

Training for Rural Practice 25 Years Onward and Upward

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Disclosure

- I am a full time employee of The University of Waikato
- I receive no funding from commercial organisations
- I sit on the Board of Directors of the Institute of Clinical Evaluative Sciences (ICES) in Ontario, Canada.



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WORLD ORGANISATION OF FAMILY DOCTORS

**POLICY
on
TRAINING FOR RURAL PRACTICE**

1995



Training for Rural
General Practice

Training for Rural General Practice

**World Organisation of
Family Doctors**

1995



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World family doctors. Caring for people.

**Policy on
Training for Rural General Practice**

1995

Wonca Working Party on Training for Rural Practice
World Organisation of Family Doctors

rural health

The worldwide shortage of rural family doctors contributes directly to the difficulties with providing adequate medical care in rural and remote areas in both developed and less developed countries. WONCA believes there is an urgent need to implement strategies to improve rural health services around the world. This will require sufficient numbers of skilled rural family doctors to provide the necessary services. In order to achieve this goal, WONCA recommends:

6. Medical schools should take responsibility to educate appropriately skilled doctors to meet the needs of their general geographic region including underserved areas and should play a key role in providing regional support for health professionals and accessible tertiary health care.
7. Development of appropriate needs based and culturally sensitive rural health care resources with local community involvement, regional cooperation and government support.
8. Improved professional and personal/family conditions in rural practice to promote retention of rural doctors.
9. Development and implementation of national rural health strategies with central government support.



Rural Health Around the World

access is the rural health issue

- resources concentrated in cities
- communication
and transport difficulties
- rural health workforce shortages



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Rural Practitioners

“Extended Generalists”

- wide range of services
- high level of clinical responsibility
- relative professional isolation
- specific community health role

Rural Health Care

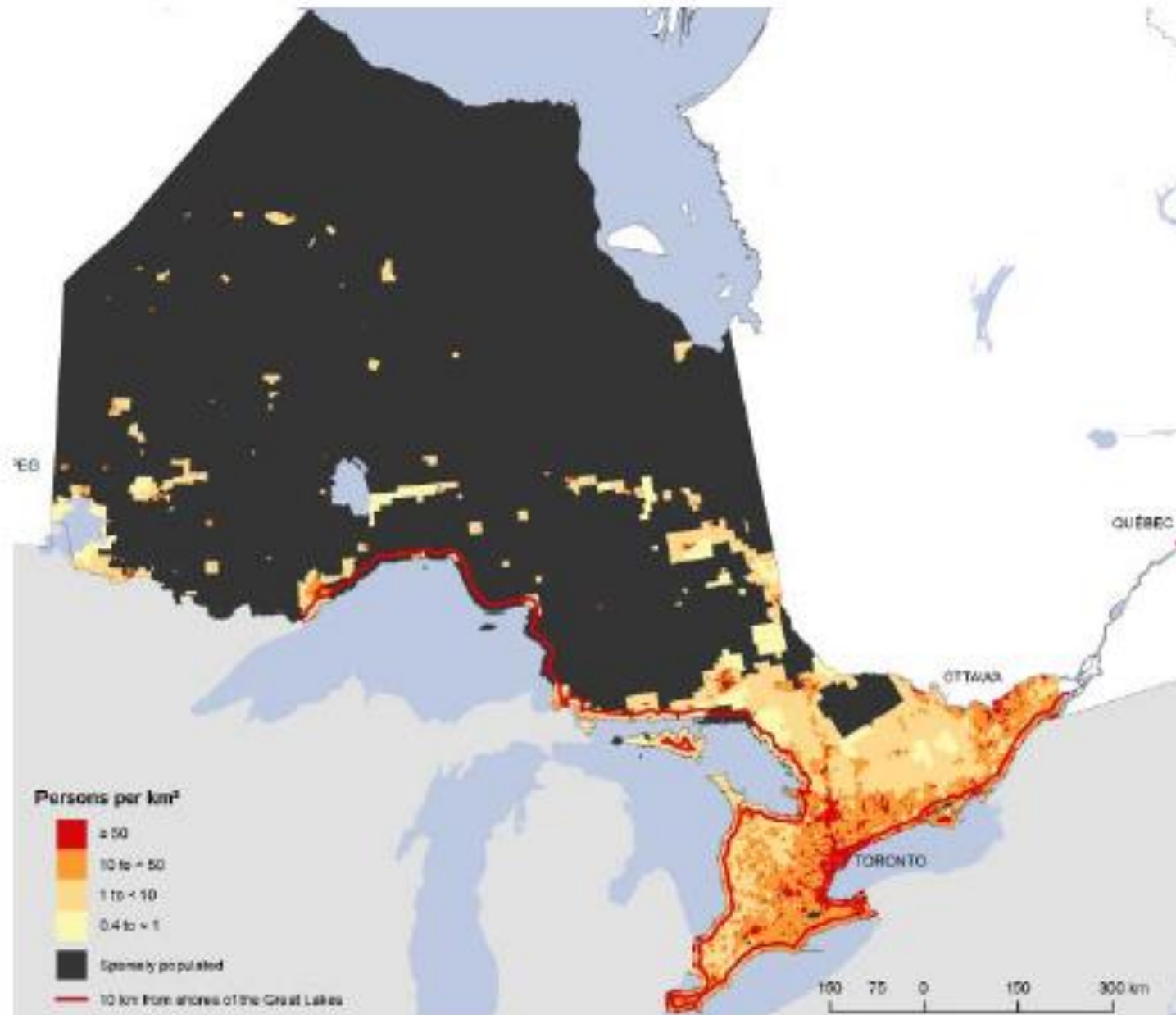
- different from cities
- local services preferred
- not assume patients will travel
- specialists' support role
- partnership not putdown
- consultant support local service



