



The needs of and the solutions for rural practice in European countries: our national points of view.“

Jose M Lopez-Abuin

- President, European Rural and Isolated Practitioners Association (EURIPA)
- Director, Spanish Institute of Rural Health
- WONCA Working Party on Rural Practice



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First, we need to know:

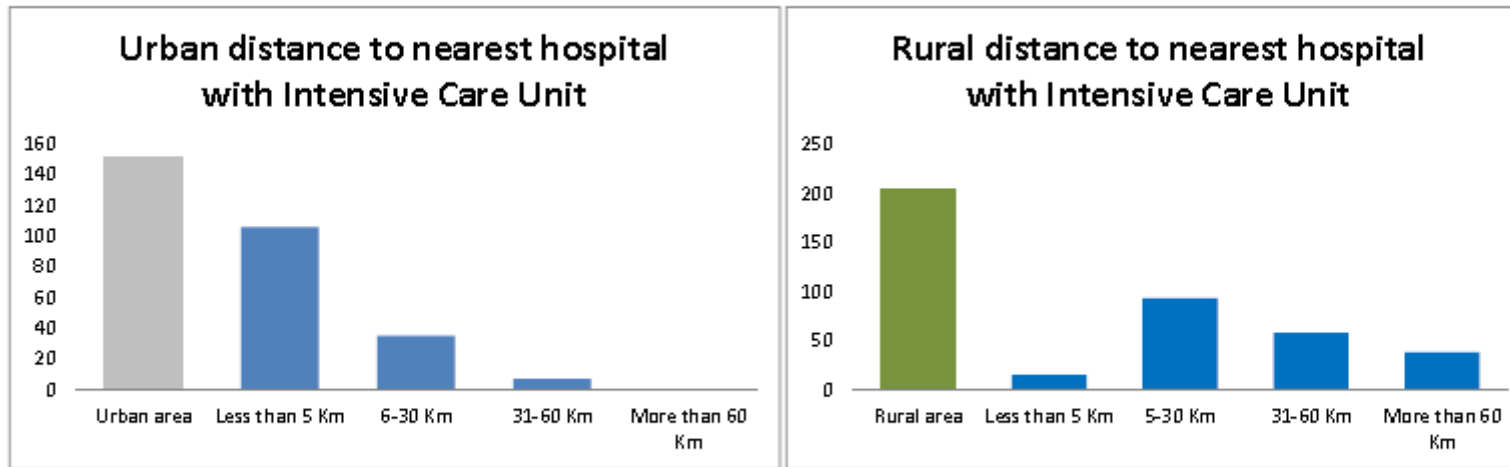
- ✓ who are we,
- ✓ how do we work,
- ✓ our differential profile (rural vs urban):

How?

