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**He felt angry they had “been dying for a pee” and started a 23 year campaign to introduce personal flotation devices to the fishing industry**



## Dr John AJ Macleod

The Macleods of Lochmaddy, North Uist,  
a family of doctors

From 1932 to 1973, my parents Dr Alex J. Macleod and Dr Julia Macleod served the Lochmaddy practice. There was no telephone until 1944, and conditions were hard with many sea crossings. Most births were at home, the children faced multiple infectious diseases and antibiotics were not available until 1945. Nurses were poorly trained and it took two days to get to a major hospital. Therefore my mother and father became major catalysts in developing the Scottish Air Ambulance Service.

In 1973 when I joined my father's practice my nurse wife Lorna and I had a much easier time with only one sea crossing, better communications, well trained community nurses and an active Social Work department. I worked out of a modern clinic which provided screening and health promotion. Through immunisation programmes infectious diseases of childhood are rare. The Scottish Air Ambulance Service is now well established as a vital medical intervention in the Hebrides.









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# Política é...

Um plano geral de alto nível ,  
especialmente de um órgão  
governamental, que define  
objetivos gerais e procedimentos  
aceitáveis

Merriam-Webster Dictionary on-line 2013





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# Evidence based policy or policy based evidence?

*Willingness to take action influences the view of the evidence—look at alcohol*

What should we do about alcohol? It is a major threat to the health of the public. Alcohol consumption in Britain has risen by more than 50% in the last 30 years, and alcohol associated deaths, particularly liver cirrhosis, have risen as a result.<sup>1</sup> Alcohol is, in addition, responsible for much morbidity, crime, family disruption, and harm to children. A simple prescription would be to review the scientific evidence of what would make a difference, formulate policies, and implement them—evidence based policy making. Unfortunately this simple prescription, applied to real life, is simplistic. The relation between science and policy is more complicated. Scientific findings do not fall on blank minds that get made up as a result. Science engages with busy minds that have strong views about how things are and ought to be.

In the 1980s when debates about fatty diets and heart disease risk were raging, I was struck that individual scientists seemed to have taken entrenched positions on the issue. One new piece of evidence would be even more reason for one camp to call for action to change the nation's diet; but, for the other camp, the same evidence represented a further nail in the coffin of a defunct hypothesis which strengthened the view that people should be left to enjoy their fish and chips without the interference of the food police, or the nanny state. It seemed to me then that people's willingness to take action influenced their view of the evidence, rather than the evidence influencing their willingness to take action.<sup>2</sup>

When it comes to government action, we find the same phenomenon. The topic of inequalities in health

was unpopular in Britain in the 1980s. An impressive review of evidence was insufficient to convince a government to act.<sup>3</sup> A change of government in the 1990s meant that government was willing to take action on health inequalities. A review of the scientific evidence and accompanying policy recommendations<sup>4</sup> were sufficient for a government to implement many of them.<sup>5</sup> It is true that the science base had improved between Black's review at the end of the 1970s and Acheson's 20 years later. As a scientist with an obvious interest, I would like to think that this improvement in the science, despite some shortcomings,<sup>6</sup> helped with evidence based policy formation. I have to acknowledge that, in addition, Acheson's recommendations went with the grain of government policy. This no doubt helped. Government's willingness to take action influenced their view of the science.

Although it is understandable that governments should do what they want rather than what a group of scientists suggests they should do, it means that the model of evidence based policy in the first paragraph is something of a parody. Consider the recent example of alcohol. Two reports were published in England in March: one by the Academy of Medical Sciences, the other by the prime minister's strategy unit. The academy's report concluded that to control alcohol problems one needed to control alcohol; that is, reduce the average level of consumption in the population. The academy reached this conclusion on the basis that a strong correlation exists between average consumption, the prevalence of heavy drinking, and associated harm. It found the evidence for education

See also p 905



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# Realidades Rurais

- geografia e demografia
- atitudes e valores
- morbidade e mortalidade
- recursos limitados
- escassez de mão de obra



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# Saúde Rural Pelo Mundo

acesso é o problema da saúde rural

- recursos concentrados em cidades
- dificuldades de comunicação  
e transporte
- escassez de profissionais da saúde  
em áreas rurais



