European Rural and Isolated Practitioners Association

Blueprint for Rural Practice in Europe

June 2022

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EURIPA Blueprint for Rural Practice in Europe
Executive Summary

The EURIPA Blueprint for Rural Practice in Europe replaces the original Charter for Rural Practice drawn up at EURIPA's inaugural meeting in Palma, Majorca in June 1997. The Charter aimed to set the standard for rural practice throughout the region. Like the first document, the Blueprint aims to ensure that rural communities have access to high quality, safe and effective health care irrespective of where they live.

This Blueprint aims to set the vision and a benchmark for European rural health care over the next 25 years.

The Blueprint examines key issues facing rural communities and the health professionals who serve them. It makes a number of key statements in the context of realising health equity for the rural people of Europe.

In the document 'rural' is used as an overarching term that includes rural, remote, coastal and island contexts. EURIPA seeks clarity in understanding of definitions of rurality.

The Blueprint explores the nature of Rural General Practice / Family Medicine and emphasises that the primary health care team is the heart of the community. Recognition is needed that rural practice is multi-faceted, community orientated and that rural general practitioners require a wide range of skills.

The document explores several issues around workforce, which are crucial to the future of rural general practice. The rural health workforce must be fit for purpose and meet the needs of the community that it serves - rural career pathways need to be developed to ensure that the rural students of today become the clinicians, teachers and leaders of tomorrow.

The Blueprint explores a number of topics that are inextricably linked to rural practice including social care, digital healthcare, emergency services and retrieval. Rural social care needs to be fully resourced to ensure that vulnerable rural people are able to stay in their communities with the help and support they need.

New technologies have the potential to transform rural health and social care but must be carefully evaluated.

Rural emergency services must be effective and safe and rural practitioners must be appropriately trained to manage their patients who are acutely ill.

A key point is that rurally sensitive measures of deprivation need to be developed to ensure that funding is appropriately allocated, and rural practice is fully fit for purpose. For rural practice to develop to meet future needs it is essential that rural academics based in rural areas are developed and supported; this is essential to enable the development of the evidence base for rural health care.

Health and care policy development should be reviewed through a 'rural lens' to ensure that rural people and communities are not adversely affected. EURIPA and other rural organisations have an important advocacy role.

EURIPA recognises that rural communities are resilient but major challenges will face the rural population across Europe over the next 25 years. Climate change and other environmental factors can impact disproportionately on already fragile rural communities and must be addressed. It is essential that the impact of climate change is considered as an integral part of each section of this Blueprint, to ensure that rural practice is fit for the future.

EURIPA is committed to promoting rural issues at all times and providing advocacy for rural communities, rural health care professionals and the rural way of life. This Blueprint will be used by EURIPA to inform its forward work plan, in partnership with WONCA Europe and its networks.

EURIPA Blueprint for Rural Practice in Europe
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1 Introduction

Background
The EURIPA Blueprint for Rural Practice in Europe replaces the original Charter for Rural Practice drawn up at EURIPA's inaugural meeting in Palma, Majorca in June 1997. The Charter aimed to set the standard for rural practice throughout the region. Like the first document, the Blueprint aims to ensure that rural communities have access to high quality, safe and effective health care irrespective of where they live.

Aims
This Blueprint aims to set the vision and a benchmark for European rural health care over the next 25 years.

Achieving health equity
Equity in rural health in comparison with urban standards must be achieved and maintained. Eurostat figures (2021) indicate that in the European Union, 28% of the overall population are described as rural, yet little is being done to shape the health of or health services for this significant proportion of the population.

Realising health equity for the rural people of Europe

Defining and describing rural
No universal definition of rurality exists across Europe and most countries have their own. It can be argued that true comparative research in the region is hampered by the lack of a uniform definition. 'Rural' can be defined in a number of ways, including settlement size, sparsity of population, access to services, distance from major centres and land usage.

In this document, 'rural' is an overarching term that includes rural, remote, coastal and island contexts.

