CMGF 18E CONGRÈS MÉDECINE GÉNÉRALE FRANCE
Organisé par CMG collège de la médecine générale

Recruitment and retention of general practitioners in underserved areas in Europe

Euripa

The European Rural and Isolated Practitioners Association

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Programme

Introduction- EURIPA	5 min
Ice breaker	15 min
Recruitment and retention-the evidence	20 min
Break out groups	30min
Plenary	10 min

Euripa

European Rural and Isolated Practitioners Association

EURIPA is a representative network organisation founded by family doctors to address the health and wellbeing needs of rural communities and the professional needs of those serving them across Europe. It represents a growing network of rural practitioners and organisations across Europe working together to disseminate good practice, initiate research and influence policy. You can become a Member here.

Wonca Europe Network

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World family doctors. Caring for people.
EUROPE

EGPRN
EUROPEAN GENERAL PRACTICE RESEARCH NETWORK

Wonca
EURACT
European Academy of Teachers in General Practice/Family Medicine

EQuiP

EUROPREV

European Young Family Doctors' Movement

Membership

Open to any rural health care practitioner or individual actively working or interested in rural health care (doctors, nurses, public health, rural academics, patient advocate, policy maker etc.)

€40

Benefits:

- Discount- 25% on the registration fee at EURIPA's annual Rural Health Forum
- Projects- Involvement in EURIPA projects
- Leadership- Vote at the AGM for Officers and the Executive Committee
- Newsletter – the Grapevine and a restricted newsletter for members
- Exclusive Website- Members only area of the web site
- Certificate of membership

Organisational Membership

14TH EURIPA Rural Health Forum

26 – 28 June 2025

Wittenberg, Saxony-Anhalt, Germany

Rural Reformation: Meeting Wellbeing and Healthcare Needs in Rural Communities

What do you like about being a family doctor/General practitioner?

Obstacles to recruitment and retention of rural health workforce and the geographical narcissism

Dr. Ferdinando Petrazzuoli

- Medical schools and training programs are urban-centric
- Remote areas have fewer facilities and social opportunities for HCPs
- Lack of financial incentives
- Larger, dispersed patient populations and complex cases, with limited access to secondary care
- Lack of opportunities for professional growth through continuing education and involvement in research
- Professional isolation
- Higher burn-out rate

Geographical narcissism

Medically underserved areas in Europe

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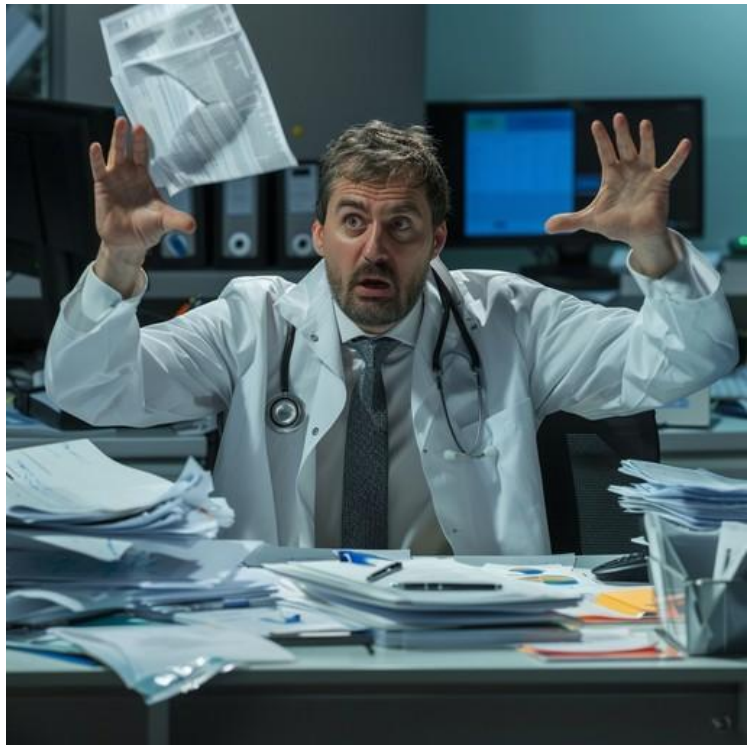
WONCA EUROPE STATEMENT FOR THE 73rd SESSION OF THE WHO REGIONAL COMMITTEE FOR EUROPE

SHORTAGE OF EUROPEAN PRIMARY CARE WORKFORCE

The interconnected challenges of excessive workload, premature burnout, and a shortage of primary care personnel represent a pressing concern for the near future. Addressing the complexity of this issue requires a comprehensive approach due to the scarcity of health professionals in European primary care. The health and well-being of both the primary care workforce and the communities they serve are intrinsically intertwined. WONCA Europe underscores the urgency of a well-staffed and adequately funded primary care system, cautioning European healthcare policymakers about the potential dire consequences of workforce shortages and underfunding.