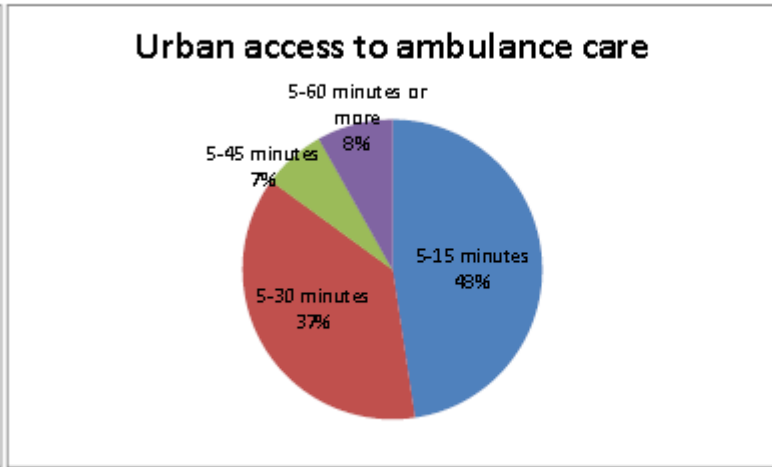
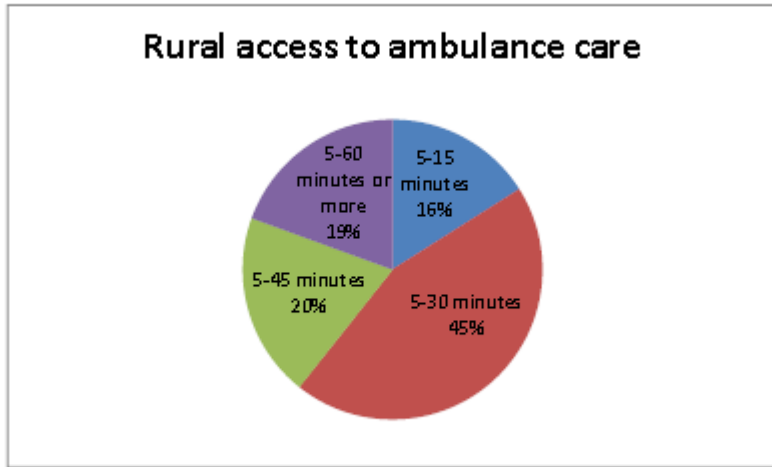
Inquest performed to our membership, and to a comparative sample of urban colleagues

COUNTRY	n	work as rural	men
Austria	14	5	7
Belgium	2	1	2
Bosnia and Herzeg	1	0 + 1 both	1
Bulgaria	2	1	2
Croatia	56	28 + 6 both	11
Czech Repub	2	1	1
Denmark	1	0	0
Finland	2	1	2
France	62	28 + 15 both	43
Georgia	3	1 + 1 both	0
Germany	4	2	3
Greece	8	5	5
Hungary	3	1	1
Ireland	2	1	0
Israel	1	1	1
Italy	17	4 + 4 both	15
Latvia	25	13 + 2 both	4
Luxembourg	1	1	0
Netherlands	1	0	1
Norway	67	29 + 4 both	43
Poland	8	1 + 2 both	2
Portugal	5	2	3
Romania	44	32 + 3 both	11
Serbia	1	0 + 1 both	0
Slova quia	3	0 + 2 both	0
Slovenia	7	6	5
Spain	38	21 + 5 both	18
Sweden	1	1	1
Switzerland	1	0	0
Turkey	5	2 + 1 both	4
Ukrania	5	2	2
United Kingdom	13	11 + 1 both	9
Other	2	1	2
Total countries: 33	n=407	199 (+ 48 at both areas) = 247 rural	197 men (210 women)

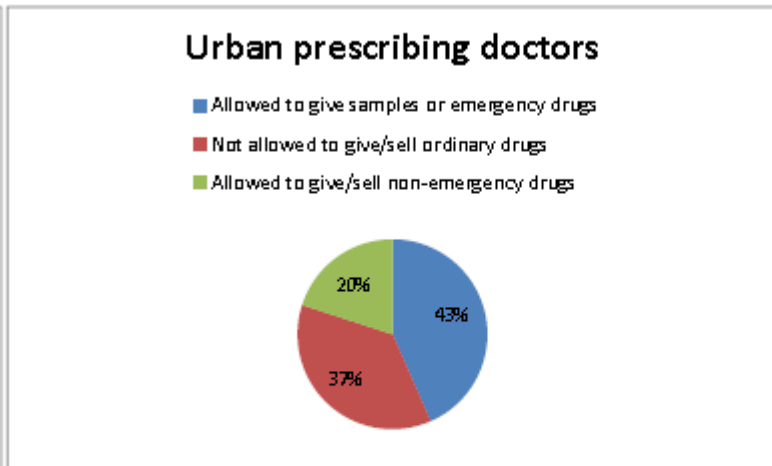
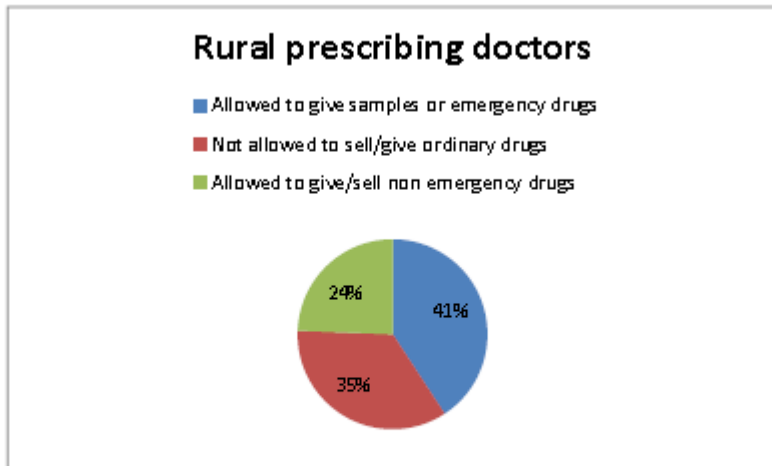
- 33 nations represented
- Gender parity
- A rural and urban input
- Top five:
 - Norway (67)
 - France (62)
 - Croatia (56)
 - Romania (44)
 - Spain (38)