Recruitment Facilitators for Rural Practice

- rural upbringing
- positive undergraduate
rural clinical & educational experiences
- targeted postgraduate training
for rural practice

Ontario's Population Distribution by Dissemination Area, Census 2006



Source: Statistics Canada, Census 2006



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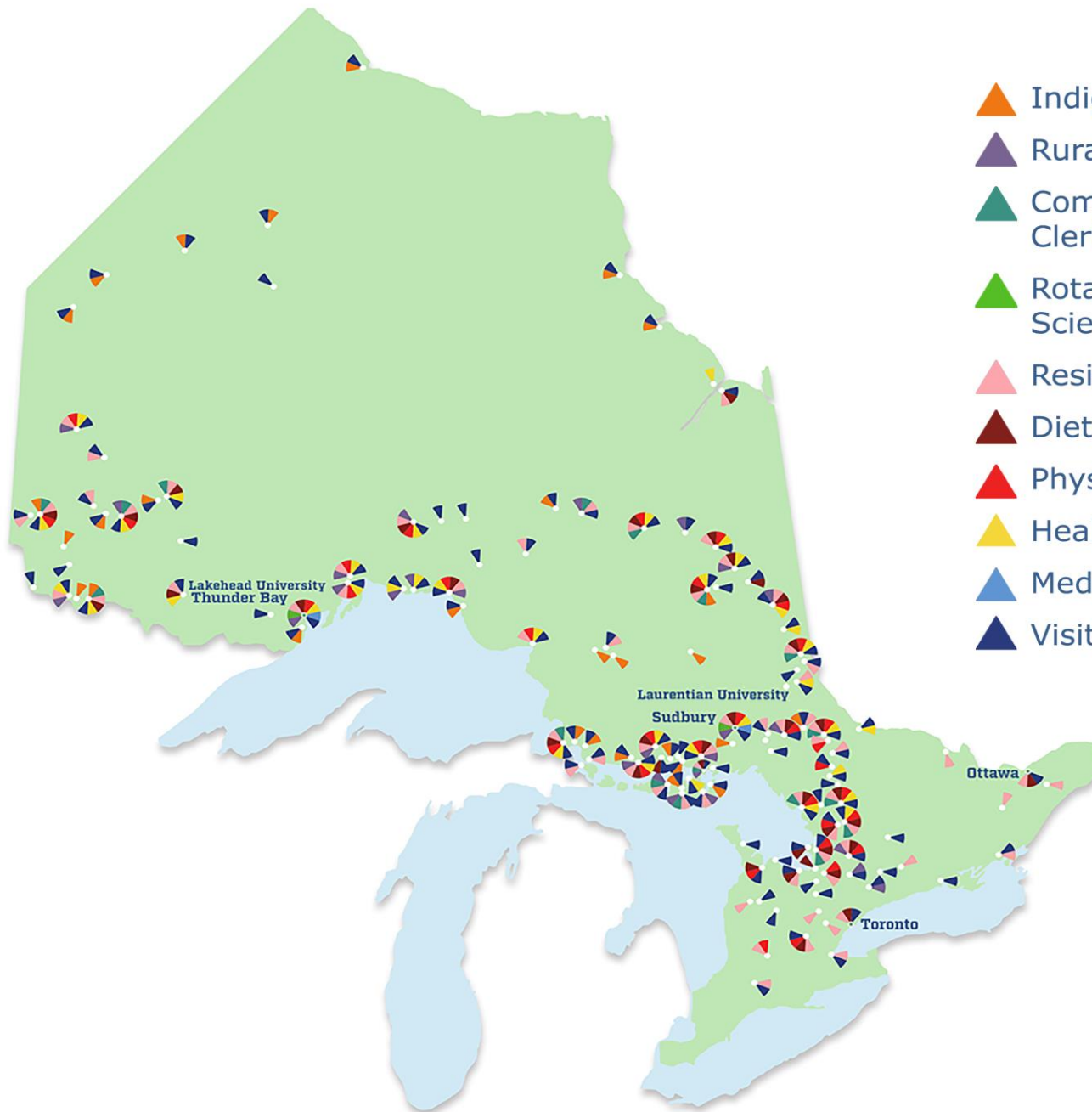


