cultural opportunities, among others.

All RMFN members and some rural GP practices were surveyed through a mail survey. Ninety-nine responses were received.

### Key results

#### Rurality

84.7% of respondents were from RRMA's 5-7, 7.7% of respondent spouses lived in non rural areas suggesting they live separately from rural GP.

#### *Length of time in current practice*

50% have been in current rural practice for more than 10 years, 25% have been in current rural practice for less than five years.

#### Family type

83.8% lived in households with a GP, spouse and children. 10% of respondents

were GPs with prime or sole responsibility for family manager role.

#### Age

70% of respondents were aged over 45 years of age.

#### Residency

37.4% were born overseas and 3% have temporary resident status. 6.2% have inadequate access to cultural and religious services and supports.

#### Children

13.1% have children below school age, 29.6% have children of primary school age, 42.4% have children at secondary school, 62.1% have children who have left school. Those with children who have left school appear to have increased satisfaction levels with rural life.

#### Spouse employment

73.7% of spouses are employed, of these 60.3% are in part time employment.

57.9% felt their qualifications and experience well matched their current employment, 25% felt it did not.

38.4% of employed spouses are employed within GP practice. 33.3% are employed in practice management roles, 30.3% in administrative duties, 21.2% as health professionals.

93.4% are satisfied with their current employment.

#### Rural history and motivations

70.8% have been part of rural GP family for more than 10 years, 15.6% for less than 5 years.

40.2% attracted to rural medical practice because of rural lifestyle, 6.8% had no choice.

#### Satisfaction and intention to leave

87.9% of GPs are rated as satisfied or very satisfied with living in rural area. 86.9% of rural spouses are rated as satisfied or very satisfied with living in rural area. 58.6% of

children are rated by their parent as satisfied or very satisfied with living in rural area.

6.5% intend to leave rural area within 3 years, 5.4% are undecided.

24.3% rated GP overwork as main reason to leave rural practice, followed by family issues (22.3%), children's education (17.5%) and age / retirement (17.5%).

#### RMFN services and supports

38% found out about RMFN through RMFN publicity / activities (including 24.1% through RMFN newsletter. 32.1% found out about RMFN through Division.

RMFN newsletter has highest utilisation (68.7% of all respondents), followed by regional lunches (44.4%).

RMFN service with highest level of future interest is education and training bursaries (13.1%).

RMFN newsletter identified by largest number (42.2%) as having positive impact on satisfaction with rural life, followed by regional lunches (28.3%), family conference program (28.3%) and education and training bursaries (25.3%).

Meet and Greet activities should be conducted by local GP practice (34.9%) or RMFN (30.8%) as compared with the Rural Divisions of GP that rated 20.5% of response. Meet and Greet activities should be staffed by RMFN spouses (67% of response).

Future RMFN activities should focus on addressing social isolation (45.5% rated as top priority), GP workload (19.8%) and spouse employment (15.8%).

# GP Spouses tell their stories

## A rural family's experience in Kalkarindji

Michelle Bensley

Recently my family had the opportunity to travel with my husband to the remote Northern Territory aboriginal community of Kalkarindji.

For my husband, Mark, this was his second experience working as a locum doctor in an aboriginal community. We had previously lived for 2 years in the nineties in the Northern Territory and enjoyed the lifestyle, climate and people. We saw this locum job as a great opportunity to expose the children to remote outback Australia and aboriginal culture.

Kalkarindji is about 570 kms south/west from the nearest town of Katherine. The community's isolation meant that basic food supplies were limited and extremely expensive, up to 3 times the cost we pay in our home town in Victoria. Obviously this impacts greatly on the aboriginal population who have extremely limited job opportunities.

The community was a dry community and we did not see any alcohol related violence and felt safe at all times. The children in the community were out playing basketball at most times of the day and were very friendly; our fair skinned children were quite a novelty.

The town consisted of government housing for health and education staff and a more basic housing for the aboriginal people. There seemed to be as many dogs as people in the town and unfortunately most of the dogs had skin conditions, but they are apparently highly valued by their owners who sleep with them on the cold winter nights.

My children loved the outback semi arid region which offered opportunities to fossick for gem stones, which weighed down our luggage on the return home. The Victoria River and its tributaries flowed through the town and many afternoons were spent swimming and fishing by the water. The girls were worried about the local crocodiles and refused to swim where the bottom wasn't visible, we were assured that there were only freshwater crocs there, but we didn't see any.

The white community were very friendly and we were asked along on a cattle muster. We did however decline a ride in the helimuster chopper which assisted in the muster, as we were put off by the absence of doors and the acrobatic low level flying we witnessed as they chased stray bulls.

