Family medicine is the right profile for primary care in rural areas - equity and quality

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President – Elect WONCA
What is known?

• “The availability of good medical care tends to vary inversely with the need for it in the population served”.
Rural populations and the inverse care law

• More people in rural settings, more poverty, less facilities, less health care, less health care professionals

• Well established approaches that could moderate this
  – ‘Train and retain’
  – Rural placements / rural track in medical school
  – Financial incentives
  – Additional skills development
  – Social and professional support .... BUT

• Lack of governmental or professional will to act on this

• Trend towards further urbanisation

• Infrastructure problems in rural undermine PHC
Rural family medicine – is there a dark side?

- ‘toxic communities’
- ‘nowhere to hide’
- Complex relationships
- Personal and professional boundaries
- No alternative resource for health
- 24 hour responsibility
- Professional isolation
- Lack of rewards and career opportunities ...
Equity

• “the principle and practice of ensuring the fair and just allocation of resources, programmes, opportunities and decision-making to all groups, while reflecting different needs and requirements”.

• Implications for WONCA’s work

• NB organisational equity committee
WONCA’s platform for equity

- Rural
- Women and children’s health
- Health inequalities

Please Help
WONCA policies

- Universal coverage
- Access to local teams (*quality)
- Generalist FM clinicians
- Appropriate training and upskilling (*rural)
- Social accountability of governments and HEIs
- Empowering women and children
- Health inequalities
- Organisational equity
  - [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com)
World Health Organisation

- Echoes many points made by WONCA
- Focus on health equity should drive systems and policies for rural priority
- Notes less skilled / expensive staff are less likely to drift to urban settings?
- NO mention of family medicine as an essential component of rural health systems
- DOES mention need for generalist skills at all levels
- [ Evidence of FM as an essential component of the (rural) health system deemed ‘weak’ ]
So how can WONCA do more?

- To show that family medicine *is* the right profile for primary care in rural areas –
- That it can assist to achieve equity and quality for patients and communities
- To use our time and energies effectively
- To maximise political and professional impact
- *To support those who can bring more FM doctors into rural work*
WONCA processes

- Links with WHO
- Via regional presidents
- National member organisations
- Working Parties and SIGs
- Specific advocacy statements and programmes
- Collecting and disseminating data
- Sharing information and experiences
- Participating in teaching and training
Effective campaigning – the evidence

1. Having the evidence for change
2. Personal meaningful contact with the public and politicians
3. Comprehensive approaches at different levels (doctor, team practice, region, wider environment) - specifics tailored to specific settings and target groups
4. Positive messages – change, innovation, impact
5. Effective use of professional representation* and communications

*Action outside the personal domain of the consultation
Rural proofing

• What is the **policy objective** in terms of problem to be solved or outcome to be achieved?
• What **impact** do you intend it to have **in rural areas**?
• **What constitutes fair** rural outcomes in this case?

**Understand the situation**
• What is the **current situation** in rural areas?
• Do you have the **necessary evidence** about the position in rural areas?
• Do you have access to the **views of rural stakeholders** about the likely impact of the policy?

**Develop & appraise options**
• Is **action needed** to ensure fair rural outcomes?
• Will it **cost** more to deliver the policy in rural areas?
• Do the necessary **delivery mechanisms** exist in rural areas?
• What steps can be taken to achieve **fair rural outcomes**
My Gramado commitment

The WWPRP should
- nominate named links for each region and the OEC
- prepare regional briefings for their Presidents and member organisations
- assist Exec with WHO links
- liaise with other WPs to ensure reciprocal working on rural FM implications for their policies and activities
- share good practice and innovations that work.

The WONCA Exec & OEC should
- communicate and recognise the work of rural FM doctors
- hold themselves and others accountable for ensuring rurality and ‘rural proofing’ is considered in new policies
- consider the rural dimensions of issues on their agenda
- use intelligence on levers for change in rural FM in any meetings with key external stakeholders
- Focus on the Millenium Goals and the centrality of FM.
A personal perspective