Burn-out; its' consequences, treatment and prevention

The 5 main symptoms of burnout:
- **Exhausted or drained of energy**
- **Hopeless and unmotivated**
- **Detached;**
- **Cynical and negative**
- **Sensing failure**



Psychoanalytic Psychology
2018, Vol. 35, No. 4, 446–453

0736-9735/18/$12.00 http://dx.doi.org/10.1037/pap0000179

Geographical Narcissism in Psychotherapy: Countermapping Urban Assumptions About Power, Space, and Time

Malin Fors, MSc
Finnmark Hospital Trust, Finnmark, Norway

Geographical narcissism: when city folk just assume they're better

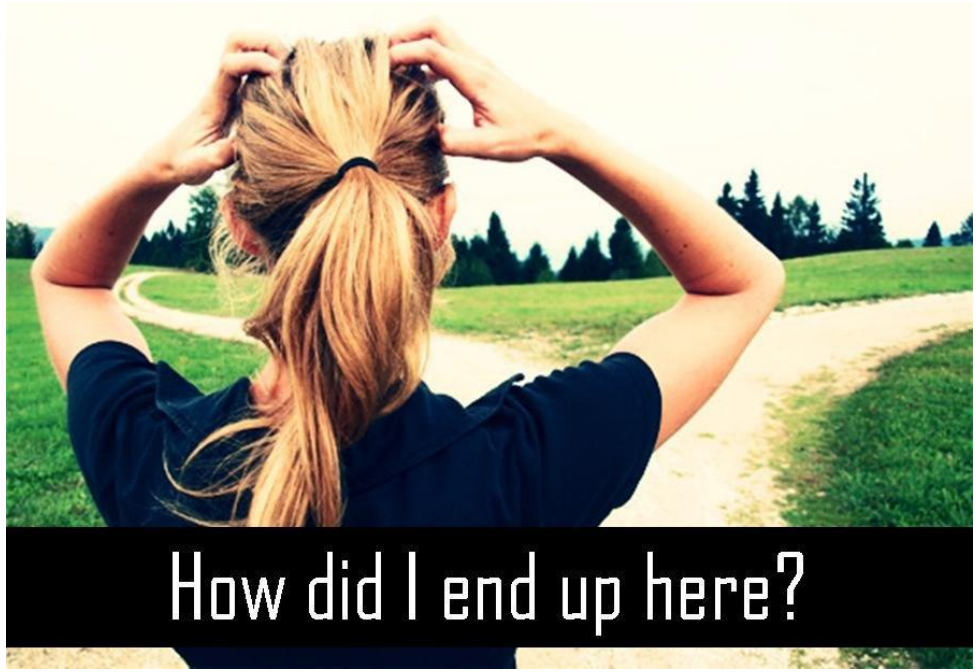
Swedish clinical psychologist Malin Fors used the term to explain the rural-urban interactions she encountered while working in a small town north of the Arctic circle in Norway.

A change of mentality is needed!!!

Anyone outside the city is ‘camping out’

When big cities are seen as the centre of everything, it gives rise to a narcissistic view in city dwellers that subtly, often unconsciously, devalues rural knowledge, conventions and subjectivity. It fosters a “belief that urban reality is definitive”.

Rural health-care professionals are often asked by their urban contacts why they left the city. And when will they be going back? It's assumed nobody would voluntarily move to a country town for professional work, especially if they have no family or social ties to the area.



There is also a suspicion, that people with ethical or personal problems are **banished** to the country. It is a classic film and television trope for the brilliant city specialist to be obliged to work as a rural GP because of alcoholism, cocaine addiction, fear of blood, or crime punished by community service.

Recruitment and retention of healthcare workforce in Nordic countries

CMGF, Paris, 28/03/2025

Dr. Oleg V. Kravtchenko, EURIPA (a WONCA network)

HCWF recruitment and retention in Nordic countries

CMGF, Paris, 28/03/2025

- Scandinavia: Denmark, Sweden, Norway
- Nordic countries: Denmark, Sweden, Norway, Finland, Iceland, the Faroe Islands, Greenland and Åland
- Northern Europe: Dennark, Sweden, Norway, Finland, Iceland, the Faroe Islands, Greenland, Åland, Estonia, Latvia, Ireland, United Kingdom, Isle of Man, Scotland.

«Demographic changes and decentralization of healthcare provision have led to a higher demand for GP services. As a result, many countries, including the Nordics, report that recruiting and retaining GPs is increasingly difficult. Coupled with younger GPs increasingly valuing work/life balance, countries are ever more concerned about ensuring a sustainable GP supply going forward.”

