

## **Improving rural and remote health**

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## Improving rural and remote health

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**TO THE EDITOR:** We welcome your recent focus on rural and remote health. Kamien and Cameron's editorial addressed medical workforce supply issues,<sup>1</sup> and the accompanying article ranged across not only workforce supply issues, but also broader systemic issues, including the roles of different levels of government.<sup>2</sup> Coincidentally, the Australian Institute of Health and Welfare released its latest medical workforce report, which reported a rise in the number of doctors per head of population overall, particularly specialists, and particularly in urban areas, but decreased numbers of doctors in the bush, particularly in remote areas.<sup>3</sup> Most of the media response ignored the contemporaneous nursing workforce report,<sup>4</sup> which described a much more even geographical distribution of the nursing workforce — the largest health professional group.

We agree that access to health care is more than a workforce supply issue.<sup>2</sup> While we acknowledge the critical importance of general practice, perhaps part of the problem in improving access has been an almost exclusive policy focus on medical workforce supply issues, and not the broader consideration of a range of factors that will improve access to effective primary health care services for the 30% of Australians living in rural and remote areas.

Our recent systematic review of models of rural and remote primary health care service delivery in Australia identified a number of essential requirements of successful primary health care models.<sup>5</sup> These inter-related requirements are adequate workforce supply; appropriate workforce organisation; adequate funding and appropriate financing; leadership, good management and governance; adequate infrastructure; and strong linkages — both internal and external. Successful models also exhibited an appropriate level of community participation.

There are a number of demonstrably successful rural and remote models, such as the Katherine West Health Board, an exemplary remote comprehensive primary health care service.<sup>5</sup> To generalise these successful models and improve access, we need a rural and remote primary health care policy framework for Australia that coordinates national, state and territory resources to ensure that all of these essential requirements are systematically addressed.

We agree with Kamien and Cameron<sup>1</sup> that a solution will not be forthcoming until governments take a courageous stance in overcoming the implementation gap associated with translating research evidence into policies and programs. The time has never been riper for Commonwealth, state and territory governments to assume leadership and agree on an evidence-informed implementation strategy to assure rural and remote communities of accessible, high quality health care. Our systematic review<sup>5</sup> provides a solid base to underpin such a response.

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