

A world of rural health sharing ideas for the future workforce policy, education and practice

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EDITORIAL

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Thousands of health professionals, leaders, students and policy makers will converge on Cairns in April 2017 for the World of Rural Health Conference. This is fitting because Australian rural health workforce policy has had major success in establishing a comprehensive network of Rural Clinical Schools and University Departments of Rural Health (UDRH). This is just the prelude with future developments to include new Rural Training Hubs and a Rural Health Commissioner. Those of us with a deep understanding of the health disparities in rural areas have a vision for a more equitable distribution of the health workforce throughout remote and rural communities to provide better access to rural health services. What is good for rural areas is good for Australia, as it not only concerns the health and wellbeing of the more than 6.7 million people living in rural areas but also the livelihoods of people who work in health, education, community services, agriculture and mining industries.

The Federation of Rural Australian Medical Educators (FRAME) is the peak body representing Rural Clinical Schools and Regional Medical Schools funded through the Australian Government Department of Health Rural Health Multidisciplinary Training RHMT Programme. FRAME was established in 2003 to deliver innovative medical student training in rural and remote Australia and there are now 18 of

these schools addressing the misdistribution of the rural health workforce. Under the auspices of FRAME our representatives from medical schools are based in rural and remote communities and we come together to discuss and promote high quality rural health training. Our programs offer more than extended clinical placements in rural areas, as they are markers of rural career intention and a positive rural training experiences,¹ we view rural medical education as a core component of Australian rural health and medical workforce strategy.

FRAME are leaders in innovative pedagogy and research such as longitudinal integrated clerkships and are at the forefront of social accountability, Aboriginal health, mental health and primary health care in rural communities. Our success hinges on good community engagement and collaboration with relevant national organisations to facilitate and promote rural medical education for integrated rural career pathways²⁻⁴ including: Australian College of Rural and Remote Medicine (ACRRM), Royal Australian College of General Practitioners (RACGP), Australian Rural Health Education Network (ARHEN), Medical Deans Australian and New Zealand (MDANZ), Australian Indigenous Doctors Association (AIDA), and the National Rural Health Alliance (NRHA).

The National Rural Health Alliance (NRHA) and the Australian College of Rural and Remote Medicine (ACRRM) have combined to host both the 14th National Rural Health Conference and WONCA World Rural Health Conference. A veritable feast of inspirational presentations will be soul food as we showcase some of the most innovative rural health initiatives and an opportunity to create new collaborations for future developments in rural health.

On Monday, 1st May there will be a series of interactive FRAME workshops. Workshop 1 will be on Models of Rural Medical Education - The Australian Experience, Workshop 2 will be on Innovations in Rural Medical Education and Workshop 3 - The Rural Education and

Research Nexus. These workshops are intended for anyone wanting to influence and advocate for rural health and medical education policy and innovative practice and will encompass how Rural Clinical Schools are established and managed. Our overarching goal is to inform public policy on rural recruitment, retention and service delivery through sharing insights about how to retain students and convert them into rural clinicians who often become our rural faculty. Our leaders will tell stories about how they have developed and implemented local strategies to build successful programs in rural and remote communities. They will provide key insights about establishing infrastructure, engaging staff and building meaningful relationships. Also they advise on how to successfully navigate different contexts in universities, health services and rural communities. In such a competitive world of university politics, our approach to community engagement has garnered enormous good will from local practices and health services. We have fostered a culture of strong mutual support locally and throughout rural and remote Australia. As the new chair of FRAME, I am looking forward to the meetings in Cairns and sharing our wisdom and research with international visitors. I expect there will be rich discussions and many wonderful ideas for building more ways to address the priority health care needs of rural, regional and remote Australia in the future.

References

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PEER REVIEW

Peer reviewed.

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