

International Leadership in Family Medicine/General Practice

Dr John Wynn-Jones

Chair Wonca Working Party on Rural Practice

5th November 2014

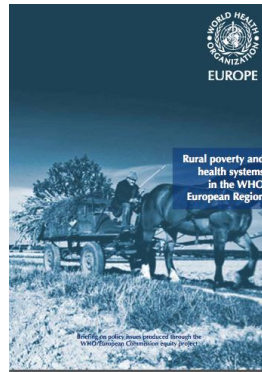


Faculty of
**Medical Leadership
and Management**

Globally, poverty continues to have a rural face. About 1.4 billion people worldwide live in extreme poverty, with more than 70% of them living in rural areas of developing countries (IFAD, 2010). The recent pace of urbanization and current forecasts for urban population growth imply that most of the world's poor will still live in rural areas for many decades to come

(Ravallion, Chen & Sangraula, 2007).





In disadvantaged rural areas, the drivers of poverty are also the drivers of ill health. The health system, which is a determinant of health, is often not sufficiently equipped in rural areas to respond to the needs of the population, consequently contributing to rural urban health inequities.

Rural poverty and health systems in the WHO European Region (2010)

Aims of presentation

- Demonstrate that working GPs can become successfully involved on an international stage as well as pursuing their own GP/FM career
- Chart the challenges and benefits of being involved in international health care
- Share some of the skills and experiences that allowed him to achieve.
- Compare the differences between being a leader in ones own country and abroad.
- Developing a second career in Leadership following retirement from full time practice.

The reluctant leader



The major prerequisites

- **Fire in your belly**
- A desire to make a difference
- Self belief
- Patience and time
- A steady vision and don't blink
- Getting the right balance
 - Work/life/work balance
 - Yes/no balance
 - Thick skin/sensitivity balance
- People & communication skills
- A patient and tolerant family
- Don't ask yourself "What if?"



Career timeline

Qualified Guys Hospital	1975
Rural GP Montgomery	1979
Montgomeryshire Medical Society	1982
Gregynog Rural Doctors Conference	1989
CPD Tutor Cardiff University	1992
Joined Wonca Working Party	1995
Institute Rural Health	1997
EURIPA (founded +president)	1997
Welsh Rural Postgraduate Unit	2000
Joined staff Keele	2007
Retirement	2009
Chair Wonca Woking Party	2013

The Crazy Ones



Here's to the crazy ones, the misfits, the rebels, the troublemakers, the round pegs in the square holes... the ones who see things differently — they're not fond of rules... You can quote them, disagree with them, glorify or vilify them, but the only thing you can't do is ignore them because they change things... they push the human race forward, and while some may see them as the crazy ones, we see genius, because the ones who are crazy enough to think that they can change the world, are the ones who do.

(Steve Jobs)

izquotes.com



Montgomeryshire Medical Society

- No CPD provision in Mid Wales in 1982
- Peripatetic educational cooperative
- Deanery support
- Gregynog Rural Doctors Conference
- International connections
- Visit to the 1995 Wonca Conference, Hong Kong
- Institute of Rural Health

Institute of Rural Health

- *“To optimise the health and well-being of rural people and their communities”*
- Sabbatical in 1997
- Started with £6K and part time CE
- Established National and International reputation
- Objectives
 - Research
 - Education & Training
 - Policy engagement & development



EURIPA

The European Rural & Isolated Practitioners Association

- No rural practice voice in Wonca Europe
- Meeting in 1995 at Gregynog Rural Conference
- Established in Palma Mallorca 1997
- 15 years to get equal status in Europe
- Developed a network using Yahoo Groups
- European section of international journal
- Rural academic centres/ institutes across Europe
- Conference & rural streams at Wonca Europe
- Made a difference to the European Rural Profile
- Stood down as president 2012





Mission Statement:

“To ensure that all the rural and isolated populations in Europe have access to high quality health care irrespective of location, culture or resource”