Whereas access to the nearest hospital with an Intensive Care Unit seems reasonable at the urban area, the distance to these kind of hospitals at the rural area implies a greater remoteness.



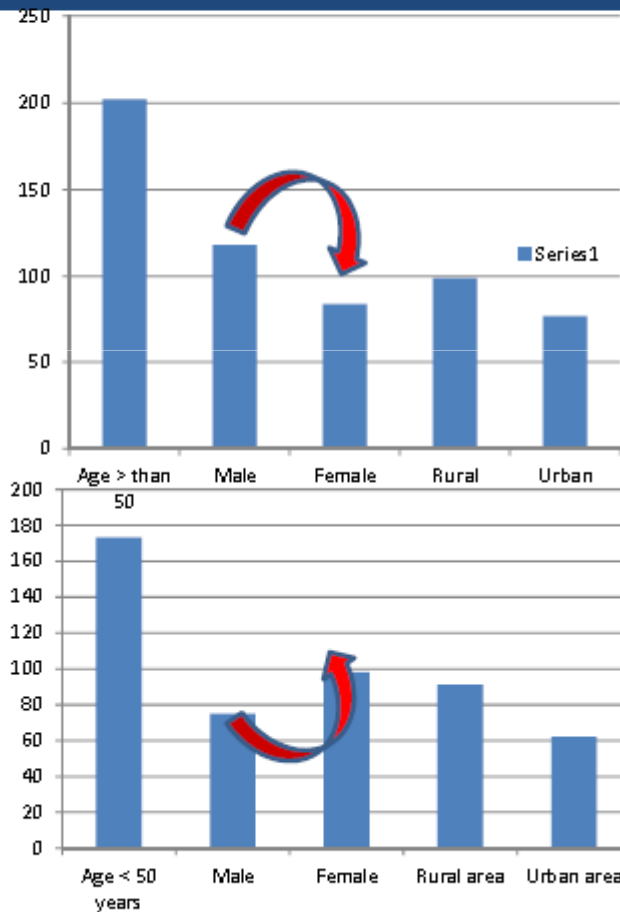
Whereas at the urban area patients may have an ambulance within a half an hour time in the 85% of the cases (and half have an ambulance in less than 15 minutes time), at the rural area these time frames become the 61% and 16%.



We have found no significant difference in the prescribing doctor profile between both areas.



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The "man" profile of the GP is changing:

More than 50 years age

Less than 50 years age



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- The sampling has not finished
- n = 396 (62,8% are rural)
- Gender parity (50%)...
with slightly more men than women at the rural,
a difference which becomes stronger in young colleagues rather than in more experienced ones

So, ADDED TO THE FEMINIZATION OF YOUNG POSTGRADUATES...
RETENTION AT THE RURAL AREA SEEMS EASIER AT WOMEN !!

