

Re-imagining Ireland's rural health service

Jerry Cowley outlines the role of the Rural, Island and Dispensing Doctors of Ireland group and calls for imaginative thinking to sustain rural healthcare

THE RURAL, ISLAND & DISPENSING Doctors of Ireland group has embarked on a journey towards further progressing our agenda on behalf of our colleagues and those we serve. We are striving for the highest possible level of health for the rural communities we serve.^{1,2} Our first step was making a joint bid to host the World Organisation of Family Doctors (WONCA) World Rural Health Conference, in June 2022 at the University of Limerick in partnership with the ICGP and School of Medicine, University of Limerick.

The Rural, Island & Dispensing Doctors of Ireland was established in 1984 with the aim of sustaining an acceptable level of GP and associated medical services in rural Ireland. The demand has been for government to sustain smaller towns and rural areas by providing adequate resources, and so prevent the vicious circle of loss of further services with continuing depopulation.

We have strived on behalf of our rural colleagues over the last 35 years in promoting the rural agenda through our annual conferences held at different locations throughout the State. Our next annual conference will be held in Limerick as part of WONCA World Rural Health Conference, in June 2022.

Dr John Wynn-Jones spoke at our second-last conference in Limerick in 2018, which was attended by 110 rural GPs. John has been a tireless campaigner for better rural services for many decades, not just for Europe, but globally. We were inspired by John to bid to host the WONCA World Rural Health Conference 2022, having co-hosted the 1998 Westport Rural Satellite Conference (with the ICGP, WONCA and EURIPA). This was attended by legends of rural practice including Prof Roger and Sarah Strasser, and the late Dr John McLeod. Prof Roger Strasser has stressed the importance of a truly equal partnership between academic institutions and rural communities, flowing from mutual trust, respect and collaboration.³

Local communities need to ensure through electoral processes, advocacy and local action, that their voice is heard, and expressly and directly actioned through proactive partnerships with policy makers, health professionals, academic institutions, and health managers.^{4,7} In my mind, the



School of Medicine at the University of Limerick has been an exemplar in this regard, partnering local GPs strongly in its academic programme as lecturers, together with extended practice exposure of undergraduate medical students during their 18-week placements in general practice.

Examples also exist of rural-focused GP training taking place in England and Scotland. Keele University Medical School, in rural England, is an example of a rural undergraduate campus.⁵ This exposure, together with extended postgraduate rural practice attachments to follow, is recognised internationally as essential for greater retention of rural practitioners.

We can re-imagine our rural health services as locally-led continuous rural teaching health service networks, developing their own doctors, creating relevant evidence for best practice, and producing high quality, cost effective and sustainable healthcare.⁶ The Covid-19 pandemic has shown the importance of local resources and self-sufficiency during a crisis and provides the rationale for major investment in local rural health capacity. It has also shown that information and communication technology (ICT) can effectively enhance rural healthcare.⁷

Our problems on the ground continue, with recruitment and retention issues, particularly in rural single-handed practice. The 'elephant in the room' is an inability to secure adequate time-off due to a lack of locums, further compounding burnout and recruitment and retention difficulties. We require original research to document this loss of resources and equate that to the astronomical rise in ambulance calls and the shift to unnecessary over-dependence on high-tech hospital-based medicine and major recruitment difficulties.

While the National Ambulance Service and GP out-of-hours arrangements have been our allies and our salvation respectively, they cannot fully substitute for the work being done by rural practitioners, in particular located far from out-of-hours

centres, which can in reality only offer an emergency ambulance to the nearest ED above and beyond phone advice.

When the older rural doctors retire, I respectfully ask – who exactly is going to continue to deliver the babies who cannot wait to get to the maternity hospital? (I have already delivered seven such babies in my surgery before the ambulance arrived!). Who will attend to the heavily lacerated hand that arrives at your door, or go out the country to attend the older totally incapacitated or palliative patient who needs a house/institution call and not an ambulance trip to the local ED?

Whatever support has been there for those situations is in jeopardy. So who will continue to provide these essential services to the most vulnerable and isolated patients in rural Ireland after we are gone? But solving our problems requires a plan and a political will and resources. So too does looking at how other novel solutions already tried elsewhere, such as GP personal assistants working to protocols, or being supported to employ additional nursing or other practice staff, might help ease the increased workload.

I am aware of developments in places such as Australia where rural GP practitioners can be supported by faraway academic institutions in their everyday practice through a virtual campus. I've often wondered if such a rural practice support unit (in addition to promoting rural research) could be set up and take on a further role with the support of Government as a locum bureau as well? That may sound fanciful but with proper support it could happen here too and shore up existing small town and rural practices, allowing greater

retention of retiring or fledgling rural practitioners. More research is needed here. This, combined with imaginative GP associate schemes (already sought by the IMO) and extra resources to support rural practitioners doing additional daytime and out-of-hours work, including with community-based high support units/nursing homes, would bridge the gap between what out-of-hours co-ops can offer now and what GPs are supported to do at present.

The WONCA World Rural Health Conference in Limerick in June 2022 will be one of the first opportunities for us all to meet face-to-face together and share the stories and the challenges of the last few years and formulate a real plan for the future of Irish general practice as a whole. [f](#)

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