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# Serviços de Saúde Rural

- acesso é o principal problema
- “rede de segurança”
- preferência por serviços locais
- recursos limitados
- escassez de profissionais
- diferente das cidades





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# Médicos Rurais

## “Clínicos Gerais Ampliados”

- ampla gama de serviços
- alto nível de  
responsabilidade clínica
- relativo isolamento profissional
- função específica na saúde da comunidade





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# Atenção à Saúde Rural

- função de apoio dos especialistas
- parceria não putdown
- apoio consultor serviço local
- não supor que os pacientes se deslocarão







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# Trabalho em Equipe Interprofissional

- Muito comentado nas cidades
- Acontece mais em comunidades rurais
  - escassez de profissionais
  - Relacionamento com comunidade
  - “fazer o necessário”





# Commission for Rural Communities

Tackling rural disadvantage

## **The value of rural proofing**

**Rural proofing** is shorthand for a process that involves assessing how policies will work for rural people and places and, so, ensure that the policies are implemented fairly and effectively.

The benefits of rural proofing to **good policy making** are wide ranging. They include:

### **Better decision making**

Weighing how a policy will impact on rural and urban areas is the best way to find an effective way to roll it out to everyone, wherever they live.

### **Improved communication**

Using strong evidence to explain why certain strategies are being used in rural areas makes it easier for people to understand departmental reasoning, and improves community acceptance of policy decisions.

### **Strengthening relationships**

Identifying and engaging rural stakeholders will improve a department's understanding of, and responses to, the needs of rural people.

### **Building capacity**

By helping rural interest groups to contribute to a policy's development and its evaluation, communities gain opportunities to engage meaningfully with the policy making process, now and in future.



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# Avaliação Rural Conclusões

- As comunidades rurais precisam participar da elaboração de políticas desde o início
- Para participar, precisam de dados fortes e robustos com os quais defender nossas posições
- Os profissionais de saúde precisam criar parcerias fortes e amplas nos níveis local, regional e nacional
- Há espaço para a criação de redes multissetoriais



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## A Code of Practice for the International Recruitment of Health Care Professionals: MELBOURNE MANIFESTO: WAY FORWARD

Adopted at 6<sup>th</sup> World Rural Health Congress  
Santiago de Compostela, Spain, 2003

Further to the Melbourne Manifesto 2002, we as rural health professionals from around the world who were present at the Sixth WONCA World Conference on Rural Health at Santiago de Compostela, Spain, recommend the following steps be taken to progress the Melbourne Manifesto.

### **These include:**

- Translate the Code on Ethical recruitment into Spanish and other appropriate languages
- Present the Manifesto to the Wonca Executive meeting in Beijing for endorsement and submission to the Wonca Council meeting in Orlando and the WHO
- Ensure the Code is presented to the Orlando conference and use this as a chance to publicize it
- Wonca and the Global Family doctor website should take a lead in facilitating and promoting the international sabbaticals for family physicians
- Link with local champions, national agencies and international organizations to promote the code and facilitate coordinated skills transfer to developing countries

*We also note that monitoring of the implementation of the code with penalties is essential for its success.*



rural health



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World Health  
Organization

The WHO Global **CODE** of Practice  
on the International Recruitment  
of Health Personnel  
Implementation by the Secretariat