“GP Recruitment and Retention in the Nordic Countries”, O.Kaarboe, O.A.Kaars, UiO 2022

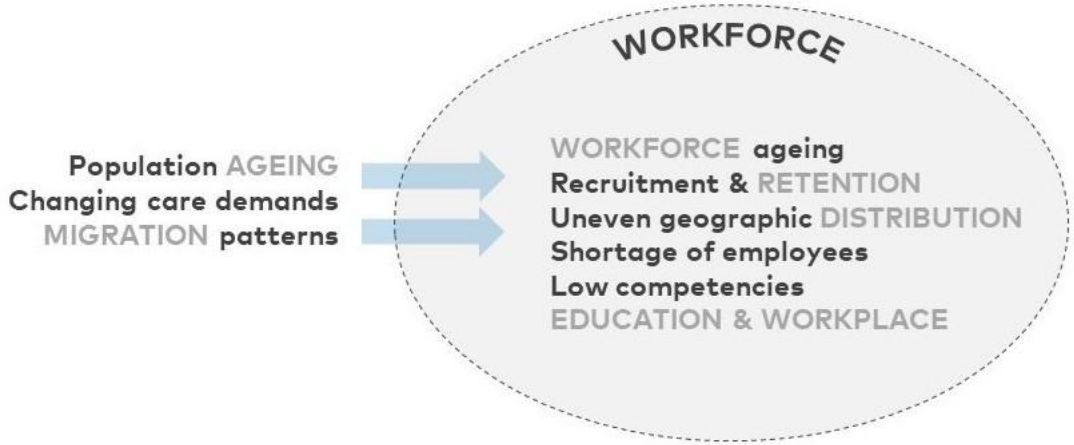
HCWF recruitment and retention in Nordic countries

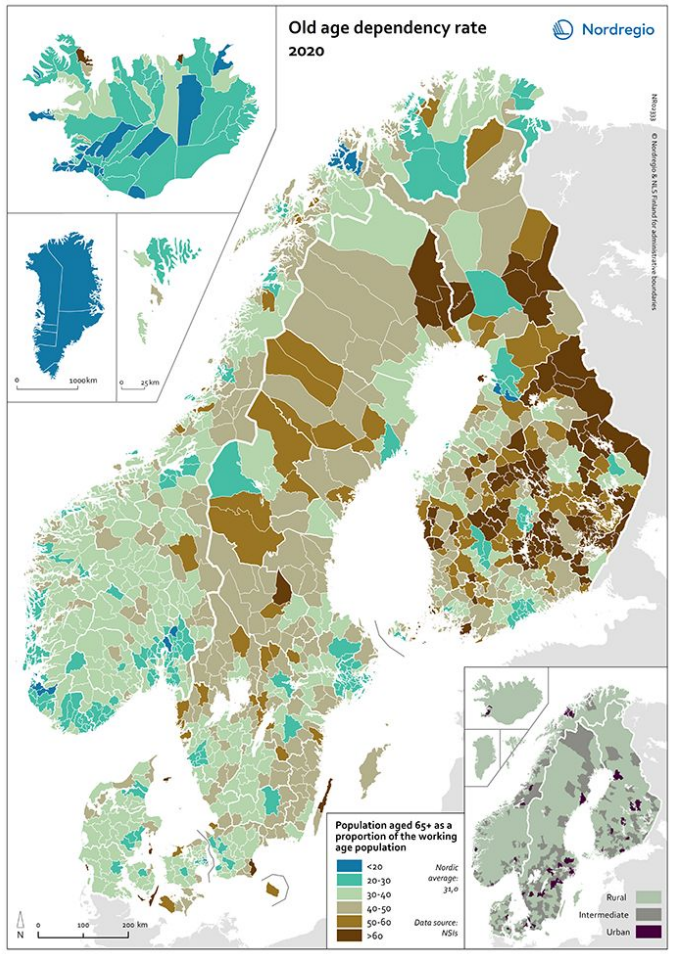
CMGF, Paris, 28/03/2025

- “Among 1876 RGPs (39.8%), the mean total working hours per week was 55.6, while the mean for regular number of working hours was 49.0 h weekly. Men worked 1.5 h more than women (49.7 vs. 48.2 h, $p = 0.010$). Self-employed RGPs work more than salaried RGPs (49.3 vs. 42.5 h, $p < 0.001$), and RGPs age 55–64 years worked more than RGPs at age 30–39 (51.1 vs. 47.3 h, $p < 0.001$). 54.1% of the regular working hours was used on face-to-face patient work.” (Workload in Norwegian GP 2018 - an observational study)
- “Norwegian RGPs have long working hours compared to recommended regular working hours in Norway, with small gender differences. Only half of the working time is used on face-to-face consultations.” (Workload in Norwegian GP 2018 - an observational study)

HCWF recruitment and retention in Nordic countries

CMGF, Paris, 28/03/2025





HCWF recruitment and retention in Nordic countries

CMGF, Paris, 28/03/2025

- Educational measures: “Increasing the number of available educational places; increasing the quality of education; reducing the duration of training; improving internships and reducing drop-out rates; distance learning; subsidising initial education and continuous training.” (Nordregio, policy brief, 2021)

- Workplace measures: “Improving working conditions; flexibility in the distribution of nursing tasks, plus task-shifting; professional development; full-time and permanent employment; reducing sick leave; digital technologies to improve efficiency and workplace satisfaction.” (Nordregio, policy brief, 2021)

- Other measures: “Regulatory changes (e.g. a 0.7 per patient minimum staffing requirement at nursing homes in Finland, in order to improve the quality of care); recruitment of permanent staff from abroad.” (Nordregio, policy brief, 2021)

