

AUSTRALIAN PSYCHOLOGICAL SOCIETY LTD

Rural and Remote Psychology Interest Group Newsletter

Edition 4 May 2004

RRIG Committee Report

Since our last newsletter we have been working toward the development of a test library for RRIG group members who do not have access to tests and/or cannot afford to purchase them. To determine the type of tests members required and the annual fee that they were prepared to pay for such a service, a survey of the membership was undertaken in April. Forty-six members responded and most felt it was a great idea. Others offered to have the library based in their office.

The next step toward the development of the library will be to meet with ACER to gauge the level of support we can expect from them regarding this initiative. We'll let you know what progress we've made as soon as we can.

As we reported in an earlier newsletter an APS study group is working towards the development of webcasting for PD points and other purposes. Trials for this will begin in the next few months and we are all excited about the potential gains for rural and remote members.

We are holding a forum again this year at the APS conference in Sydney and would love to see you all there. Our membership numbers are growing and we are very encouraged by this fact. Nonetheless we have much to do to really understand and develop the profession. Please contact us with any ideas, requests, contacts, stories.

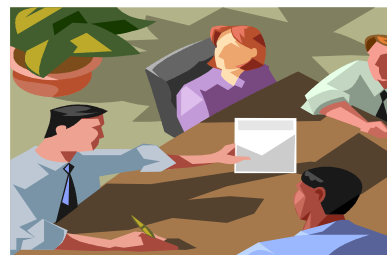
Ailsa Drent

Rural and Remote Research

To showcase the research that has relevance to our membership we will be presenting from time to time a summary of the results from various

studies. The first in the series was sent to us from Ian Plowman from The University of Queensland.

If you want a summary of your research featured in future newsletters let Sue Burney know.



Why do some towns thrive while others languish?

New research conducted by a partnership of UQ Business School, the University of Queensland and the Queensland Department of Primary Industries has suggested some surprising answers to this question. Eight Queensland country towns, ranging in size from 600 to 10,000, participated. Though their identities remain confidential, two of these were from the South West, two from the South East, two from Central Queensland and two from North Queensland. It is suggested that the findings have universal relevance.

Conducted by Senior Research Fellow, Ian Plowman, a community and organizational psychologist on secondment from DPI, the research takes a psychological and biographical perspective. The research was both quantitative and qualitative, involving structured interviews, surveys and census data. Results reveal some ideas that add to or even challenge conventional thinking. For example, size, a sound economic base, or natural geographic attributes did not necessarily make a difference.

It is the people that make a difference, the attributes of those people, and the critical mass of those attributes. For example, net inflows bring

diversity of ideas and experiences. The least innovative towns have net outflows, and it is the most innovative people that leave. Evolutionary psychology explains why. The more innovative towns are also differentiated by younger average age, higher levels of education and greater frequency of overseas travel, all sources for new ideas.

Also differentiating the more innovative towns are higher proportions of home ownership, signalling a willingness to invest in that town. The least innovative town has the highest proportion of its residents renting, despite average occupancy of 30 years! Contrary to popular wisdom, the least innovative town has the highest proportion of leaders while the most innovative town has the lowest. Yet the most innovative town has a much higher level of distributed leadership and civic responsibility broadly shared. Also surprising is that the most innovative town showed the lowest inclination towards pursuit of funding.

The research report contains recommendations for communities, for Councils, and for State and Federal Governments. Many of these can be implemented immediately without cost. One that is likely to generate debate is the suggestion that no person should hold any civic position, be it President of the Show Society, Secretary of the Sports Association, or local Mayor, for more than one term. Leadership is a two edged sword. It is an act of civic responsibility; it is also an act of denying someone else the opportunity to gain civic experience. The more broadly that understanding of civic experience and responsibility is spread, the healthier and more innovative is the town.

For further information about this research, contact: Ian Plowman (0417) 705 489 or e-mail: i.plowman@business.uq.edu.au.

Thank you for this contribution Ian.



Rural and Remote Conferences

Services for Australian Rural and Remote Allied Health (SARRAH) Conference

26-28th August 2004, Alice Springs.

The conference program and call for papers can be found at:

<http://www.sarrah.org.au>

Abstracts will be accepted until 15th July.

National Rural Health Alliance 8th Annual Conference

10-13th March, 2005 Alice Springs

For details go to <http://www.nrha.org.au>

Rural and Remote Scholarships

The Australian Government Rural and Remote Health Program provides competitive scholarships to clinical health professionals living in rural and remote areas of Australia who wish to pursue professional development opportunities. These PD activities include short courses, individual clinical placements, postgraduate qualifications and attendance at relevant conferences. The professional development activity must be undertaken in Australia and the scholarships are open to any profession apart from doctors and nurses.

Applications will be accepted in July and August for activities planned for 2005.

For further information go to <http://www.sarrah.org.au/scholarship>

On this site you will find the results from the two rounds in 2003. Two hundred and thirty-seven applications were successful, with 12 from psychologists plus many more from areas in which we often work, e.g., counselling, community health, rehabilitation etc.

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