Rural varies from country to country and from place to place, hence defining rural may be more difficult than merely collecting statistics. This can be due to geography, demography, occupations, land usage, resources, economy, infrastructure, culture and potentially other issues. Although a universal definition is desirable in the future, national definitions and local perceptions will have to suffice for now.

Clarity in understanding of definitions of rurality

Family medicine at the heart of rural healthcare
Family medicine/general practice remains at the heart of rural healthcare and must remain so. The Declaration of Astana (2018) emphasises the importance of teams in health care and nowhere is this more important than in rural and remote areas. The Family Physician/General Practitioner (GP) is at the heart of the team, working with other health professionals to provide safe, comprehensive, effective, and efficient care for patients in their communities. Rural health care workers must engage with and understand the needs of the communities that they serve.

> The primary health care team is the heart of the community

2 The Nature of Rural General Practice/Family Medicine

Description
The notion that "one size fits all" cannot be applied to rural practice, yet most family doctors continue to be trained in urban settings and universities, as are most other health care professionals. Rural GPs work often in isolated settings where access to hospitals, trauma centres, other health professionals and specialist opinions is limited. The rural GP must develop an extended range of skills and services to meet the needs of their communities.

Generalism
Often working on their own or with a small number of colleagues, rural GPs need to be true generalists, with a broad range of generalist skills. The drive towards specialisation in urban health care should be viewed with caution in rural areas. Unfortunately, rural GPs can find themselves in practice without the necessary skills and knowledge to provide the level of generalist care required to meet local needs.

Extended roles and scope
The level of extended skills required of a rural GP will depend on many factors. These include distance to hospitals, terrain, infrastructure, health service configuration and access to community (rural) hospitals.

For rural GPs, who often work alone in a rural setting with fewer resources and less access to specialty care, the perception of risk is very high. Training and CPD provision should take this into account.

No GP should be asked to perform outside of their level of competency. Consequently, there is a need to change how they are recruited, trained and prepared for rural practice. It can be argued that the profile of a rural practitioner is someone who is expected to do "more" with fewer resources.

Public health and community engagement
The importance of public health and health literacy cannot be over emphasised for rural practice, yet public health training in current curricula can often be rudimentary. To care for and evaluate the needs of small communities the rural practitioner often has to apply the principles of basic public health. Community engagement is essential to understanding its needs and those of the individuals in that community.

Rural health practitioners should aim to develop a service which is proactive and anticipatory rather than reactive. Health promotion is a community activity, rather than the exclusive domain of the health professionals. Rural communities are uniquely placed to develop community-based programmes, which facilitate the development of "healthy communities".

Rural GPs, as respected potential change agents/advocates in their communities, have a particular role to play in addressing some of the structural inequalities that drive ill health. Increasing interest in social prescribing should be encouraged as a community-based support service to improve wellbeing and health literacy.

Occupational health
Rural industries such as agriculture, forestry, fisheries, and tourism pose a series of unique health challenges, including varying workload at certain times of the year. Occupational illnesses can have significant long-term consequences for the individual worker and their dependants. Professionals working in isolated situations need to understand what they may face and be prepared for it.

> Recognise that rural practice is multi-faceted, community orientated and that rural GPs require a wide range of skills.

3 Rural Health Workforce

Introduction and description
A rural health workforce must be fit for purpose and meet the needs of the community that it serves. To date, little provision exists across Europe to appropriately train professionals entering rural practice. Recruitment and retention issues remain major obstacles to establishing a fully staffed, stable and sustainable rural healthcare workforce.

Rural doctors are a valuable resource for their communities, recognised for their experience, knowledge and wisdom. They should be encouraged to teach in rural about rural and be enabled to become academics in rural areas. Today’s rural students need to become the rural family doctors and rural teachers of tomorrow – it is essential to “grow our own”.

Rural must be included in all levels of training to ensure that there is a comprehensive rural career pathway (rural pipeline).