The European Charter for Rural Practice 1997



Wonca Working Party on Rural Practice

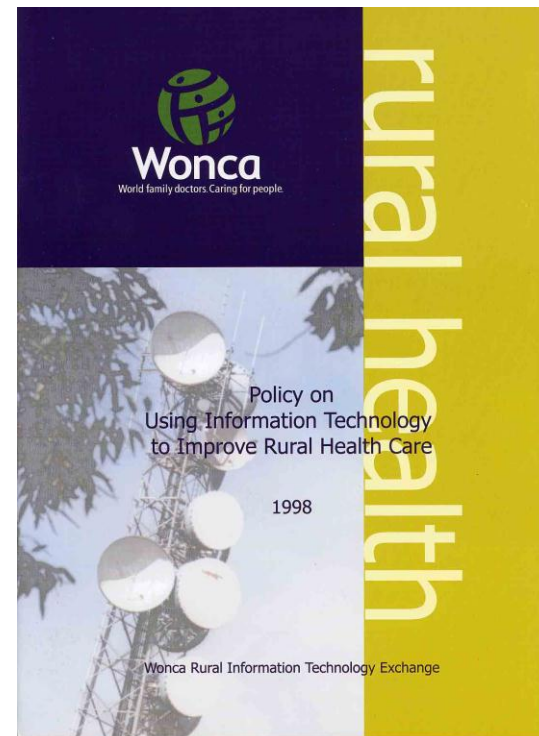
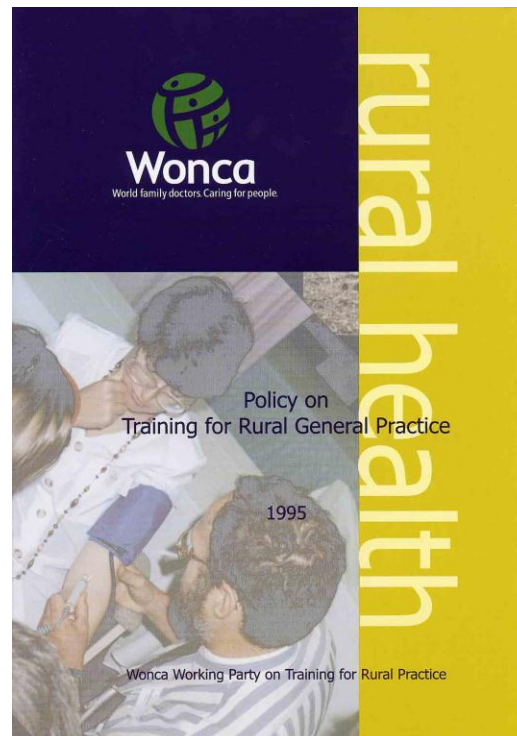
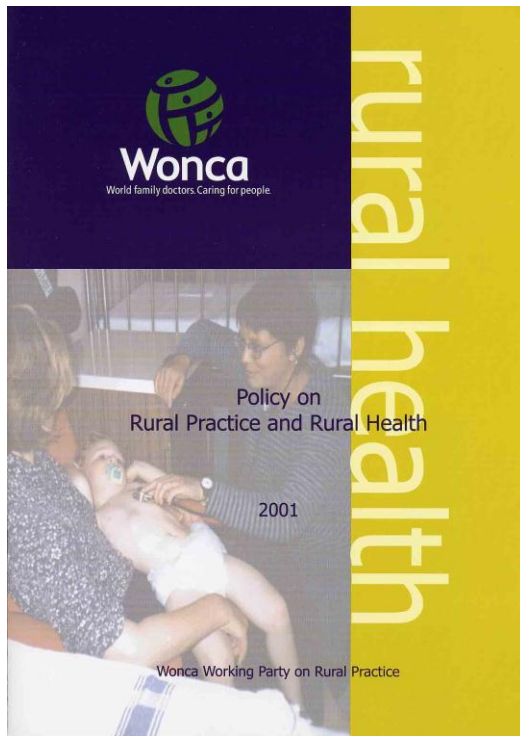
- Wonca Conference: Vancouver 1992
- Incorporated into Wonca 1995 Hong Kong
- 1st Conference Shanghai 1996
- Conferences (13th Dubrovnik, Croatia 2015)
- Policy documents (Training for Rural Practice, HARP etc)
- Declarations (Melbourne Manifesto)
- Publications (Rural Medical Education Guidebook)
- Collaboration (WHO, TUFH, IOSH, IAAMRH etc)