Overall it was a relaxing holiday and the girls learnt much about aboriginal Australia. My husband found the change in his work refreshing and enjoyed his time there. We are looking forward to our next adventure and plan to take up a similar opportunity next year.

*Dr Mark Bensley relaxing at Wattie Creek along with his daughter.*



(L-R): Raelene, Liz, Jezabel, Maddie and Simona.



It is a sad fact that half of all marriages in Australia end in divorce. Coping with the emotional fallout from a divorce or separation amidst the upheaval of the situation is a real challenge for most people. Even if both parties are unhappy in the union, the finality of separation can hit home in unexpected ways.

For many people, separation can be as traumatic as the death of a loved one. Sometimes it can be even more difficult as the hurt of the loss is mixed with the hurt of rejection. There is no quick-fix for the hurt, but you can do some things to make life a bit easier:

- Accept the help and support of people you trust
- Keep what you can of your routine - Separation brings with it financial and practical changes, keeping some sense of normality can help
- Take it one day at a time - everyday that you get through brings you one day closer to becoming happy again
- Steer away from alcohol and drugs - They may be tempting at the time but will only make things worse
- Most of all, remember that even though it may seem like you can't go on, you can - the sun will continue to rise and set and your life will go on.

Your employer provides access to confidential counselling at not cost to you. If you are going through a divorce or separation and need some support or just want to talk with someone, please don't hesitate to contact Converge International to arrange to speak with a counsellor.

Freecall 1800 337 068  
www.convergeinternational.com.au

 **Converge**  
international  
WHERE business meets life



## WHO TO CALL RMFN Committee



### President

Amber Moynihan 5033 1870

### Members

Bob Baldassa 0407 858 206

Michelle Bensley 5658 1513

Kate Connellan 5352 4680

Annie de Villiers 0438 144 821

Lynn Griffiths 0428 831 637

Deborah Jones 5529 5232

Mary-Anne Somers 5943 1183

### Chief Executive Officer

Gina Lambe 9349 7806

## Useful Contacts

Beyond Blue

1300 22 46 36

Kids Help Line

1800 55 1800 (freecall)

Lifeline

131 114 (cost of local call)

Mensline Australia

1300 13 11 14

Suicide Prevention Crisis Line

(02) 9331 2000



## Victorian Doctor's Health Program

This program provides a confidential and compassionate service for doctors and medical students with health concerns including alcohol, other drug and mental health problems.

Dr Jack Warhaft

Telephone 9495 6011

Aikenhead Building,  
Level 8, 27 Victoria Parade,  
Fitzroy, Victoria 3065.



## Bush Crisis Line 1800 805 391

Confidential 24 hour freecall telephone counselling and debriefing service for remote and rural health practitioners and their families.

## Dates For Your 2008 Diary

### 16<sup>th</sup> RDAV Victorian Rural Doctors Conference & 15<sup>th</sup> South West Medical Update

Victoria Hotel, Port Fairy

Friday, 14th November – Sunday, 16th November 2008



## Counselling Services

Telephone Counselling FREECALL 1800 337 068

### Converge International

24/7 We are there for you

Converge International, a not-for-profit and fully independent organisation, has been operating since 1960. It has the wellbeing of people and their families still at the heart of all we do.

The growing clouds of depression, stress, addiction, conflict, bullying and unethical corporate behaviour are just some of the challenges our team of over 300 experts help manage every day.

Our name change in 2007 from ITIM to Converge International marks our strategic shift to becoming a global leader in work life balance with the expansion of our Business Innovation Group (BIG), the addition of online services and the establishment of the *National Training Institute*.

### Career Counselling

Ph (03) 9349 7800

This service is available to the families of general practitioners working in rural Victoria. Secondary students, tertiary students and mature age people are eligible to have consultations with a careers counsellor by telephone, over the internet or in person.

The service is provided by a career counsellor from Box Hill Institute (BHI) in Melbourne. The individual counselling provided is supported by a wealth of material on the BHA website careers page and by books, videos, CDs etc in the careers library. In assessing individuals' needs and values, career assessment tools can also be used, where appropriate.

There are a number of common issues that bring people to career counselling, with the most obvious one being, "what career would suit me?" People also ask what they need to do to enter a particular job or profession, how to translate overseas experience to the Australian environment, how to re-enter the work force and transferring skills from one profession to another. Other aspects include the technicalities involved in the application processes to enter courses.

If you would like to access the career counselling service, please contact the RMFN Program Development Officer on (03) 9349 7800 to obtain an identification number and contact details.