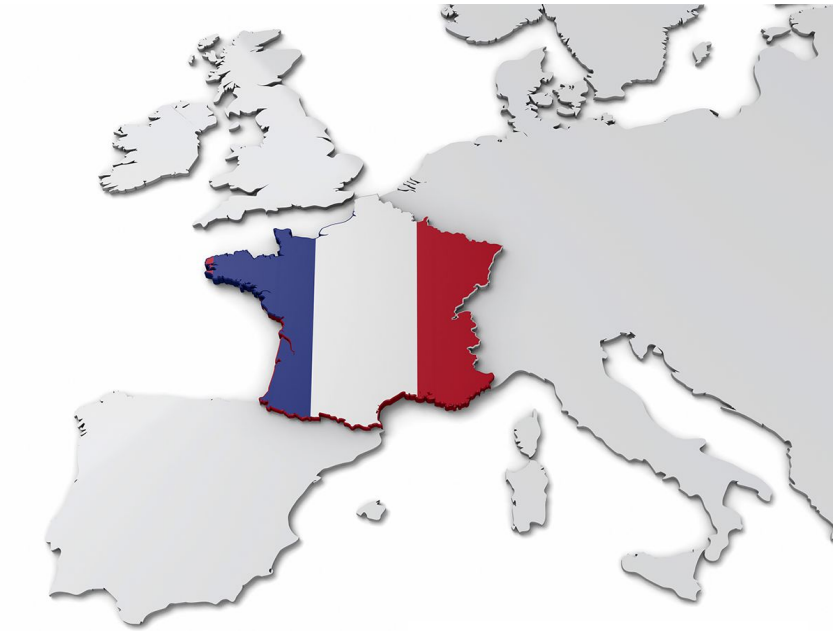
HCWF recruitment and retention in Nordic countries

CMGF, Paris, 28/03/2025

- “The Nordic welfare sector is facing significant challenges when it comes to providing effective social care services. While the demand for services for a rapidly growing elderly population is constantly increasing, the workforce delivering social care services is shrinking, with many workers reaching retirement age. Tackling the challenges related to recruitment and retention of qualified staff - and developing innovative approaches to the delivery of social care services - is becoming increasingly urgent, particularly in rural and sparsely populated areas.” (Nordregio, policy brief, 2021)

Interventions to improve GP retention in underserved areas

Dr. Miriam Dolan m.dolan@qub.ac.uk

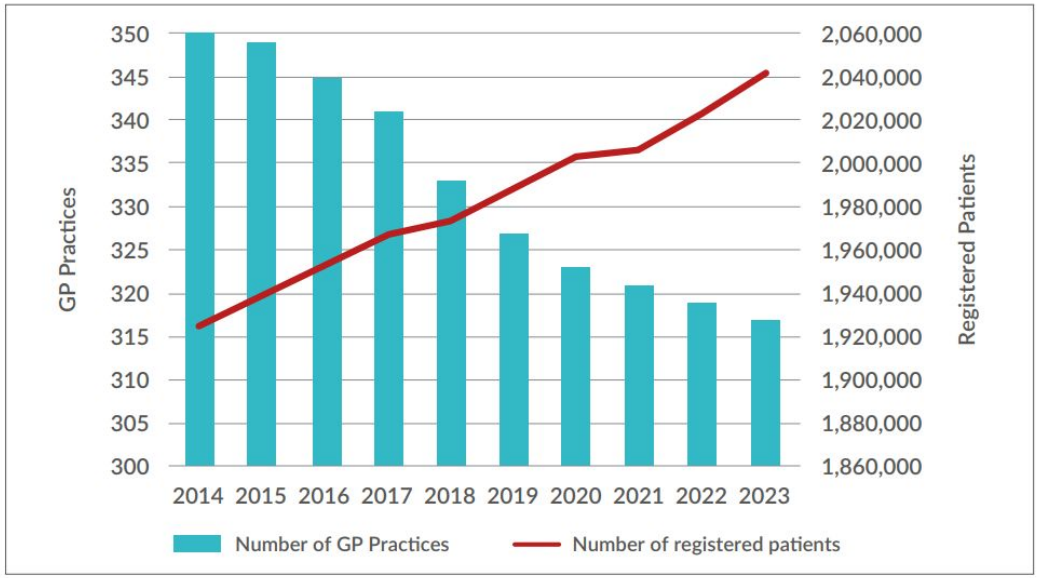


RC GP NORTHERN IRELAND

A Workforce Fit for the Future

RCGPNI Retention Strategy

Figure 1: Number of GP Practices and Registered Patients in Northern Ireland, 2014-2023