30-39 years age:

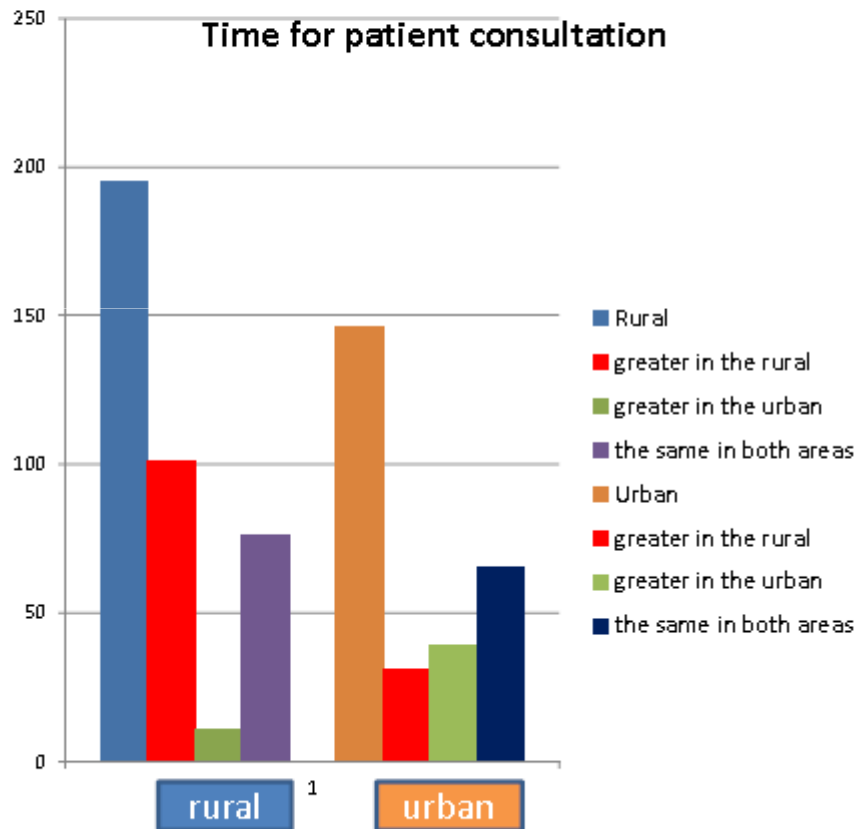
- 54,3% women at rural
- 66.7% men at rural

> than 50 years age:

- 59,2% women at rural
- 58,1% men at rural



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Time for patient consultation:

51,8% of the rural (and 21,2% of the urban)