Northern Ontario School of Medicine (NOSM)

- Opened September 2005
- Faculty of Medicine of Laurentian
- Faculty of Medicine of Lakehead
- Social Accountability mandate
- Commitment to innovation

Distributed Community Engaged Learning

- widely distributed human and instructional resources
- over 90 different sites
- independent of time and place
- community partner locations distributed across Northern Ontario



- ▲ Indigenous Communities
- ▲ Rural and Remote Communities
- ▲ Comprehensive Community Clerkships
- ▲ Rotations at Academic Health Sciences Centres
- ▲ Residents
- ▲ Dietetic Interns
- ▲ Physician Assistant Learners
- ▲ Health Sciences Learners
- ▲ Medical Physicist Residents
- ▲ Visiting Medical Learners



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Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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NOSM Admissions Summary

>2,000 applications/year for 64 places

- 20% of applicants interviewed
- 15% of interviewees enrolled

Class Profile

- 92% Northern Ontario
- 40% Remote and Rural
- 7% Indigenous 22% Francophone
- GPA 3.7
- Age 26 (except 28 charter class)
- 68% Female 32% Male

Student Experience of NOSM

- rural medicine... that's where
you find the true generalists*
- I like how much variety there can be in
the doctor's role**
- we're better off ... we will (learn) more
skills in a rural centre**
- you don't know it until you live it**