Vision and Mission of WONCA Working Party on Rural Practice

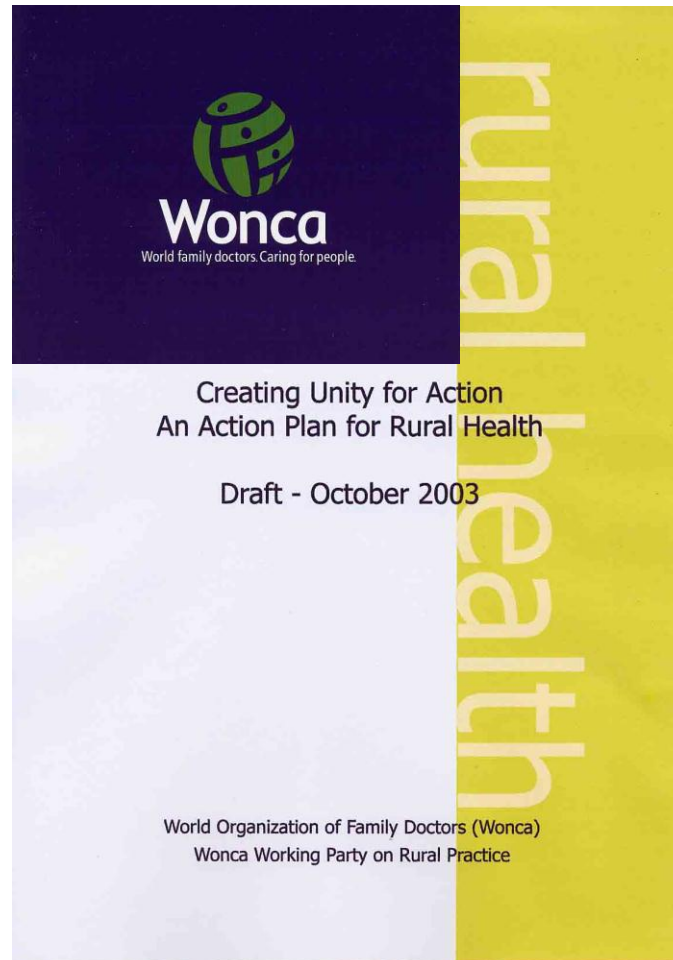
Mission: Rural doctors reaching towards rural health in partnership with like-minded groups

- Rural awareness
- Policy development & collaboration
- Education & research
- Conferencing and communication
- Health for All Rural People

Policy Documents



HARP: Health for All Rural People



Declarations: The Melbourne Manifesto

A Code of Practice for the International Recruitment of Health Care Professionals: THE MELBOURNE MANIFESTO

Adopted at 5th Wonca World Rural Health Conference
Melbourne, Australia. 3 May 2002

Preamble

Many countries in both the developing and developed world are experiencing shortages of skilled Health Care Professionals (HCPs), particularly in rural and socially deprived areas.

One of the responses of wealthier countries is to recruit HCPs from poorer countries, rather than training sufficient numbers of their own.

This leads to a flow of highly trained professionals away from the countries that can least afford to lose them. The effect is to impact negatively on already seriously under-resourced health systems and therefore on the health status of developing countries.

Development of an ethical code should balance the rights of individuals to travel against the needs of communities.

Principles

We assert that:

1. It is the responsibility of each country to ensure that it is producing sufficient HCPs for its own current and future needs; is retaining them; and is planning for both rural and urban areas.
2. International recruitment is related to an inability on the part of individual countries to satisfy their own workforce needs.
3. The principles of social justice and global equity, the autonomy and freedom of the individual, and the rights of nation states, all need to be balanced.
4. Integrity, transparency and collaboration should characterise any recruitment of HCPs.
5. International exchanges of HCPs are an important part of international health care development.
6. Countries that produce more HCPs than they need, may continue this contribution to global health care.

Purpose

This code of practice aims to:

- promote the best possible standards of health care around the world;
- encourage rational workforce planning by all countries in order to meet their own needs;
- discourage activities which could harm any country's health care system.

The code

- 1) Countries considering and benefiting from recruitment from other countries must:
 - a. examine their own national circumstances and
 - i. consider the effect that their existing recruitment policies and practices are having on lesser developed countries
 - ii. develop and implement their own ethical recruitment policies
 - iii. ensure that the number and distribution of undergraduate and postgraduate training posts available within the country are adequate to meet their own workforce needs
 - iv. ensure that the working conditions and educational opportunities in their own countries are sufficient to encourage HCPs to work in areas of need
 - v. develop and resource active educational links with universities and medical schools in lesser developed countries that contribute to the education and training of their HCPs
 - vi. consider alternative and innovative ways of providing care in areas of need such as the development of multidisciplinary teams and intersectoral collaboration.



rural health

A code of Practice for the Recruitment of Health Care Professionals

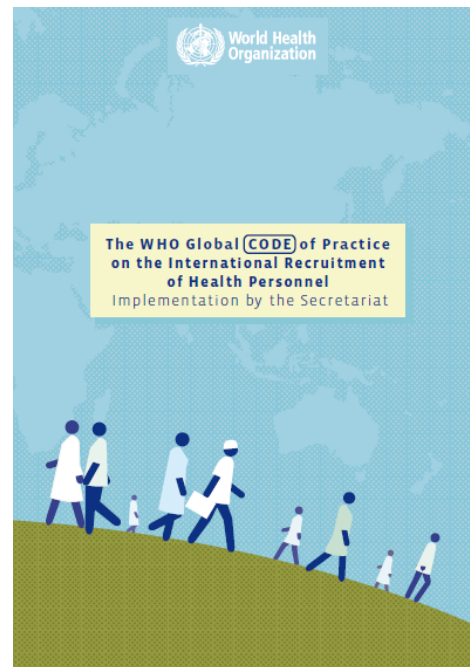
Conceived at the 5th Wonca World Rural Health Conference, Melbourne 2002