Training and education
Those involved with workforce planning in Europe can learn much from other parts of the world regarding training and education for rural practice.

Decentralising medical education will enable rurally focussed medical education to be more fully developed at both urban and rural-focussed medical schools. Most of the European medical schools are situated in large cities therefore the vast majority of medical students study in urban areas, learn little about rural healthcare needs and experience little or no medical learning in the rural context. This impacts on how high school students make decisions about their careers. Specific rural medicine training programmes are important, not only for encouraging more young doctors to enter rural practice, but also for providing those with the specific knowledge and skills needed for rural practice. This rural health training has to be developed to establish a true 'rural career pathway'.

Evidence from many international studies suggest that the 3 major factors that help establish a stable and fully staffed rural health workforce depend on appropriate selection of students, significant rural placements and immersion in rural practice during the undergraduate period, and targeted postgraduate rural training.

Selection of Students
Schools and colleges training the rural health workforce should actively recruit students with a rural background. Recruitment initiatives must visit rural schools and, if necessary, support and encourage students wishing to enter a career in health care – widening access. University graduates already working in rural areas could also be encouraged to consider training for a career in rural health.

Selection of medical students should reflect the cultural diversity of the rural populations.

Rural training placements
Some attention has been given in recent years to rural exposure at undergraduate level. We are beginning to see more rural placements and the establishment of Longitudinal Integrated Clinical Placements where students spend up to a year in a rural setting. These examples are still few and far between and EURIPA believes that all students should have the opportunity of rural placements during their training.

Rural communities must be seen as an essential partner in this educational process, ensuring that the student is not only part of the practice but also part of the community as a whole. This will give them a greater understanding of how the community contributes to supporting wellbeing and care. Universities must engage with local rural communities to ensure that students have a truly immersive community engaged education.

Curricula need to include rural health, with lectures, workshops, rural scenarios in Problem/Case Based Learning as well as rural placements.

Rural practitioners must be recruited and supported as teachers and trainers, welcoming students into their practices. Teachers must also be given substantive paid posts to teach in recognition of their input.

Targeted postgraduate training - Developing a rural career
Rural doctors must be trained appropriately for Rural Practice. Generic training programmes are no longer adequate. Policy makers, universities, training bodies and professional institutions must establish training programmes for potential rural family physicians, tailoring the programme to meet the needs and aspirations of those entering rural practice.

The establishment of an extra rural fellowship year for aspiring rural doctors has been trialled in several countries with considerable success. This is an alternative approach to rural training and should be made more available.

Recruitment and retention
Rural workforce shortages and vacancies are ubiquitous across Europe. Changes to training can have an impact but isolated, rural and remote practitioners need support to encourage them to stay. Support includes remuneration, ongoing training, housing, premises and equipment, support for family members and access to ongoing education and training. Understanding of cultural competencies and indigenous populations can also help to ensure retention.

Working in interdisciplinary teams
Quality, patient centred rural health care should be delivered by teams of health professionals and other care workers acting in partnership, bringing different skills together to provide a comprehensive, inclusive, and wide range of health and care services. Teams should be developed with a competency-based approach rather than a traditional hierarchical structure.

EURIPA is committed to supporting and promoting interdisciplinary teamwork in rural practice. EURIPA also believes that teams should have some degree of local autonomy in order to target resources and services to local needs. EURIPA supports educational initiatives in other professional groups designed to prepare them for rural practice and rural health care.

Leadership
Leadership skills are essential if we are to develop locally responsive high quality rural health care, especially as rural family doctors are seen as leaders in their own communities. EURIPA supports the establishment of leadership training for health professionals working in rural practice.

Mentorship and support
Doctors working in rural and isolated settings must be supported. Isolation and, in particular solitary working, can impact significantly on practitioners' mental health and care must be taken to seriously protect them. The availability of mentorship is a valuable resource to

improve retention and allow those working in rural practice to grow and mature. Health managers and post graduate training schemes must establish coaching and mentorship programmes to support rural practitioners. Emphasis should be placed on those at the beginning of their rural career and those towards the end of their careers to aid retention.