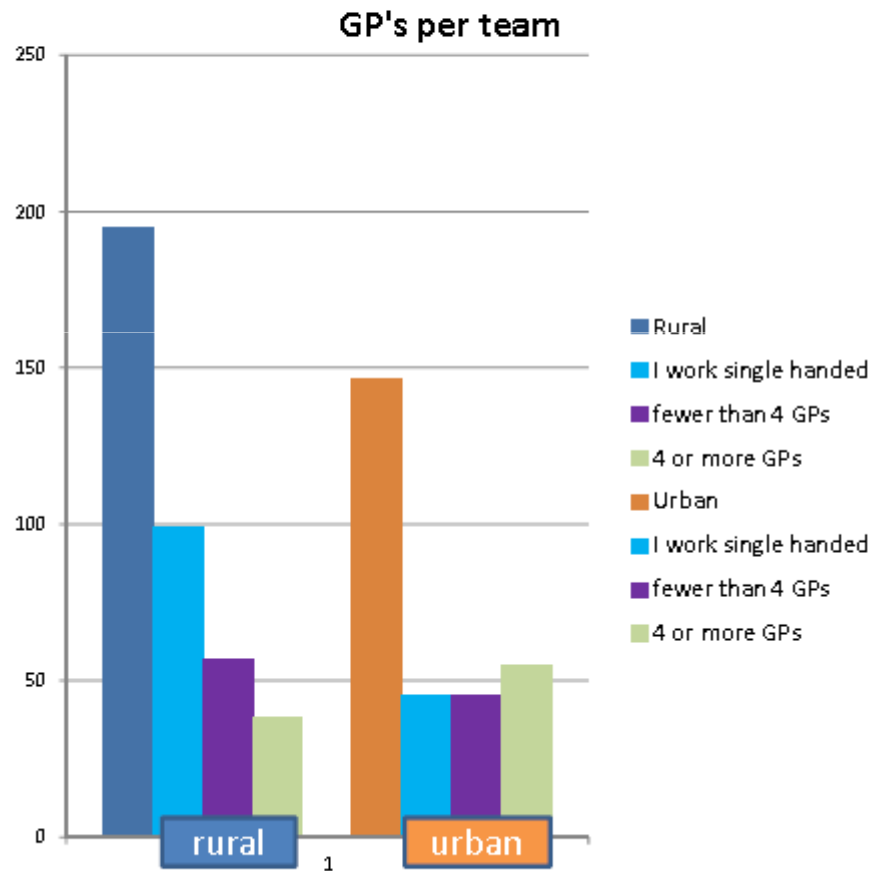
tell that **rural GPs have more time**

5.6% of the rural (and 26,7% of the urban)

tell that **urban GPs have more time**



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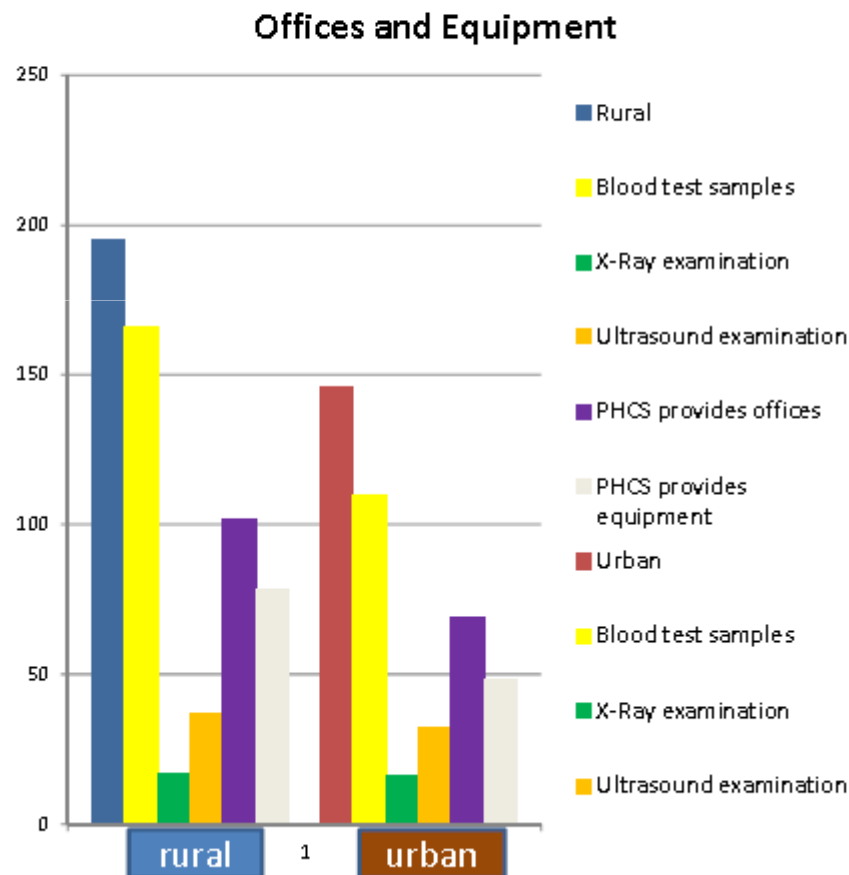
Solo vs team practice:

50,8% of the rural (and 30,8% of the urban) work single-handed

19,5% of the rural (and 37,7% of the urban) work in teams of 4 or > GPs



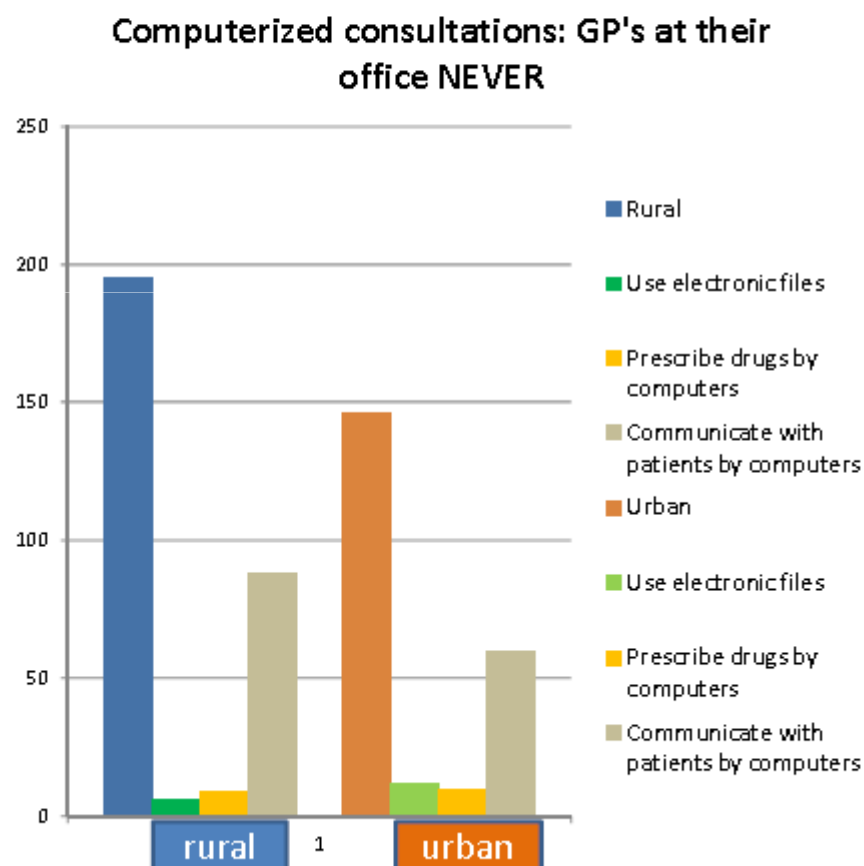
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	Rural	Urban
Bood test samples	85,1%	75,3%
X-ray examination	8,7%	<u>10,9%</u>
Ultra sound examination	19,0%	<u>21,9%</u>
NHS-provided offices	52,3%	47,3%
NHS-provided equipment	40,0%	32,9%