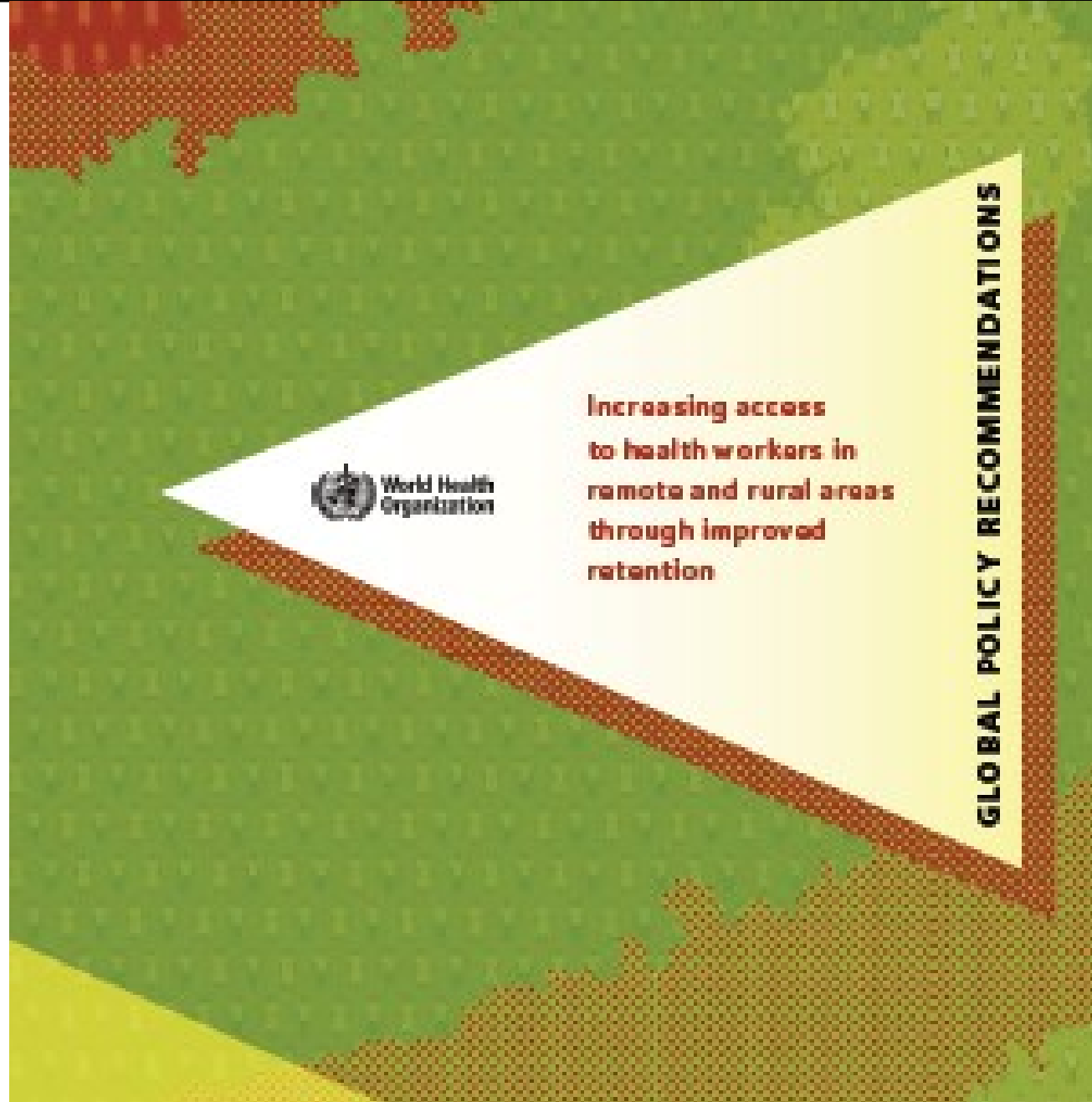




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World Health  
Organization

**Increasing access  
to health workers in  
remote and rural areas  
through improved  
retention**

**GLOBAL POLICY RECOMMENDATIONS**

**Figura 2. Fatores relacionados com decisões de relocar, ficar ou sair de áreas rurais e afastadas**



#### **Pessoal**

Origem rural, valores, altruísmo

#### **Família e comunidade**

Fornecimento de escola para crianças, espírito comunitário, locais comunitários disponíveis

#### **Aspectos financeiros**

Benefícios, adicionais, salários, sistema de pagamento

#### **Relativos à carreira**

Acesso a educação continuada, supervisão, cursos/oficinas, etc. de desenvolvimento profissional, cargos sênior em áreas rurais

#### **Condições de trabalho e vida**

Infraestrutura, ambiente de trabalho, acesso a tecnologia/medicação, condições de moradia, etc.

#### **Serviço obrigatório**

Se é obrigado a prestar serviço no local.



