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International Federation of
Medical Students' Associations

IFMSA Policy Document Rural Health

Proposed by Team of Officials

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Policy Statement

Introduction

The International Federation of Medical Students Associations (IFMSA) stands to raise awareness for achieving decent health standards for all, including those residing in rural areas. As future health professionals, we strongly believe in the importance of improved access to healthcare in rural and remote areas to achieve Universal Health Coverage (UHC) and therefore attaining Sustainable Development Goal (SDG) three by 2030. In order to achieve this, the socioeconomic inequities between rural and urban settings need to be addressed. Other key issues to be addressed include; the social determinants of health, access barriers (including distance, transportation and access to digital health technologies), and health workforce education & training programs, as they have proved to be useful in closing the gap for an equitable access to healthcare in rural and remote areas.

IFMSA position

The IFMSA affirms that:

- Tackling social determinants of health, including the improvement of access to services, should be a priority in rural settings.
- Adapting rural health services to the needs of the population is key to achieving Universal Health Coverage (UHC).
- Strengthening rural health systems starts with strong primary care as it increases access to health services and is able to encompass health promotion, prevention, treatment, rehabilitation and palliative care services.
- Investment in rural health workforce education and training is necessary to ensure the development of an appropriate rural health workforce.
- Provision of socially accountable medical education that ensures longitudinal integrated, multidisciplinary exposure to rural and remote medicine throughout undergraduate curriculum and in continued professional development is key to stronger rural health workforce in the right unity and unity.
- Ensuring decent working conditions and continuous professional development opportunities is important to attract and retain health workers in rural and remote areas.
- Digital health technologies such as telehealth can bridge inequalities in access to healthcare services and promote rural health.

Call to Action

IFMSA calls the World Health Organisation and Non-Government Organisations to:

- Evaluate the implementation of the recommendations of the 2010 report on “Increasing access to health workers in remote and rural areas through improved retention“;
- Develop evidence-based frameworks that support the recruitment and retention of health workers in rural areas, and the equitable distribution of services nationally and globally.

IFMSA calls National, State and Local Governments, Ministries, Departments of Health and Departments of Education to:

- Develop policies and strategic implementation frameworks that focus on assuring rural health coverage and enhancing working conditions for the rural health workforce;
- Implement multidisciplinary, collaborative healthcare services, including non-physician personnel, that focus on providing rural healthcare;



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- Promote and facilitate the implementation of policies that support rural population access to healthcare and infrastructures;
- Establish guidelines to foster the appropriate introduction of medicine technologies and novel solutions to bridge inequalities in access to healthcare;
- Implement strategies for improving opportunities and accessibility of medical education for students of rural origin;
- Develop and implement infrastructure to support continuous professional development of medical graduates practicing in rural locations through quality medical training and employment opportunities;
- Provide 'Continuing Professional Development' opportunities and support physicians in rural areas when undertaking training; and
- Collaborate with medical councils, associations, faculties, specialty colleges, and/or universities to increase opportunities in rural medical training across different medical specialities.

IFMSA calls medical education regulatory bodies, universities, and medical schools to:

- Ensure rural medical schools have adequate infrastructure and resources to provide quality medical education that meets the basic medical education standards depicted by medical regulatory authorities.
- Mobilise technical and financial resources to support the development of undergraduate and postgraduate medical education programs in rural areas.
- Promote representivity and ensure equal access to medical education for students of rural origin and/or students who intend to practice medicine rurally;
- Provide a longitudinal, interprofessional/multidisciplinary community based education program in rural settings within the curriculum of medical schools that employs the principles of social accountability.
- Ensure medical schools provide a curriculum that educates students about the unique healthcare challenges faced in rural practice, and equips medical students with the knowledge and skills to deal with the breadth of practice required of a rural practitioner. This may include exposing medical students to learning opportunities such as rural medical placements;
- Implement and integrate education about rural and remote medicine across different stages of the medical education and postgraduate training, and across different medical specialty contexts and non-medical elements affecting rural health.

IFMSA calls its National Member Organisations to:

- Implement structures of advocacy for greater investment in rural health through strengthening of primary healthcare, ensuring decent working conditions for rural health workforce, upscaling rural health workforce training and retention through promotion of socially accountable medical education;
- Advocate for greater inclusion and representivity of students of rural origin and students who are studying in rural areas;
- Collaborate with medical education bodies to implement strategies to foster interest and leadership opportunities in rural health; and
- Conduct activities that promote interest in rural health, raise awareness of rural health inequity, and advocate for students to gain the skills needed for rural practice.



Position Paper

Background information

Globally, 44.8% of the world's population live in rural and remote areas (1). There is inequity in health resource availability between rural and urban areas alongside socioeconomic differences which are a persistent global phenomenon. This is particularly apparent in low and middle income countries, however, it is common to almost all countries and poses a major challenge to health systems worldwide (2). While reducing the inequality in healthcare was a key goal of the World Health Organisation's 2010 recommendations on 'Increasing access to health workers in remote and rural areas through improved retention', a post-2015 review found that 56% of the global rural population lacks health coverage compared to only 22% of their urban counterparts.

This inequity in healthcare between rural and metropolitan is multifactorial in causation. A common issue that rural populations face is the accessibility of healthcare, in terms of the distance and transportation barriers. Further, the inequity is attributed to the fact that rural populations are frequently confronted with 'informal' economy and self-employment and thus cannot generate sufficient income to afford quality healthcare services.