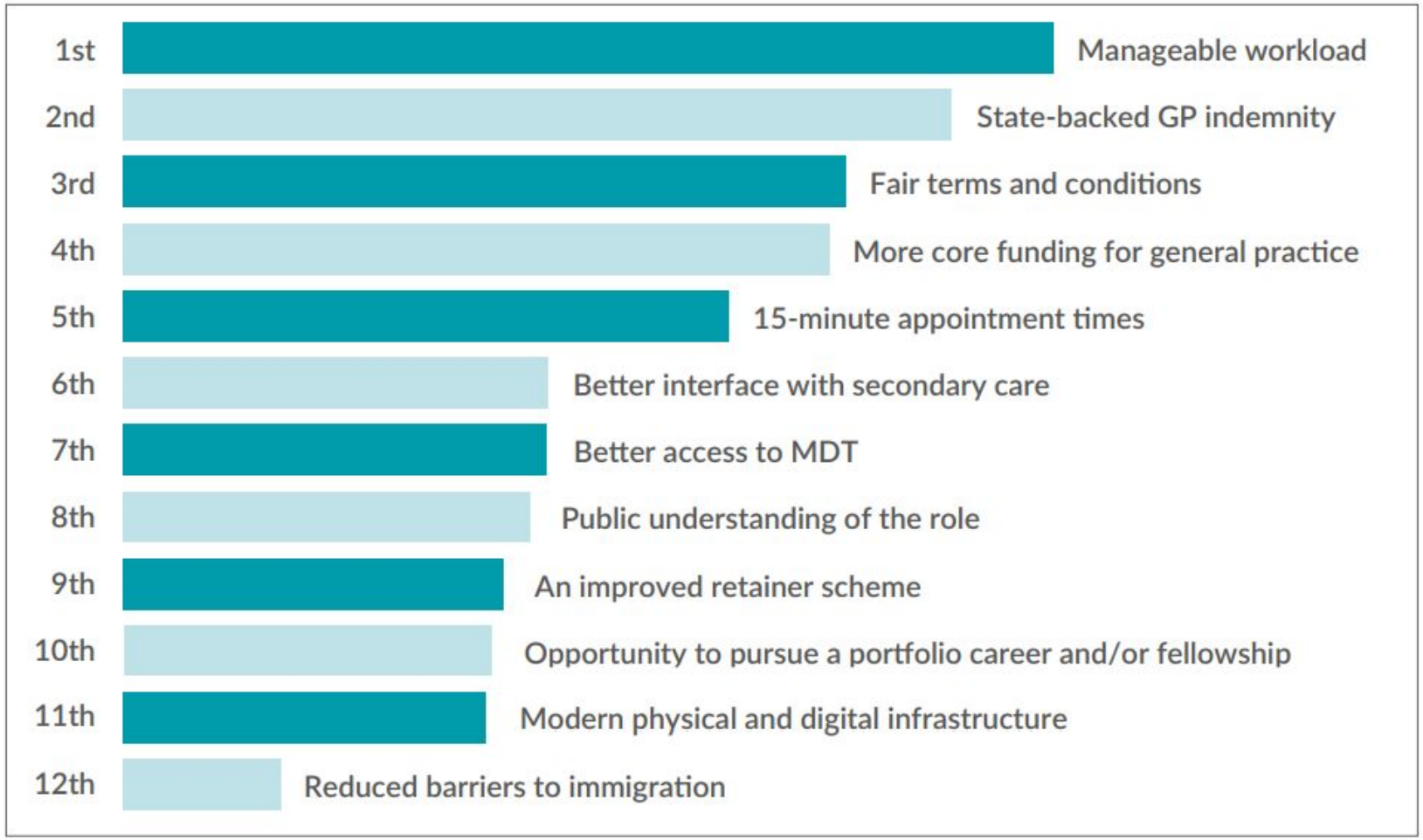


(Source: General Medical Services for Northern Ireland: Annual Statistics)

Findings

Overarching challenges

Figure 3: "What would encourage you most to stay working as a GP in Northern Ireland?"
NI ST3 GP Trainees' responses, ranking from most to least important[21]



- Launch a state-backed GP indemnity scheme for Northern Ireland.
- Invest in an enhanced GP fellowship programme, providing additional support for newly qualified GPs to take up substantive posts in practice.
- Invest in and modify GP retention schemes to ensure more flexibility and greater financial stability for practices and to support GPs across all career stages to remain in practice.
- Expand the Attract, Recruit, Retain programme to provide further support to geographical areas experiencing significant instability.
- Invest in further support for practices at risk of contract hand-back and improve support for practice mergers.
- Ensure that practices in areas of contract instability are not further disadvantaged by having to compete for locum cover with Trust-run practices offering hugely inflated fees for sessional work.
- Endorse and publish the Working Better Together consensus document on primary and secondary care interfaces and support the development of interface groups to ensure action is taken to address the unnecessary work within general practice and free up vital time for practice teams.
- Address the waiting list legacy and concurrently improve referral pathways for patient care. Ensuring patients are seen by the right person, at the right place, at the right time, first time, will reduce the burden of waiting lists that falls on general practice.
- Commit to a funded, timely, and full rollout of the Multidisciplinary Team programme.
- Lead an open and honest conversation with the public about the unique role of the GP in providing patient care, and what general practice can reasonably deliver in the current context.
- Prioritise and escalate the timeframe of the delivery of electronic transfer of prescribing (ETP) project into general practice in Northern Ireland.