* NOSM Tracking Study, Hoi Chiu

** PhD Research, Tim Dube



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NOSM Career Directions

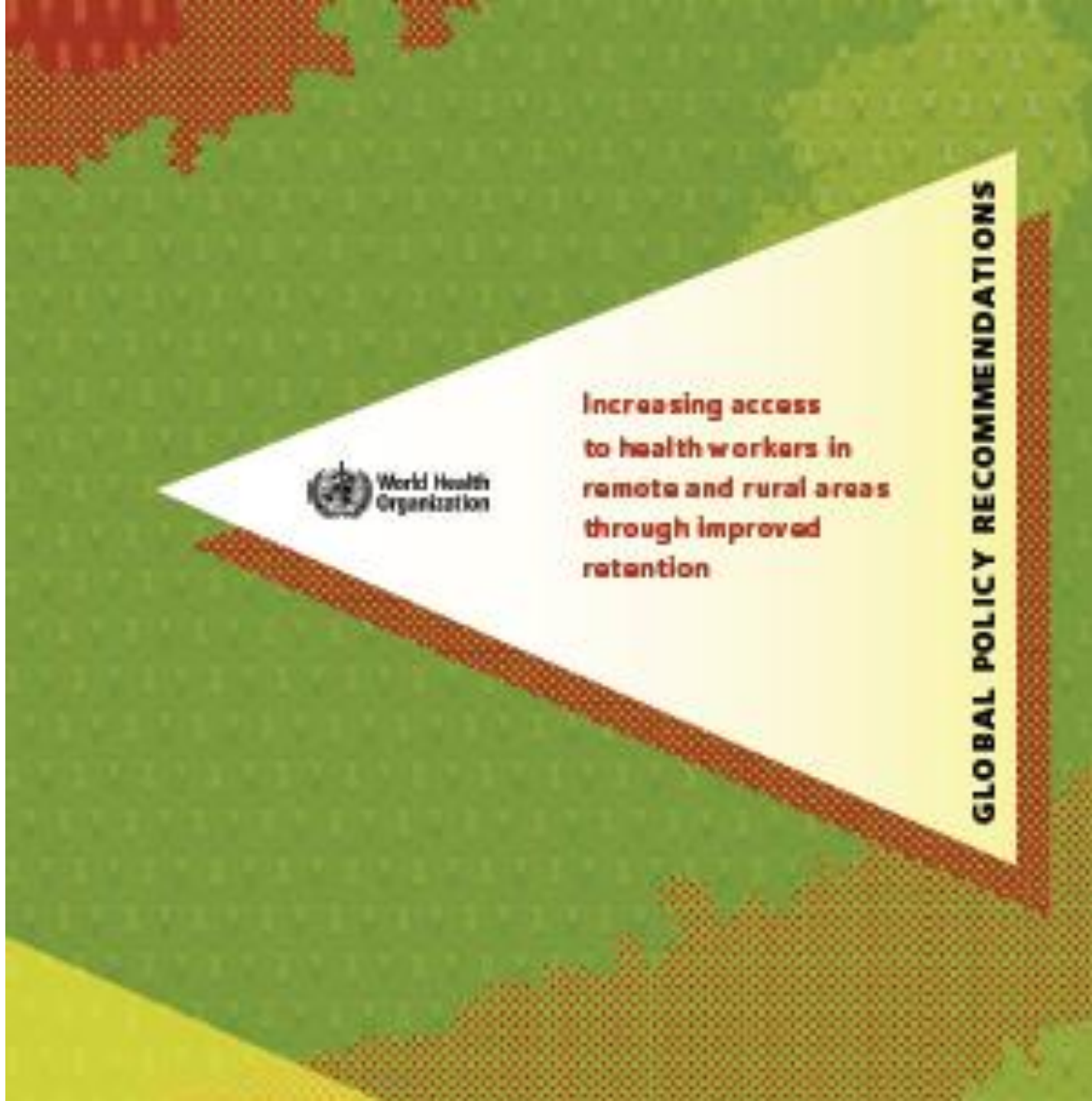
- 62% family medicine, mostly rural
 - 33% general specialties
 - 5% sub-specialties
-
- 69% of NOSM residents stay in N Ontario (22% remote rural)
- 94% NOSM MD plus residency in N Ontario (33% remote rural)



Benefits of NOSM

- More generalist doctors
- Enhanced healthcare access
- Responsiveness to Indigenous, Francophone, rural, remote
- Interprofessional cooperation
- Health research
- Broader academic developments
- Economic development





World Health
Organization

Increasing access
to health workers in
remote and rural areas
through improved
retention