Currently, there is an insufficient number of skilled professionals to provide necessary healthcare services in many rural and remote areas around the world (3). Although half of the world's population lives in rural areas, only 23% of the global health workforce is deployed there. Indeed, an extra seven million health workers are needed to make up for this shortfall in rural areas across the world (4).

Rural and remote communities require improved access to appropriate and comprehensive healthcare provided by skilled and well-supported healthcare professionals. Health services must take the necessary steps to improve rural health through implementing health workforce planning, policy development, and public-private partnerships, while ensuring transparency and accountability (5). There are several strategies being implemented to facilitate access to healthcare for rural and remote populations. The development of strategic delivery models, multi-sectoral collaboration and affiliation with larger systems or networks, active involvement of the private sector and non-governmental organizations, and remote medicine technologies are few examples

Discussion

Social determinants of health in rural areas

The social determinants of health include economic policies and systems, social norms, social policies and political systems. Circumstances are shaped by the distribution of money, power and resources at global, national and local level, and contribute to health inequities (6). Due to these factors, there is a worldwide difference between the health status of people in urban centres as compared to those in rural settings, which is also impacted by different cultural values and language barriers. Therefore, the 'social determinants of health' is an important subject to be addressed in closing the gap between rural and urban healthcare. These threats may relate to access to health services, health promotion and prevention programs, access to treatment, and rehabilitation and palliative care services. It is therefore essential that state policies and practices, not just those related to healthcare, take into consideration impacts on the individual and community's health. Successfully addressing the social determinants of health in this matter requires a consultative approach, including the community in the process of governance (4).

Digital health technologies in rural health

To address these factors, the use of technology to deliver healthcare from a distance, known as digital health technologies (DHT), has been demonstrated as an effective way of overcoming barriers to accessing care in rural and remote areas. Telehealth is a form of DHT that can provide crucial care for those living in communities that are underserved by specialty providers or primary healthcare workers. Given the benefits observed of provision of healthcare via telehealth, there is tremendous momentum towards its implementation for the purpose of increasing access to care. This has created



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a central role for innovation and the implementation of new, advanced platforms for service delivery (3). However, such methods might pose some issues regarding its application on a practical level.

Physician satisfaction and acceptance play a critical role in uptake of telehealth and other DHT. Physician uptake is influenced by the perceived efficiency of telehealth and the potential for it to negatively impact quality of care, placing physicians at risk for malpractice in a litigious environment. A recent study on patient interest in email communication with their physicians raises concerns about the ability to meet patient expectations of an acceptable response time. Furthermore, there are important legal issues that must be considered before the widespread acceptance of telehealth, including the potential implications of malpractice and the impacts it may have on clinical-decision making. Although very few cases of DHT or telehealth malpractice have been reported, the potential nevertheless exists. The standard of care for medical encounters that constitute a physician-patient relationship have yet to be determined by the courts. (5). The WHO notes that there are few policies that govern patient privacy and confidentiality through data transfer, storage, and sharing between health professionals, health professional authentication, specifically email applications; as well as the risk of medical liability for the health professionals offering distance medicine technology services (7). As well as for patient care, telehealth can be used for rural training supervision and professional networks with benefits including new learning opportunities, practice validation, professional support, establishing relationships and decreased feelings of isolation for junior and senior medical officers in rural areas (8). This will further assist in strengthening the rural workforce.

Mobile unit model in remote areas

Another tool that tends to limit the distance barrier and improve the quality of rural residents' life, is mobile health units. Converted vans and small trucks travel to remote populations and serve health screenings, dental services, or even enrollment benefits, thus initiating preventative care, managing chronic diseases and address the disparities of social determinants of health. Additionally, mobile units have the potential to provide cost saving benefits by promoting prevention and early diagnosis, as well as self management of people's health (9,10).

Rural Health in Medical Education

As discussed, a shortage in health workforce is a primary factor driving the inequity in health access and outcomes in rural settings. An approach to improving the distribution of health workforce must begin early in medical training with Medical Curricula.

It has been evidenced that either short-term or long-term placements in rural areas during medical school increase students likelihood of working rurally in the future. The Australian Rural Clinical Schools (RCS) Program, increased the number of students intending to work in rural locations, especially if those students were from rural backgrounds (1.5 - 2.6 times) (11). This effect has also been demonstrated in post-graduate training, where family medicine residents were more likely to practice in rural areas if they had completed undergraduate placement in a rural community. Beyond experience during medical school, another significant determinant is whether doctors feel prepared for rural living and practice following their supervised years (12). This demonstrates that as well as giving students rural experience while in medical school, entrants from rural areas should be given equal opportunity in admission. Additionally, medical school and postgraduate curriculum should prepare students for the wide scope of practice required for rural practice, including an understanding of the barriers present in rural communities, emergency medicine, obstetrics, palliative care, mental healthcare, anesthesia and gastrointestinal medicine (13).

Rural health in achieving Universal Health Coverage (UHC)

Universal health coverage ensures that all people have access to required health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship. Long term investment in primary healthcare is required to ensure universal health coverage in rural areas (8). Improving access to primary healthcare is the most efficient and cost effective way to improve universal health coverage globally. This is taking into consideration that to meet the health workforce requirements of the Sustainable Development Goals and universal health coverage targets, over 18 million additional health workers are needed by 2030. Investments are needed from both public and



private sectors in health worker education and health workforce planning in order to meet community needs. It is also critical that these services are affordable for lower socioeconomic communities to prevent a cycle of poverty from unaffordable healthcare, poor health outcomes, and reduced earning capacity that can lead to poverty (14).

By implementing these solutions to reduce the comparatively poor health and healthcare access in rural areas, a movement toward universal health coverage will be accomplished.

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