- Ensure that practices in areas of contract instability are not further disadvantaged by having to compete for locum cover with Trust-run practices offering hugely inflated fees for sessional work.
- Commission a practitioner health programme to support clinicians in crisis across Northern Ireland.
- Provide support for GPs and practices around recruiting staff who require a health and care worker visa.
- Provide specific schemes to allow later career GPs to retain capacity to make valuable contributions to general practice (e.g. through education, mentoring, and leadership roles) after retiring from clinical practice.
- Work with HMRC to secure solutions to pensions that are equitable across all UK nations.

current context.

- Prioritise and escalate the timeframe of the delivery of electronic transfer of prescribing (ETP) project into general practice in Northern Ireland.
- Work with GPs to co-design practical digital solutions that work for practices.
- Invest capital funds into improving and modernising GP systems and infrastructure.

Br J Gen Pract. 2025 Feb 27;75(752):e187-e194. doi: 10.3399/BJGP.2024.0494. Print 2025 Mar.

Exploring rural Scottish GPs' migration decisions: a secondary qualitative analysis considering burnout

Helen Ann Latham [1], Andrew S Maclaren [2], Johannes H De Kock [3], Louise Locock [4], Peter Murchie [5], Zoë Skea [6]

Fear of dealing with pre-hospital emergency cases, clinical isolation, and rural training
Personal factors: lack of partner employment

Factors associated with engagement: professional networks reducing professional isolation
Autonomy and time.
Being a rural GP - aligned with their professional values
Rural lifestyle

Lurquin B, Kellou N, Colin C, Letrilliart L. Comparison of rural and urban French GPs' activity: a cross-sectional study. Rural and Remote Health 2021; 21: 5865.

Conclusion: French rural GPs tend to have a **higher workload** than urban GPs. Rural patients have **more chronic conditions** to be managed but are offered fewer preventive services during consultations. It is necessary to increase the GP workforce and develop cooperation with allied health professionals in rural areas.

Health Policy
Volume 149, November 2024, 105175

How general practitioners in France are coping with increased healthcare demand and physician shortages. A panel data survey and hierarchical clustering

Bérengère Davin-Casalena [a], Dimitri Scronias [a], Yann Videau [b], Pierre Verger [a]

Highlights

- Most GPs sought to control their patient demand, mainly in low-medium density areas.
- GPs' gatekeeper role in the French healthcare system is called into question.
- GPs' weekly hours worked have fallen since 2019, especially in underserved areas.
- Task-shifting and interprofessional cooperation should be promoted and facilitated.
- Vertical integration through multiprofessional group practices should continue.

Health Policy. 2019 May;123(5):508-515. doi: 10.1016/j.healthpol.2019.03.002. Epub 2019 Mar 8.

Has the diffusion of primary care teams in France improved attraction and retention of general practitioners in rural areas?

Guillaume Chevillard [1], Julien Mousquès [2], Véronique Lucas-Gabrielli [3], Stéphane Rican [4]

Affiliations + expand

PMID: 30898365 DOI: 10.1016/j.healthpol.2019.03.002

The results show that PCTs are mainly located in underserved areas and suggest that they could attract and retain GPs there.

BMC Med Educ. 2023 Nov 7;23(1):842. doi: 10.1186/s12909-023-04794-0.

Rural general practitioners have different personal and professional trajectories from those of their urban colleagues: a case-control study