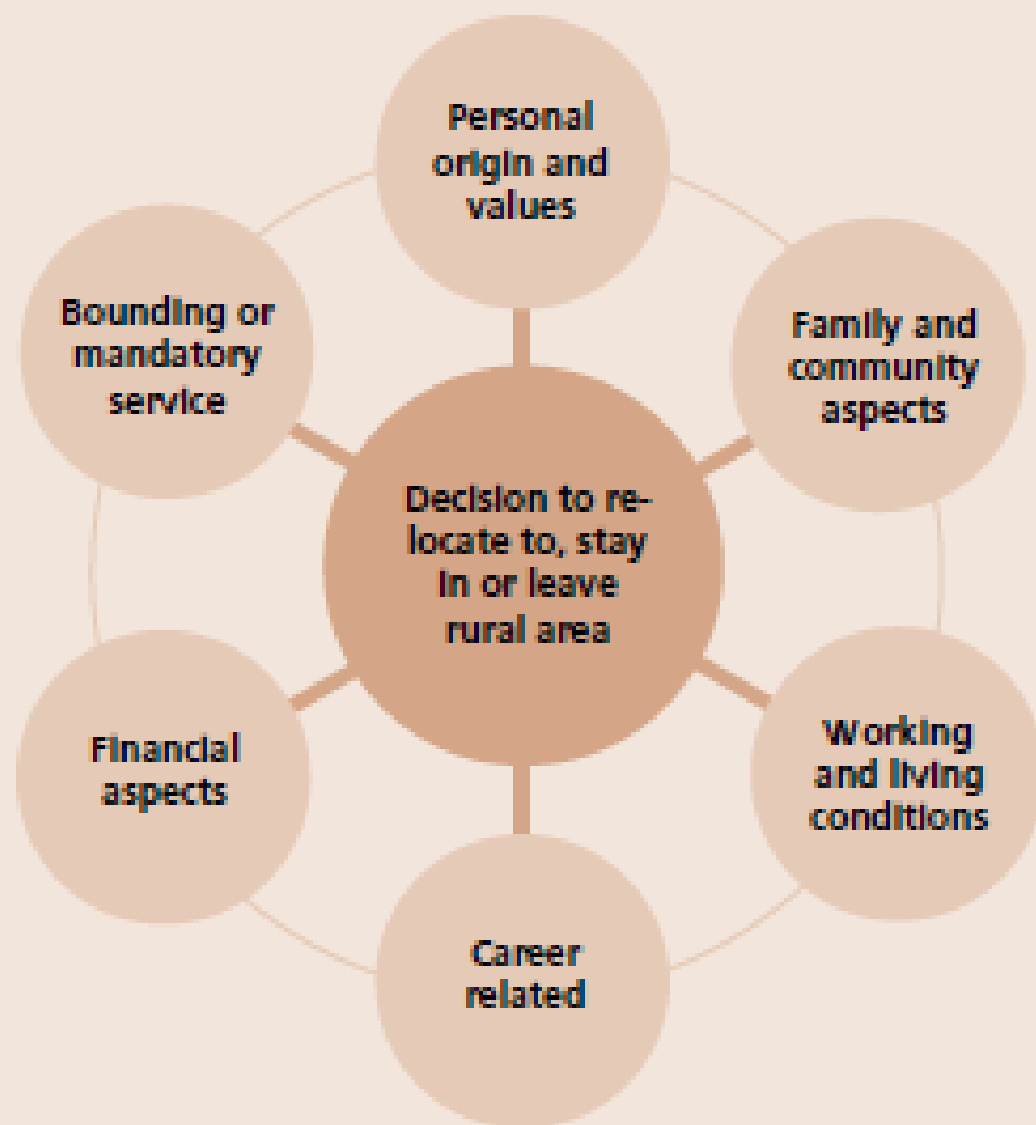
GLOBAL POLICY RECOMMENDATIONS



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Figure 2. Factors related to decisions to relocate to, stay in or leave rural and remote areas



Personal

Rural background (origin), values, altruism

Family and community

Provision of schooling for children, sense of community spirit, community facilities available

Financial aspects

Benefits, allowances, salaries, payment system

Career related

Access to continuing education opportunities, supervision, professional development courses/ workshops etc, senior posts in rural areas

Working and living conditions

Infrastructure, working environment, access to technology/medicines, housing conditions etc

Bonding or mandatory service:

Whether obligated to serve there



Recruitment and Retention Strategies

- education and training
- regulatory initiatives
- financial incentives & rewards
- personal & professional support
- sustainable service models
- community engagement



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Making it Work: Recruit and Retain



- 7 year international partnership
- 5 partners: Sweden, Scotland, Iceland, Norway and Canada
- implement recruitment and retention solutions in remote rural areas
- Remote Rural Workforce Stability Framework



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Plan

- Assess Population Service Needs - specific health needs vary from community to community and over time
- Align the Service Model with Population Needs - model designed in and for community, not imported from city
- Develop a Profile of Target Recruits - identify required mix and skills of providers for the service model



Recruit

- Emphasize Information Sharing - all about the professional, personal/family and social aspects of the work
- Community Engagement - active community participation is essential to successful recruitment
- Supporting Spouses / Families - the whole family has to feel welcome and at home in the community



Retain

- Supporting Team Cohesion - friendly, supportive work environment with accessible specialist support
- Relevant Professional Development - local team learning, on-line and funded travel to keep up-to-date
- Training Future Professionals - learning in remote rural settings improves retention and provides future recruits

Conditions for Success

- Recognition of unique rural and remote issues
- Inclusion of remote rural engagement & perspectives
- Targeted investment
- An annual cycle of activities
- Monitoring and evaluation



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COVID-19 Impacts

- inequities and fragility of rural health accentuated
- city people told to stay away from rural communities
- avoidance of health services for non-COVID illnesses
- valuing of self sufficiency and local resourcefulness
- “impossible” now possible: telehealth; online education



Rural Medical Education

- response to workforce shortages
- specific knowledge and skills
- high quality learning environment
 - more hands-on experience
 - more common conditions
 - greater procedural competence



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Rural Generalist Pathway

- rural high school health careers camps
- rural led selection process
- prolonged rural undergraduate clinical learning
- rural based postgraduate training
- rural enhanced skills training
- rural continuing education / professional development



Conclusion

- **Commonalities:** remote rural communities have much in common even across international boundaries
- **Education and Training:** training of local remote rural people, in remote rural locations, for remote rural careers leads to successful recruitment and stability of remote rural services
- **Community Engagement:** active community participation is essential to successful stable remote rural health services



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