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# Estratégias de Recrutamento & Retenção

- formação e treinamento
- iniciativas regulatórias
- incentivos & gratificações financeiras
- apoio pessoal & profissional
- modelos sustentáveis de serviço







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# Serviços Sustentáveis de Saúde Rural

- autoridade/agência de saúde
- profissionais da atenção à saúde
- participação da comunidade



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# Facilitadores de Recrutamento para trabalho em Saúde Rural

- criação rural
- experiência clínica positiva em área rural durante graduação
- pós-graduação direcionada para atuação rural



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# Fatores de Retenção

- envolvimento acadêmico
- reconhecimento e gratificação
- apoio do “sistema”
- envolvimento comunitário ativo





# THE LANCET

## Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

*Julio Frenk\*, Lincoln Chen\*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Senwadda, Huda Zurayk*



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# Reformas Recomendadas e Ações Propícias

## Reformas

### Educacionais

- . Voltada para competência
- . Formação Interprofissional e transprofissional
- . Potencialização por TI
- . Local-global
- . Recursos educacionais
- . Novo profissionalismo

### Institucional

- . Planejamento conjunto
- . Sistemas acadêmicos
- . Redes globais
- . Cultura de indagação crítica

## Ações Propícias

- . Mobilizar liderança
- . Acentuar investimentos
- . Alinhar credenciamento
- . Fortalecer aprendizagem global

**Objetivo**  
Formação  
profissional  
transformadora e  
independente  
pela equidade em  
saúde



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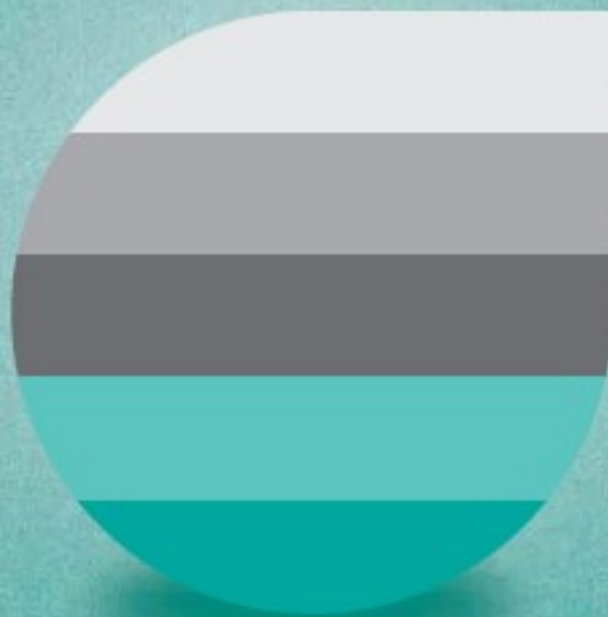
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# Transforming and scaling up health professionals' education and training

WORLD HEALTH ORGANIZATION  
GUIDELINES 2013



World Health  
Organization

[www.nosm.ca](http://www.nosm.ca)



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# Impacto da Formação Médica Baseada na Área Rural

- médicos rurais mais capacitados
- melhor atenção à saúde rural
- melhores resultados de saúde rural
- desenvolvimento acadêmico mais amplo
- desenvolvimento econômico