Others

- Indigenous peoples, child labour, women in rural practice, HIV,

The WHO International recruitment of health personnel: global code of practice

WHO launched its code of practice in 2010 which was adopted at the World Health Assembly



The Cebu Strategies

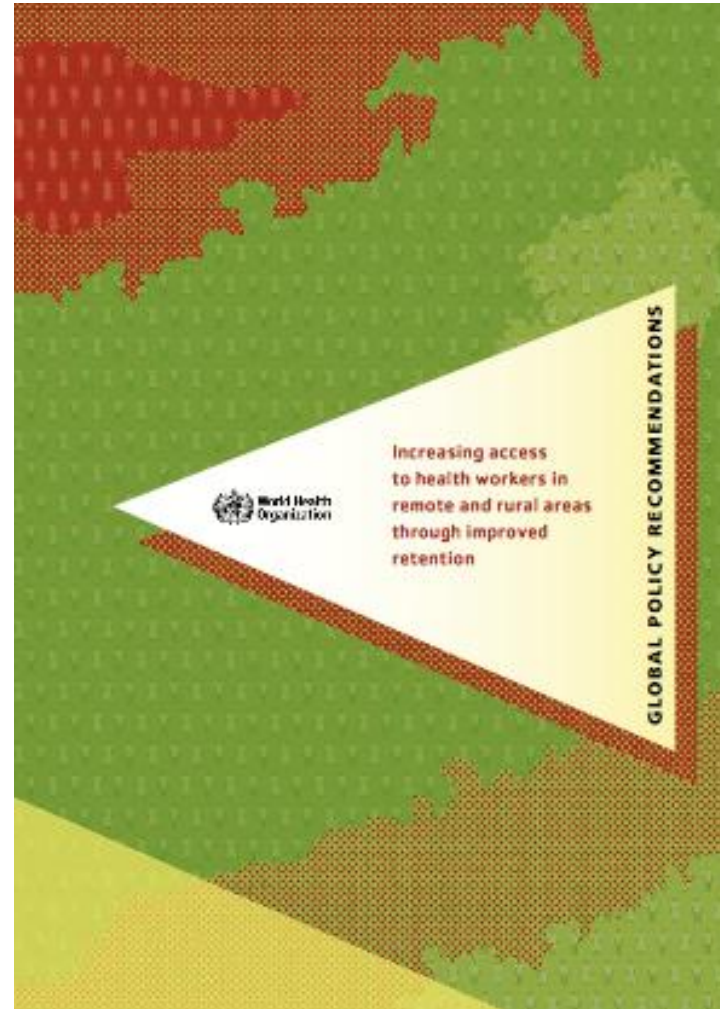
- Develop measurable indicators for the Melbourne Manifesto (Score card)
- Social Accountability of Medical Education
- Support for Health Care Professionals and Education Programmes
- Engaging recruitment organisations
- Marketing the Manifesto





World Health Organization

Increasing Access to Health Workers in Remote and Rural Areas Through Improved Retention



Rural Medical Education Guidebook



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- WONCA Groups
- Resources for GPs/FPs
- Member Interest
- Contact Us

Rural Medical Education Guidebook

RMEG
Rural Medical Education Guidebook

Wonca
World family doctors. Caring for people.

a wonderful book. The breadth of experience and insights provided is terrific. You and your co-editors have done a massive job bringing together so many viewpoints and practical ideas from our colleagues from around the world.

Prof Michael Kidd
President
WONCA
18 March 2014

The project has been proudly supported by WONCA through the WONCA Working Party on Rural Practice, the Northern Ontario School of Medicine (NOSM), Memorial University of Newfoundland (MUN), and the Rockefeller Foundation.

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globalfamilydoctor.com

We are very excited to launch the *WONCA Rural Medical Education Guidebook* at the 12th WONCA World Rural Health Conference, Gramado, Brazil, in April 2014.

The project has been proudly supported by WONCA through the WONCA Working Party on Rural Practice, the Northern Ontario School of Medicine, Memorial University of Newfoundland (MUN), and the Rockefeller Foundation.

