

European Charter for Rural Practice

A European Charter for Rural Practice was drawn up at EURIPA's inaugural meeting in Palma Majorca in June 1997. The Charter aims to set the standard for rural primary care across the region. It aims to ensure that rural communities and individuals have the right to the highest quality of care irrespective of where they live.

Mission Statement

This charter aims to "ensure that all the rural and isolated populations in Europe have access to high quality health care irrespective of location, culture or resource"

Introduction

In his inaugural speech to the European Parliament in January 1995, Jaques Santer, President of the European Commission stated: "The regeneration of rural areas and smaller towns is another priority area concerning the quality of life. They should be conserved for their high environmental value, and the balance of rural life should be restored in all its aspects-economic, social and cultural".

The population of the European Union accounts for 6.5% of the total world population. Over 20% of Europe's inhabitants live in communities of less than 2,000 people. 40% of the land is classed as agricultural and a further 30% is forested. Despite this little is known about the health needs of this sizable proportion of the community.

Increasing urbanisation is encroaching on traditional rural life. The migration of young people is leading to an ever-ageing rural population. Agriculture, the traditional industry of rural communities, is in decline, with the work force declining by 1.15 % per annum over the last 10 years.

Research data on rural health practitioners (health care professionals) is limited, but evidence from across Europe and the rest of the world indicates that their problems are similar and include issues such as high workload, limited access to training, isolation, poor moral and a decline in recruitment. Rural health workers enjoy a high status in their own communities but a low status amongst their peers. This is due to their low profile, which is in turn related to isolation, limited resources and high workload.

The services required of health care providers arise from the needs of rural communities. Improving moral, working conditions, access, equity, resources and the professional status of all rural health care workers will lead to an improvement in the quality of health care for the rural and isolated people of Europe.

The nature of rural practice in Europe

The specific nature of rural health care, including the broader range of skills of rural practitioners should be recognized by professional organisations, health authorities and governments in Europe. The necessary infrastructure for the implementation of comprehensive health care delivery for rural, remote and under serviced areas needs to be a high priority. Rural practitioners carry a higher level of clinical responsibility, in relative professional isolation, than their urban counterparts and this and the increased skills necessary in rural practice should be reflected in the remuneration and training that they receive.

Premises and equipment

Rural practitioners should work from suitably designed premises which allow them to provide a comprehensive high quality service to their patients ensuring that the service is patient centred and recognises the importance of hygiene, confidentiality, and privacy. The premises must be equipped to ensure that the practitioner can carry out comprehensive general

physical examinations and any other investigations and procedures, which are considered to be within the general role and competence of a general practitioner.

Clinical skills

- All round skills in holistic general family practice.
- **Procedural skills:**
 - Emergency care;
 - Procedures which are feasible in general practice which would otherwise necessitate the patients traveling long distances;
 - Hospital based skills for doctors who have access to hospitals.
- **Public health**
 - Health promotion and illness prevention;
 - Understanding environmental issues such as air quality, water etc.;
 - Occupational health issues as they relate to rural communities.

The rural practitioner must be able to singly or in a team provide, with appropriate skill, a wide variety of local services appropriate to the needs of rural communities.

Emergency services and retrieval

Patients and practitioners have a right of access to an appropriately equipped and manned emergency ambulance service, which can safely transport seriously ill patients to the closest appropriate accident, emergency or specialist center in the shortest possible time.

Health promotion and the maintenance of good health.

Rural health practitioners should aim to develop a service, which is proactive and predictive 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".

The rural health practitioner in the health care team

Rural health care is ideally a team effort in which each member appreciates their own and each other's strengths and limitations. It is recommended that all categories of rural health professionals be selected, educated and trained to work as a team appropriate to their community's needs. Key professionals such as rural doctors and nurses should have a central role in rural health teams, which acknowledges their clinical, managerial, and consultative skills.

Designing rural health services to meet community needs

Rural health practitioners should assist the community in assessment, analysis and development of health services responsive to community need, while maintaining a patient centred approach. Models of rural health services including local networks should be evaluated and promoted ensuring that all rural and isolated populations have access to high quality care.

Improving the status of rural practitioners

The status of rural health care professionals will be improved only by a coordinated approach involving improved education and training, improved incentives and work conditions supported by government, community and professional recognition of the pivotal role of the rural health practitioner.

Recruitment and Retention

An integrated approach to rural recruitment and retention needs to be developed and reviewed with consideration of initiatives in:

- early exposure of school pupils to rural health care;
- student selection from rural areas ;

- early and continued exposure to rural practice in the undergraduate and postgraduate years;

- support to rural practitioners, their spouses and families;

- improved working conditions and access to locum services;

- access to services and arrangements which aid the practitioner in providing "on call" out of hours quality emergency care which safeguards the patient but ensures that practitioners are entitled to adequate "off duty" and quality time with their families;

- access to ongoing appropriate continuing medical education (CME) and continuing professional development;

- the encouragement and facilitation of sabbaticals and prolonged study leave.

Undergraduate Education

All medical schools, nursing schools and other colleges training allied health care professionals should:

- train practitioners in rural communities including rural placements;
- appoint rural practitioners to academic positions;

- include rural health/primary care practice in the curriculum;

- encourage graduates where appropriate to enter rural practice.

Postgraduate education and CME

Flexible competency based training should be facilitated for rural practitioners through vocational training and CME programmes for rural health care developed by or in association with rural practitioners. It should be possible to encourage rural practitioners to pursue higher postgraduate qualifications to improve their rural professional practice

Information Technology

Rural communities should have appropriate access to, and use of, modern telephonic communications, information technology and telehealth applications to support rural practitioners. These developments are essential for the delivery of high quality health care in rural and remote communities and for the enhancement of local skills and services.

Research

The defined population of rural communities provides a unique opportunity for research, which should be encouraged to develop answers to rural problems based on sound evidence within a framework defined by rural stakeholders. Centres for rural health research should be established in each country.

Administration and management

Governments should develop and adequately fund rural health services and develop a national rural health strategy. Further research needs to be carried out to identify the extra cost of providing access to care in isolated communities and an index of rurality should be taken into consideration when funding rural health care in the future. Rural practitioners

should have the support of trained administrative staff and access to management training in order to provide an efficient and effective service, which is responsive to patient needs.

Conferences and courses

Rural health practitioners should be able to attend national and international conferences and courses, where they can be informed, cooperate and collaborate to improve the health status of their communities.

The European Union

Failure to provide high quality health services for rural areas will further contribute to increasing depopulation, poverty and inequality. This charter calls on the European Union, Member States and other European countries to recognize the problems encountered by rural and isolated inhabitants and their health care professionals in achieving equity of health care. The charter calls upon governments to promote rural health care as a key priority.

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