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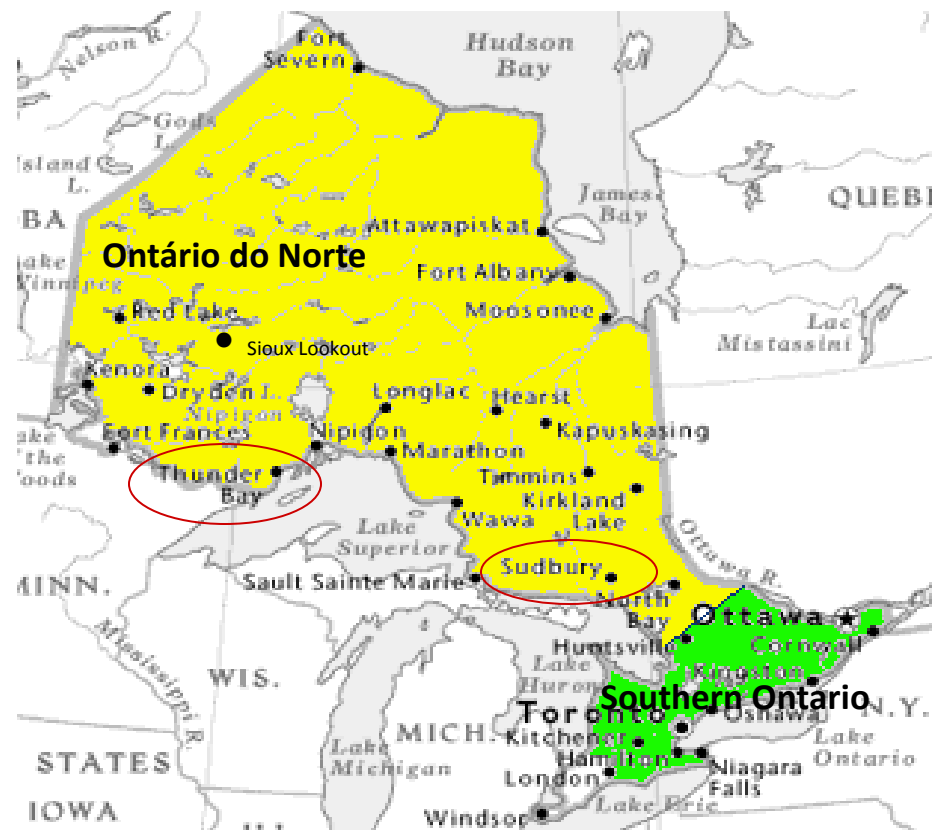




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# Em, por e para Ontário do Norte