Consisting of 71 chapters written by 74 authors, it represents a unique collaboration, with contributions from every continent. It is intended to be a free resource for doctors, educators and others wanting to obtain practical ideas on implementing aspects of rural medical education and to learn from the experience of colleagues in different contexts.

WONCA Forums

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JOIN FREE

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Online Direct Membership Application



Conferences

Find out about our



<http://www.globalfamilydoctor.com/groups/WorkingParties/RuralPractice/ruralguidebook.aspx>

13th WONCA World Rural Health Conference 15.- 18.04.2015.

See you in Dubrovnik in 2015



My aims as chair

- Gender equity
- Bring young doctors into the organisation
 - Links with young doctors movements (VdGN etc.)
 - Links with IFMSA
- Make the WP relevant to working GPs
- Develop a range of policies
 - Rural Proofing for health
 - Policy on NPs, PAs and PN in rural practice
 - Occupational health for rural doctors
 - The history of rural practice etc...
 - The role Social Media in Rural Practice



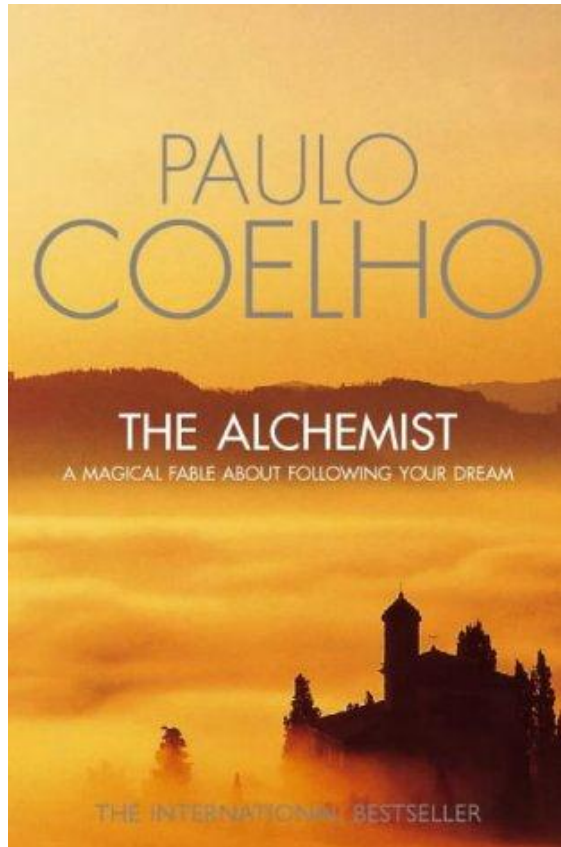
How do/can we do it

- Communication and IT
- Awareness and listening
- Creating time
 - Using retirement
- Developing leaders

Communication

- Keep up with digital revolution
 - From fax to virtual
- Broadband
 - A problem on a hill!
- Don't drown in your emails
 - Plan how to manage them
- Follow up with a communication
- Manage listservers and discussion groups
- Social media has benefits and hazards

Awareness and listening



- *Listen to the language of the world*
- *Take the opportunities when they arise*
- *You may travel the world looking but what you sought was sometimes where you started*

Awareness and listening

- Keep in touch
- Give credit often
- Be courteous at all times
- Support those who are struggling
- Gently nip dissent as soon as you notice it
- Make your enthusiasm contagious
- Follow up contacts when you meet someone



Time and Retirement

- It does take time: organise it well
- Reflection is crucial
- Role modelling potential for older doctors
- A national “missed opportunity”

Promoting leadership

- Write your own job description
- Promoting portfolio careers
- Global health as an option
- Giving solutions not bad news
- Mentorship, coaching and support
- Acting as a role model
- Spending time with medical students and young doctors
- They can change the world!



What made the difference for me

- People person
- Language (English)
- Work in an internationally respected Health system
- Extensive network
- Support (RCGP, University, Sponsorship etc)
- Colleagues

Why is it easier outside the UK

- Mark, Chapter 6, verse 4 ?
- More courtesy outside UK
- Problems are not as clearly defined (more blue skies)
- People are often more approachable
- Academic cutthroat behaviour less
- Less risk in what you do



What were the personal benefits

- Rewarding (career and personally)
- Network
- Travel
- Make a difference
- Develop a global perspective
- Always amazed at people's resourcefulness, humanity, energy and innovation



What are the personal problems

- Its hard work
- Prepare yourself for setbacks
 - people will let you down
- Lack of money and resources are always a problem

Conclusions

- No regrets
- You can lead from a hill in Wales
- Would I do it again – Yes

