

EDITORIAL

ARHEN and FRAME bring a new era for RRH

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This issue of Rural and Remote Health marks a significant change in the management structure of the Journal. Two major Australian rural health organizations – the Australian Rural Health Education Network (ARHEN) and the Federation of Rural Australian Medical Educators (FRAME) – have taken on joint management of the journal. ARHEN is a peak body representing the 11 University Departments of Rural Health (UDRH) located in rural and remote locations across the country. FRAME is the parallel peak body representing the 9 Rural Clinical Schools (RCS) that were funded initially under the Australian Government's Regional Health Strategy in 2000.

ARHEN was established in 2001 to enable the UDRH to better communicate, interact and carry out joint work at a national level. To date, achievements have included the development of national program key performance indicators, national projects for research and education, a national forum on rural health education and research and the collation of national student placements data. Joint research endeavors have included a national project

examining general practice/hospital integration issues. The UDRH are highly multidisciplinary. For example, ARHEN supports very active Pharmacist Academic and Indigenous Staff Networks. The Indigenous Staff Network provides the Aboriginal and Torres Strait Islander staff scattered across the country a vehicle to link up and develop joint projects, such as cultural safety policy for UDRH, as well as providing essential mutual support.

FRAME was established in 2003 and is a looser collective than ARHEN but has the specific focus on education of medical students. Each of the RCS is approaching the task of providing 50% of clinical training in rural environments for 25% of each intake of medical students in a different way, and the successes thus far have been extremely encouraging. The vast majority of students who have participated have been volunteers and, in some cases, the number of volunteers has outweighed the number of available places. Those who have undertaken rural placements have performed similarly or better than their metropolitan peers in both theoretical and clinical activities. Although it is still too early to know if this



will result in more doctors undertaking rural careers when they finish their studies, FRAME is allowing lessons learned to be shared across the RCS and relevant data to be gathered to confirm the early but promising trends.

Collectively, ARHEN and FRAME represent a very significant government investment in rural health education and research infrastructure which places Australia at the forefront of rural and remote health workforce education and research. As this rural health infrastructure is now established and beginning to mature, it is highly appropriate that these organisations have joined together to build on the excellent efforts of the current Journal staff over the last couple of years in order to continue to develop a relevant,

high quality peer-reviewed journal for rural health academics, practitioners and students in Australia and internationally.

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