

ROYAL COLLEGE OF GENERAL PRACTITIONERS
CLINICAL NETWORK

RURAL PRACTICE STANDING GROUP
TELEPHONE CONFERENCE – WEDNESDAY, 17 NOVEMBER 2004

Present: Dr Gordon Baird – Chairman
Dr Catti Moss
Dr Iain Mungall
Kathleen Dyer – RCGP Administrator
Fiona van Zwanenberg – RCGP Clinical Network
Rachel Lawrence – RCGP PR

1. Apologies

Dr Russell Walshaw, Dr John Wynne-Jones, Dr James Moore, Dr Walter Boyd, Dr Laura Marshall, Dr Malcolm Ward, Dr Anna Wilson.

2. Minutes of the previous meeting

The minutes of the meeting on 31 August 2004 were approved as a true and accurate record of proceedings.

3. Matters arising

PR Topics

Rachel Lawrence, RCGP Press Officer joined the meeting and the Rural Group conveyed the current topics that are potential highlights for the Press Office. The RPSG has re-written its RCGP Information Paper and this is now with the College and will be published soon. The Rural Health Forum access to care document was accepted by the Academy of Royal Colleges and waiting to be published. The Academy is forming a sub-group and Iain Mungall and Mayur Lakhani will be actively involved. The Group will consider policies between the Royal Colleges and will be looking at the forum's access to care document with a view to taking it another step further and forming acceptable guidelines. The RPSG will also be participating in the RCGP's Spring Symposium in 2005. The RPSG is undertaking a series of meetings with RCGP Faculties, the first was with the Tamar Faculty, the second with the NES Faculty (held the day before this telephone meeting) and the third will be held with the EA Faculty in January 2005.

Dr Mungall reported that a means of disseminating information relating to European rural health issues has been created through an initiative of the European Rural and Isolated Practitioners Association (EURIPA). The International Journal of Remote and Rural Health, an electronic international journal based at Flinders University in South Australia, will now have a European section within it and is sited on MEDLINE. Rural and Remote Health is keen to publish material from across Europe as both original papers and news and comment. The Editor is keen that all contributions are peer reviewed so that it is all cited. The European editor is Professor Christos Lionis from the University of Crete. Members of the EURIPA email list will be kept informed of progress. Further information can be found on the EURIPA website.

Dr Mungall also reported that the concept of a virtual library in rural and remote health is being developed by the IRH in partnership with Powys Local Health Board and the Library of the University of Cardiff. The working group met with the National Electronic Library for Health (NeLH) who is keen to see it come to fruition. Kathleen agreed to investigate a possible link from the RCGP Rural Standing Group's webpage to the virtual library.

Action: Kathleen to ask permission to have a link to the library from the RPSG's College Webpage.

Action: Rachel Lawrence is to meet with Fiona and keep in contact with the RPSG for information relating to the Group's activities.

4. Report from the Chairman

Dr Baird was supported in his thinking that the Group's priority is to re-focus its energy on the work it is currently pursuing as well as re-energise its work by recruiting some new members to the group. The Group agreed that it would advertise for new members and recruit interested College members from its meetings with the RCGP Faculties. The Group will be continuing its work on re-writing its RCGP Occasional Paper.

The Group agreed that minute 7. Membership Structure in the previous minutes would be fully adopted as the recruitment and working process of the RPSG.

Action: Kathleen to send Gordon a template forms/model for advertising for new members.

5. Budget Report

Fiona reported that there was no significant expenditure to report since the last report but in respect of income Phoenix has agreed to support the RPSG with £2,500 to cover its meetings with the Faculties.

6. The RPSG's meeting with the NES Faculty

Dr Baird reported that the meeting with the NES Faculty was a great success, there were more issues highlighted that were different from those that were taken from the Tamar Faculty. The NES Faculty will be appointing a rural representative who will be in contact with the RPSG and Dr Baird wants to pursue the idea with all College Faculties that have rural members. The meeting was worthwhile and Fiona would be writing a report which will be circulated shortly.

7. Progress with the RCGP Spring Symposium

Dr Mungall had written an email to the organisers of the next spring meeting in 2005 to inform them that the Group had decided to go with its previous plan and to have a 2 hr slot but his email crossed with one from the organisers which was offering 1 hr and 30 minutes. The Group felt that it should try and get 2hrs. Iain will be away on leave soon and Dr Baird agreed to take over making the arrangements.

Action: Dr Mungall to pass on the contact details of the organisers and information re: the work he has undertaken so far for Dr Baird to continue. Also pass on the Dr Baird the previous wording for the planned debate.

8. Country Matters

Phoenix continues to support the printing and circulation of Country Matters. Dr Mungall suggested that it would be a good idea to increase the circulation by using the BJGP mail shot to send out to all College members. Fiona reported that Phoenix would like to have a reciprocal agreement to include material in Country Matters but Dr Mungall and those present agreed that they would be happy for Phoenix to use what the Group say but would prefer that they did not take over any editorial rights. The Group would agree to share material with mutual consent.

9. Next meeting, date time & venue

The RPSG's next meeting will be on 19 January 2005 at 11.00 a.m. and is booked to take place in Imperial College, Meeting Room 8, Seminar and Learning Centre, Level 5 of the Sherfield Building.