The rural health workforce must be fit for purpose and meet the needs of the community that it serves - rural career pathways need to be developed to ensure that the rural students of today become the clinicians, teachers and leaders of tomorrow.

4 Social Care

Rural communities are ageing at a faster rate than urban areas. Social care and health care provision are inextricably linked. EURIPA supports the continued development of integrated care as a solution for rural communities.

The crisis in rural health care is matched by similar problems in social care. Family support, informal care givers and the strong social cohesion that exists in rural communities help to keep the most vulnerable in their own homes. However, the cost of providing social care in rural areas often means that elderly and disabled people cannot be cared for in their own communities and have to move to residential and nursing facilities elsewhere. Support needs to be given to ensure that people can remain supported in their own homes for as long as possible. It remains a tragedy when people who have lived all their lives in a small community have to move away.

Integrated rehabilitation services for elderly, disabled and vulnerable patients with special needs must be available at a local level.

Rural social care needs to be fully resourced to ensure that vulnerable rural people are able to stay in their communities with the help and support they need.

5 Digital Healthcare

Telemedicine

The changes brought about by the COVID-19 pandemic have placed considerable reliance on digital communication in both urban and rural practice. The implementation of remote consultation and telemedicine was well overdue. As we return to more normal times, these new technologies need to be thoroughly evaluated as to their effectiveness and safety. Clearly certain uses of remote consultation will be here to stay but family medicine is about the continuity of personalised care and there is a danger that governments and policy makers could see exchanging the personal physician with a computer screen as a less expensive solution.

Telehealth and telemonitoring are growing fields. Rural physicians welcome advances that improve patient care. Any telehealth initiatives must include rural doctors in establishing and evaluating future schemes. Rural communities deserve the same access to health professionals as their urban equivalents. Telehealth is a tool and not a solution. Its role is to support rather than replace rural health care and rural medical practice.

Fast and reliable broadband services are essential, yet in general rural broadband speeds are generally worse that in towns and cities. Good mobile connectivity is also essential.

Technology

New technological advances are constantly emerging and they have the potential to improve and transform rural health and social care. The development of diagnostic tools such as ultrasound, cardiac monitoring, and point of care testing should be encouraged.

Rural physicians need to be at the forefront of these developments, which can transform the patient experience, as they overcome the barriers of distance and lack of accessible transport.

The remote monitoring of vulnerable people in their own homes, such as 'smart houses', may be a viable alternative to residential and nursing care.

New technologies have the potential to transform rural health and social care but must be carefully evaluated.

6 Emergency Services and Retrieval

Patients and practitioners have a right of access to an appropriately equipped and staffed emergency response team and ambulance service. Seriously ill patients must be safely transported to the closest appropriate accident emergency or specialist trauma centre in the shortest possible time.

Where significant distances and environmental barriers exist, rural practitioners must have the skills necessary to stabilise and transport patients. Interdisciplinary emergency medical simulation training is a useful tool to achieve and maintain such skills.

Rural emergency services must be effective and safe and rural practitioners must be appropriately trained to manage their patients who are acutely ill.

7 Resource Allocation

Urban health care benefits from the economy of numbers and scale, however this is not the case for rural health care, hence leading often to a disproportionally lower level of resource allocation. Allocating resources equally does not necessarily lead to equitable distribution. The increased costs associated with inequalities, distance, sparsity, demography, and

different health needs must ensure that resource allocation formulae are more rurally sensitive.

Measurement of deprivation, vulnerability and need in rural areas remains challenging and until it can be achieved an appropriate level of resources for rural areas is also not achievable. The workforce must be appropriately funded in terms of numbers and training.

> Rurally sensitive measures of deprivation need to be developed to ensure that funding is appropriately allocated.