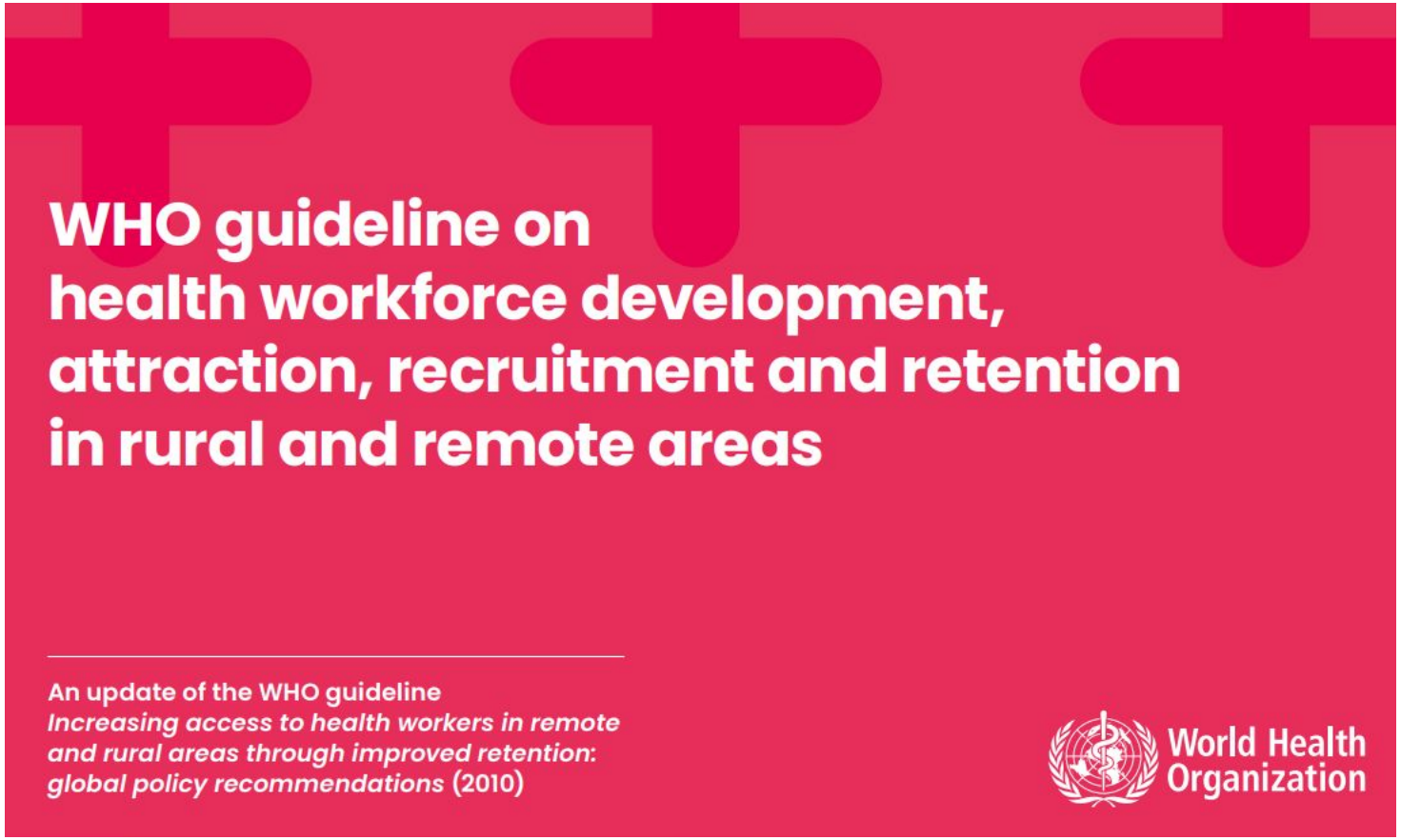
Perrine Nedelec [# 1], Laurélie Beviere [# 1], Anthony Chapron [2 3], Maxime Esvan [3], Julien Poimboeuf [4 5]

French rural GPs were **more likely to have grown up, trained, or worked as a locum in a rural area.**

Strategies to improve rural GP retention and recruitment in France could therefore include making **rural areas a more attractive place to live and work, encouraging rural locum placements and compulsory rural training**, and possibly enrolling **more medical students with a rural backgrou**

Bes JM, Flinterman LE, González AI, Batenburg RS. Recruitment and retention of general practitioners **in European medical deserts**: a systematic review. Rural and Remote Health 2023; 23: 7477.

Conclusion: In the past 10 years, educational and supportive interventions to improve GP recruitment and retention have been reported most frequently, but often **overlapping strategies** are seen. While multiple strategies have potential to be effective, their limited evaluation makes it difficult to provide suggestions for policymakers to adapt their GP recruitment and retention strategies aiming at a best-practice approach in European medical deserts.



Updated 2021

Nearly half of the world's population live in rural areas. An estimated 2 billion people living in these areas do not have adequate access to essential health services, which adverselv affects health outcomes.

Table 1.2 Categories of interventions used to improve attraction, recruitment and retention of health workers in remote and rural areas (2010 guideline)