Annemarie from the EA Faculty will be contacting Kathleen to finalise the arrangements for the meeting with the RPSG. The arrangements so far are that the meeting will start early evening with refreshments and Gordon and Iain (if he can make it) will give a presentation at the start of the Board meeting. It will be much the same pattern as for the meeting with the Tamar Faculty.

Action: Dr Mungall is to confirm whether or not he will be able to travel with Dr Baird to the next RPSG's Faculty meeting with the EA Faculty.

Royal College of General Practitioners

Clinical Network

Rural Practice Standing Group

Report on meeting with rural members of the North East Scotland Faculty, At Inverurie on 16th November 2004

Dr Gordon Baird, chair of the Rural Practice group attended this meeting, accompanied by Dr James Moore and Fiona van Zwanenberg. They were warmly welcomed by the representatives of the Faculty, who included the Chair, Dr Sally Harkness and Dr Craig Watson, the rural representative on the Faculty Board and five other faculty members.

Dr Baird gave a brief presentation, outlining the group's history and its links with other organisations in the UK and overseas. He talked about what made rural practice different, while agreeing that general practice faced the same problems all over, although the solutions might be different. He said that rural practice embraced a set of values and attitudes which could make it the human face at the forefront of personal care. Practising in isolated conditions, rural doctors often had to deal with situations which, in other areas, would be dealt with in hospital. Rural doctors had to be less risk-averse than their urban colleagues.

Dr Baird said that the purpose of these faculty meetings, for which the group had received some sponsorship for travel costs from Phoenix Distribution, was to raise the profile of the Group among rural College members and to find out what these members wanted the group to do for them. Dr Harkness said that their faculty made considerable efforts to respond to the needs of remote members, but that providing services over such a wide area was difficult. Inevitably, Aberdeen tended to dominate, although the faculty had a programme of educational meetings in other parts of the faculty area. They agreed that networking with colleagues was crucial for rural doctors, but that this was very hard to achieve. One aspect of remoteness was that rural doctors had little influence on policy within a CHIP (Community Health in Partnership?) and that urban colleagues predominated and had little understanding of their needs.

It was suggested that small practices, in general, suffered from this situation, complicated by lack of resources to send staff on training courses etc., and that there might be mileage in combining rural and urban small practices to get their views across.

Dr Baird mentioned that the Rural Group had originally hoped to form a Rural Faculty, but that this idea had not been accepted by Council. He felt that the current faculty structure did not represent a rural voice and wondered how this could be improved. It was clear that the issues highlighted in the discussion of CHIPS – such as the need for preliminary needs assessment work before establishing their structure – needed to have a higher profile with the College and this might be something which the group could achieve, particularly if it could be confident that it was putting forward the views of grass roots rural members.

The group discussed rural problems, which it was felt emanated from the imposition of large practice solutions, and also ways of providing support to GPs practising in remote and rural areas. The lack of peer support was seen as an important issue, and some members felt that the Regional Practitioners Association had been helpful. The faculty had run a Buddy System in the past and was planning to reinstate this, but it was aimed at new practitioners, and did not offer support to mature GPs. It was felt that this was a problem for the profession as a whole, which had provision for "sick" doctors, but that there was not much support for the

capable doctor who just wanted a colleague to share ideas and experiences with. For rural doctors, this was complicated by feeling that their voice did not count.

Dr Baird mentioned the response of the Solutions Group, which was to recommend twinning practices – linking a remote practice with a large urban one – providing time out for the rural doctor and a change of scene for doctors from the city. He suggested that faculties might promote this to the College as a way forward. In the long term, it was felt that making sure young doctors got an experience of rural practice during their foundation year of training was a key way to recruit rural GPs. It would not happen by itself, but would require deliberate action to stimulate young doctors to try it out.

Further ideas for improving communications were discussed. These included teleconferencing, attending the annual Rural Health Conference at the Institute of Rural Health in Wales, making use of cheap air fares, block- booked ahead, to allow rural representatives to attend meetings in London, participation in the College's Spring meeting (Blackpool 8th-10th April 2005)

Dr Watson, the rural representative on the NE Scotland Faculty Board, said that he was able to act as a voice for local members and to raise rural issues. It was agreed that if all faculties had such a representative, who could feed ideas into the Rural Practice Group, this would be a great help in raising the profile of these issues, via *Country Matters* or the *New Generalist*, as well as via Council. Dr Watson agreed that a voice was important – he said that it was one of the reasons he had put himself forward to join the Board, believing that change was best accomplished from within. It was agreed that the Rural Group would encourage all appropriate faculties to identify such a representative and would endeavour to set up a network with them, to exchange ideas and views.

Dr Baird also encouraged those present to join the rural email discussion group and to promote it to colleagues. Returning to the issues of recruitment and retention, he agreed that it was essential to “catch them early” and that this included the schools. This too was a problem for remote communities, where employment horizons might not be very wide.

In summary, he said that he hoped the current series of faculty meetings would equip the rural group to speak with authority on the views of rural RCGP members and to allow it to take evidence of the situation to the College, which would have an obligation to take forward a major problem brought to its notice. The objective was to take forward local problems, with a national perspective.

Dr Harkness thanked everyone for their input to the meeting and assured them that the Faculty would take forward some of the messages which had emerged.