8 Promotion of Research and Academic Links

One of the major barriers to rural health policy development is the lack of rural data, evidence and research. Research bodies and institutions are in general based in urban settings and their research output is largely urban. Approximately 28% of the population lives in rural areas but rural needs are largely ignored. The rural dimension is often neglected in analyses of health status and health system performance.

In general, rural practitioners are less likely to publish research findings. Incentives and support to undertake rural research must be put in place to remedy this problem. Rural researchers living and working in rural areas must be developed. Practitioners should be encouraged to apply for academic university positions and undertake further degrees at Master and Doctorate levels. Rural research centres must be established in every country as well as rural practice-based research networks.

There is a need to build academic expertise in rural areas and ensure that rural practitioners are given university positions as lecturers and researchers but based in their own environment. The opportunity to work virtually increases the ability of rural academics to work in groups. This will enable the development of the evidence base for rural health and the training of future medical practitioners by motivated and passionate rural teachers.

> Rural academics based in rural areas need to be developed and supported; this is essential to enable the development of the evidence base for rural health care.

9 Advocacy for Rural Practice

Rural practice has a long way to go to catch up with urban health care. Many European countries demonstrate significantly greater levels of poverty, deprivation and poor health outcomes in their rural communities.

EURIPA, alongside other rural organisations dealing with rural health and care, has a vital advocacy role to play in supporting rural health and social care professionals and rural communities.

It is important that rural practitioners, academics and professional bodies engage with policy makers, community leaders and stakeholders at an early stage in the policy development process. Without rural input, evidence has shown that generic policies may inadvertently impact unfavourably on rural communities and rural health care.
A rural lens or a "Rural Proofing" tool must be applied to all policy developments that impact on rural communities. Some countries have developed rural proofing toolkits to aid this process and EURIPA supports similar initiatives in all countries and regions.

Providing equitable access to care for the rural population should be an essential component of National Health Plans.

> Health and care policy development should be reviewed through a 'rural lens' to ensure that rural people and communities are not adversely affected. EURIPA and other rural organisations have an important advocacy role.

10 Planetary Health

It is probable that climate change and other environmental threats will have an even greater impact on rural communities due to severe weather, drought, impact on farming practices, rising sea levels and damage to an already inadequate infrastructure. The drive to reduce the carbon footprint may lead to rural communities becoming more isolated. Governments and policy makers must work closely with rural communities to develop strategies to reduce their carbon footprints, provide adequate resources and strategies to mitigate these adverse impacts.

EURIPA, alongside rural doctors and health professionals, is committed to contributing to a greener future, dependent on sustainable and renewable energy.

Climate change is an underpinning challenge that will affect every aspect of rural health in the future. It is essential that the impact of climate change is considered as an integral part of each section of this Blueprint, to ensure that rural practice is fit for the future.

> Climate change and other environmental factors can impact disproportionately on already fragile rural communities, and it is essential that the impact of climate change is considered as an integral part of each section of this Blueprint, to ensure that rural practice is fit for the future.

11 Future Challenges for Rural Health Care

EURIPA commends this policy document to WONCA Europe, governments, professional bodies, academic institutions and policy makers.

In addition, this Blueprint is intended to be a living document and will require updating as the future unfolds. Other challenges which are emerging include:

- The migration of people and refugees putting extra strain on rural health services and infrastructure
- Conflict and war
- Climate change and the reduction in biodiversity
- Equity for rural people and rural health and social care professionals
- Mental health care
- End of life care
- Digital inequalities
- Impact of the COVID-19 pandemic and Long Covid
- Future pandemics

EURIPA recognises that rural communities are resilient but major challenges will face the rural population across Europe over the next 25 years. EURIPA is committed to promoting rural issues at all times and providing advocacy for rural communities, rural health care professionals and the rural way of life.

This Blueprint will be used by EURIPA to inform its forward work plan, in partnership with WONCA Europe and its networks.

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