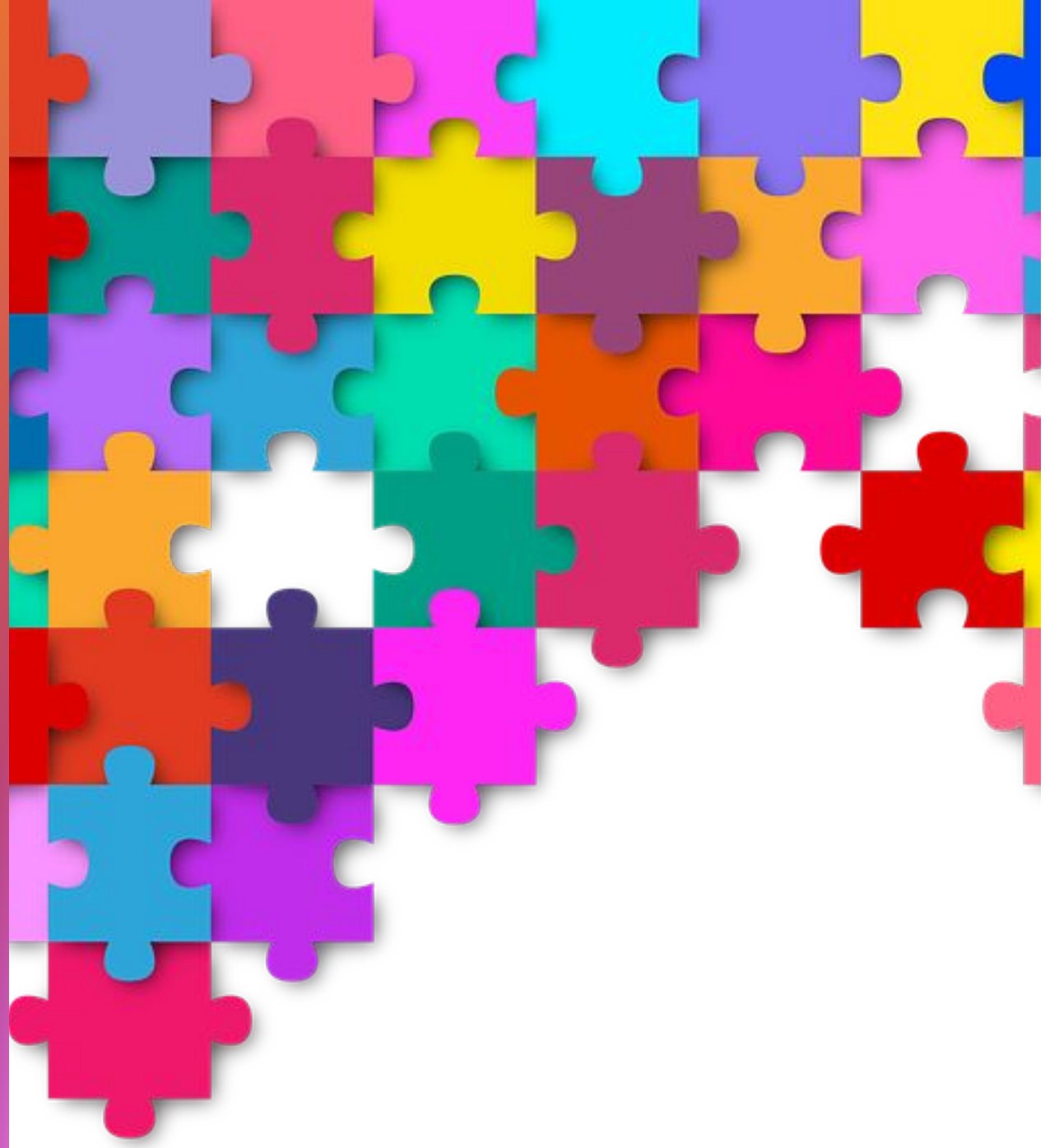
Education	A1 Admit students from rural backgrounds	
	Strength of recommendation – strong	Quality of evidence – moderate
	A2 Locate health professional schools outside major cities	
	Strength of recommendation – conditional	Quality of evidence – low
	A3 Provide clinical rotations in rural areas during studies	
	Strength of recommendation – conditional	Quality of evidence – very low
	A4 Develop curricula that reflect rural health issues	
	Strength of recommendation – strong	Quality of evidence – low
	A5 Provide continuous professional development for rural health workers	
	Strength of recommendation – conditional	Quality of evidence – low
Regulations	B1 Enhance scope of practice for rural health workers	
	Strength of recommendation – conditional	Quality of evidence – very low
	B2 Introduce different types of health workers	
	Strength of recommendation – conditional	Quality of evidence – low
	B3 Ensure compulsory service in rural areas is supported and incentivized	
	Strength of recommendation – conditional	Quality of evidence – low
	B4 Subsidize education for return of service	
	Strength of recommendation – conditional	Quality of evidence – low

Incentives	C1 Offer appropriate financial incentives	
	Strength of recommendation – conditional	Quality of evidence – low
Professional and personal support	D1 Improve living conditions for rural health workers	
	Strength of recommendation – strong	Quality of evidence – low
	D2 Provide a good, safe and supportive working environment	
	Strength of recommendation – strong	Quality of evidence – low
	D3 Facilitate outreach support from urban areas	
	Strength of recommendation – strong	Quality of evidence – low
	D4 Develop rural career development programmes	
	Strength of recommendation – strong	Quality of evidence – low
	D5 Support establishment of professional networks in rural areas	
	Strength of recommendation – strong	Quality of evidence – low
	D6 Adopt public recognition measures for rural workers	
	Strength of recommendation – strong	Quality of evidence – low

Source: WHO *Global policy recommendations (8).*

Break-out groups

How can recruitment and retention of GPs and other primary healthcare professionals in underserved areas be improved?



Plenary

Share experiences and useful strategies to address recruitment and retention of general practitioners in underserved areas in Europe

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Rural Reformation:

Meeting Wellbeing and Healthcare Needs in Rural Communities

EURIPA

14th EURIPA Rural Health Forum

Rural Reformation: Meeting Wellbeing and Healthcare Needs in Rural Communities

"New vision for primary health care and sustainable development"

SAVE THE DATE

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25TH WONCA WORLD CONFERENCE

17 – 21 SEPTEMBER 2025

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www.**woncaworld2025**.org

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