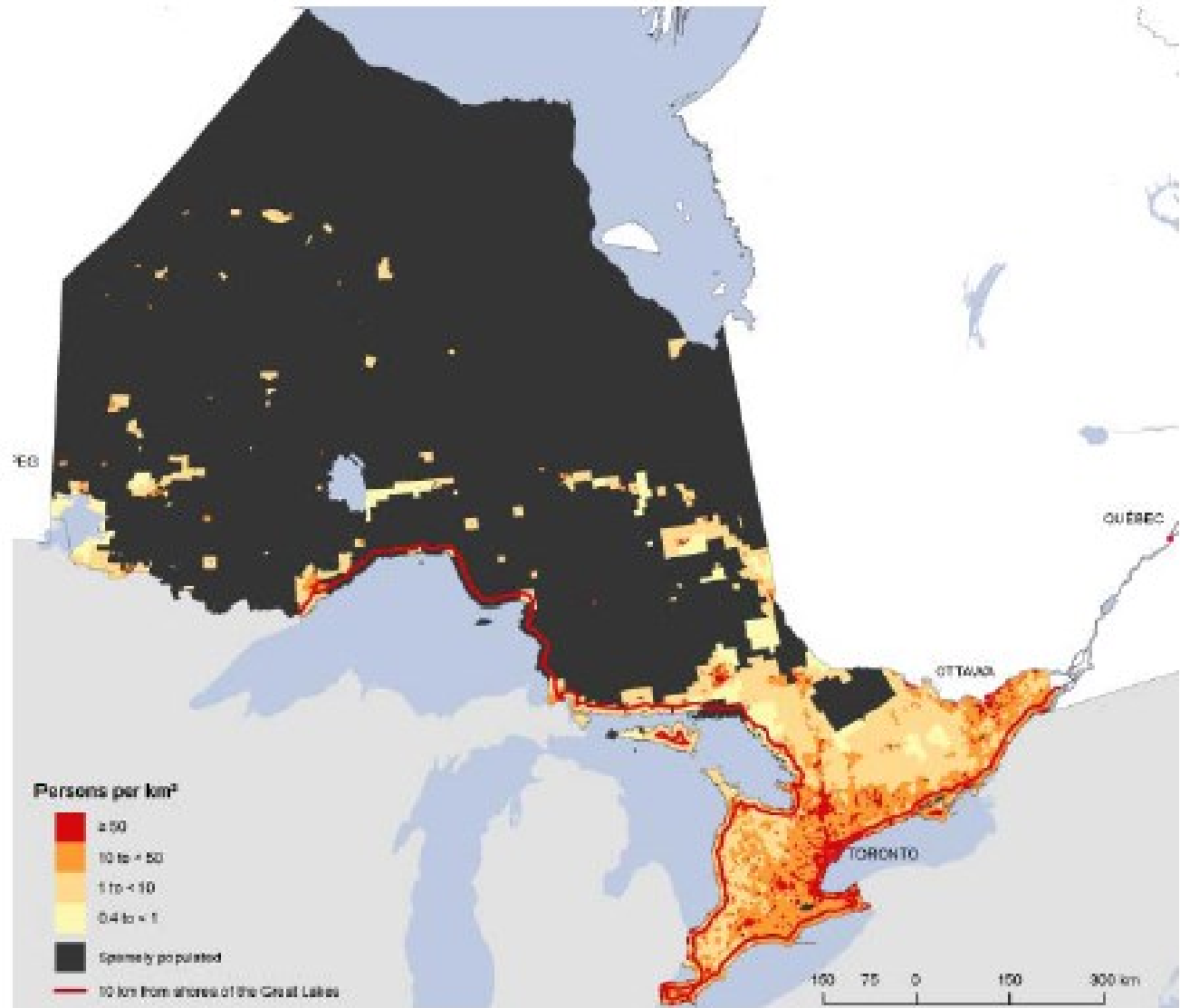


## Ontario's Population Distribution by Dissemination Area, Census 2006

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Source: Statistics Canada, Census 2006





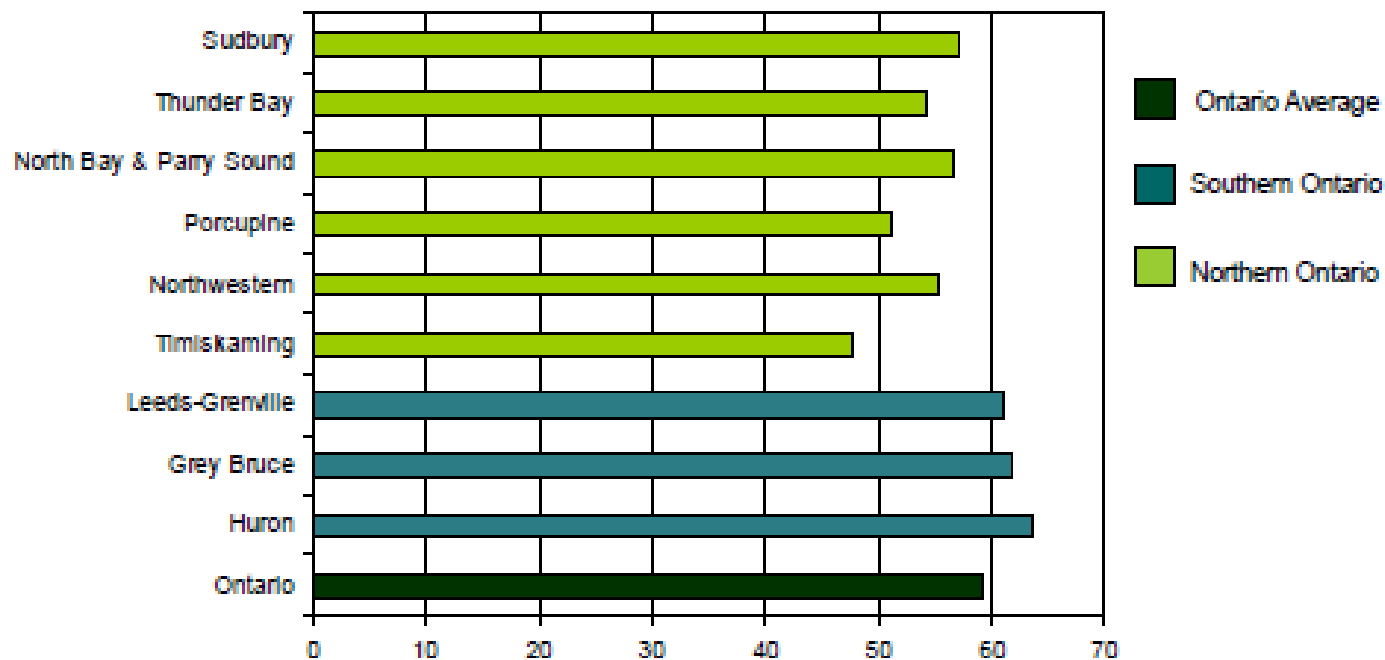
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# Panorama da Saúde em Ontário do Norte