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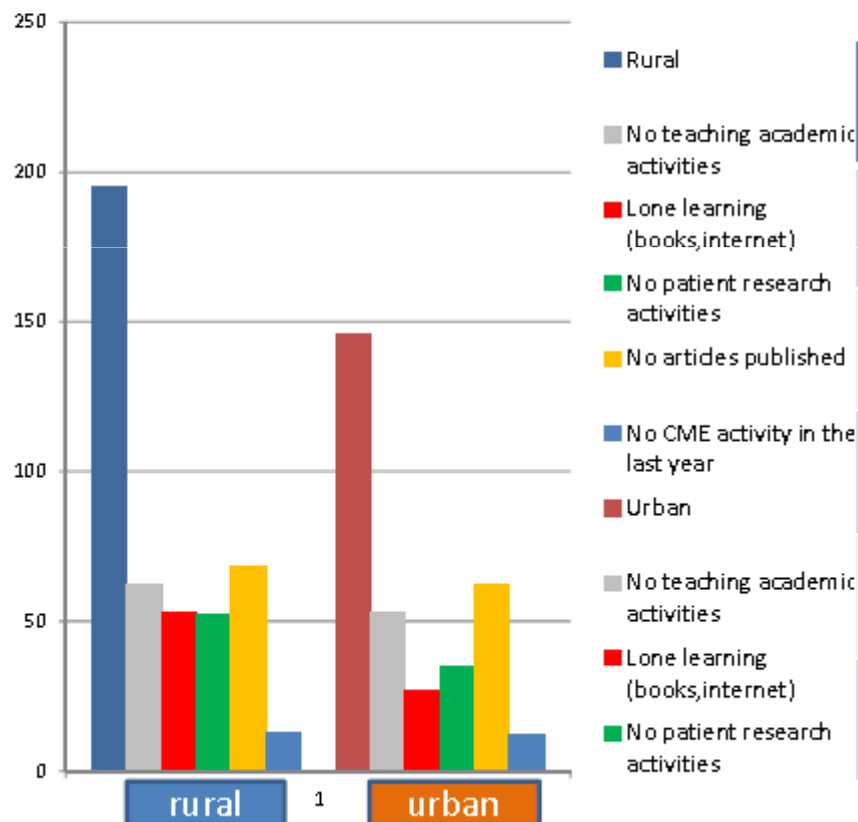
Computers at offices: GPs NEVER:

	Rural	Urban
Use electronic files	3,1%	8,2%
Pre scribe drugs by PCs	4,6%	6,8%
Communicate with patients by PCs	45,1%	41,1%



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Teaching and learning



Teaching & learning:

	Rural	Urban
No teaching/academic activity	31,8%	<u>36,3%</u>
Lone learning (books, internet)	<u>27,2%</u>	18,5%
No patient research activities	<u>26,7%</u>	24,0%
No articles published	34,9%	<u>42,5%</u>
No CME activity in the past year	6,7%	<u>8,3%</u>



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Theme	n	%
Emergencies	331	83%
Pediatrics	216	54%
Obstetrics	204	51%
Trauma	200	50%
Elderly care	186	47%
Community medicine	151	38%
Surgery	124	31%
Zoonosis	105	26%
Public Health	94	24%
Rural proofing	79	20%
Imaging/Scanning	74	19%
Patient safety	69	17%
Social accountability	58	15%
Occupational health	55	14%

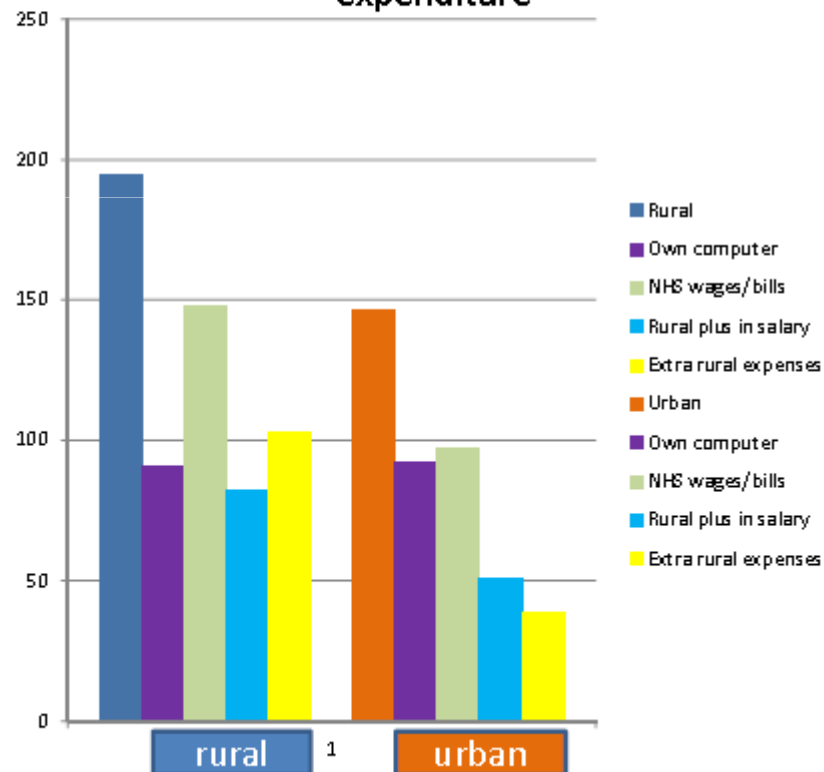
Teaching & learning:
GPs have responded
their top five
educational issues
for rural practice:

1. Emergencies
2. Pediatrics
3. Obstetrics
4. Trauma
5. Elderly Care



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Rural vs Urban imbursement and expenditure



Imbursements and expenditure:

	Rural	Urban
GP-buoyed computer	46,7%	<u>63,0%</u>
Wages & bills by NHS	<u>75,9%</u>	66,4%
Salaries with rural plus	<u>42,1%</u>	34,9%
Extra rural expenses	<u>52,8%</u>	26,7%



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Policy making



Policy-making (n=396):

- ✓ Specific Rural Health policy: 75% (no)
- ✓ Specific RH representatives: 61% (yes)
- ✓ Specific rural GP representatives: 51% (yes)
- ✓ More difficult to find rural locum: 73% (yes)



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LIVING AT THE RURAL AREA (I):

179 (45%) of respondents live at the rural area.

Of these:

- ✓ Miss facilities for family comfort (Children, Education, Wife): 15,6%
- ✓ Entertainment activities: 15,1%
- ✓ Miss Housing facilities: 8,9%
- ✓ Would need another home at the city: 8,9%
- ✓ Would need other kinds of facilities: 10,6%
- ✓ Do not miss anything: 8,9%



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LIVING AT THE RURAL AREA (II):

179 (45%) of respondents live at the rural area.

Of these:

- ❖ Would be happier to live or change their home at the city: the 17,9%
- ❖ Would change their practice to a city if they have an opportunity: the 10,1%
- ❖ Would stay living and practicing at the rural: **the 68,2%**



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Final conclusions (1):

- ✓ The new generation female profile of GPs/family doctors seems to offer protection for future retention at the rural area
- ✓ Rural practitioners work more single-handed and in smaller teams than urban practitioners
- ✓ Rural Family Doctors /GPs use their computer more than their urban counterparts, but communicate less with their patients by Social Media
- ✓ Rural GPs take more blood samples, slightly use less X-ray or ultrasound exams , and are supplied more than urban GPs for their equipment and offices by their NHS
- ✓ Rural practitioners share more time to consult their patients



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Final conclusions (2):

- Lone learning is much more usual at the rural
 - Rural has lower implication in academic activity and in publishing
 - Higher public NHS implication at the rural (imbursements and expenditure)
 - Fair financial incentives for rural care
 - Much more expenses at the rural area
 - Scarce Rural Health policies
 - Fair Rural Health and rural R GP representatives
 - Difficulty to find locums is greater at the rural
 - 91,1% OF THOSE THAT LIVE AT THE RURAL AREA MISS SOMETHING FOR THEIR FAMILIES OR PERSONAL COMFORT
- But....More than 2 thirds do not wish to live nor work at cities !



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There are much more outcomes to describe:

- ✓ access,
- ✓ distances & isolation,
- ✓ workload,
- ✓ prescribing doctors,
- ✓ rural medical education,
- ✓ country profiles...

but we'll leave them for another opportunity

Jose M. Lopez-Abuin

j. abuin@medynet.com