% Reporting Very Good or Excellent Health Status



Source: Statistics Canada, Health Profile, 2009





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# Escola de Medicina de Ontário do Norte

- Faculdade de Medicina de Lakehead
- Faculdade de Medicina de Laurentian
- Mandato de Responsabilidade Social
- Compromisso com a inovação



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# Responsabilidade Social

“A Responsabilidade Social das faculdades de medicina é o dever de conduzir suas atividades de formação, investigação e serviços para suprir as necessidades prioritárias de saúde da comunidade, região ou país ao qual devem servir”

OMS, 1995





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# Ciclo de Vida do Médico

- programa ensino médio
- programas locais de pré-vestibular
- programas de graduação
- programas de pós-graduação
- desenvolvimento profissional
- estudos de pós-graduação



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# Atividades Acadêmicas da NOSM

- Programa de graduação
- Programas de Residência
- Formação Continuada
- Ciências da Saúde - Dietólogos,  
Assistentes de Médico &  
Terapia Ocupacional/Fisioterapia
- Formação Interprofissional
- Serviços de Biblioteca Digital
- Pesquisa





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# Aprendizagem Distribuída Comprometida com a Comunidade

- recursos humanos e institucionais amplamente distribuídos
- independente de tempo e lugar
- parceiros comunitários distribuídos em Ontário do Norte
- mais de 70 locais diferentes



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- **Aboriginal Communities**  
First-year medical students spend four weeks in an Aboriginal community in Northern Ontario.
- **Rural/Remote Communities**  
Second-year medical students complete two four-week placements in small rural or remote Northern Ontario communities.
- **Comprehensive Community Clerkships (CCC)**  
Third-year medical students spend eight months completing the CCC in a host community in Northern Ontario.
- ▢ **Clinical Clerkships**  
Fourth-year medical students undertake six core rotations in a twelve-month period at the academic health science centres in Sudbury and Thunder Bay.
- Postgraduate Residency Training**  
Residency training at NOSM occurs at distributed learning sites throughout Northern Ontario.
- **Northern Ontario Dietetic Internship Program (NODIP)**  
Forty-eight week internships are completed in communities throughout Northern Ontario and North Simcoe Muskoka Local Health Integration Network (LHIN).
- **Physician Assistant (PA) Program**  
PA students undertake 40 weeks of supervised clinical rotations in rural and urban settings throughout Ontario, including 20 weeks in the North.
- **Rehabilitation Studies**  
Audiology, Occupation Therapy, Physiotherapy and Speech-Language Pathology learners undertake clinical placements in a diverse range of practice and community settings ranging from four to 12 weeks in duration.





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# Envolvimento Comunitário

- comunidade é participante ativa
  - parceria interdependente
- assegura estudante “em casa”
- contribui para experiência de aprendizagem dos estudantes
- atividades de ensino e pesquisa
- capacitação da comunidade





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# Resultados Acadêmicos

- Residências - 100% de estudantes selecionados na 1ª rodada, 3 de 5 anos
- Conselho Canadense de Medicina Parte 1
  - acima da média nacional
  - mais alta tomada de decisão clínica
- Conselho Canadense de Medicina Parte 2
  - residentes da NOSM com mais alta média geral no Canadá - 2008 & 2010







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# Benefícios da NOSM

- Mais clínicos gerais
- Melhor acesso à atenção à saúde
- Resposta a indígenas,  
francófonos, rurais, remotos
- Cooperação interprofissional
- Pesquisa em saúde
- Desenvolvimento acadêmico  
mais amplo
- Desenvolvimento econômico





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# Thunder Bay Communique

## *New Ways of Thinking*



**Rendez-Vous 2012**  
together | ensemble | maamawi  
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# Sucesso da Saúde Rural

- Contexto é essencial
- Participação comunitária ativa
- Foco na Equidade em Saúde
- Normas e qualidade
- Evidências de pesquisa
- Questiona ideias convencionais
- Visão, missão e valores







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