The Future of General Practice in Scotland:
A VISION

A 5-10 Year Plan for 2011 Onwards
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I welcome the launch of The Future of General Practice: A Vision which outlines RCGP Scotland’s five to ten year plan for the development of general practice within NHSScotland.

I am particularly glad of the insight into the College’s stance on primary care issues from a general practice perspective and I am grateful for the recommendations made within. It is also heartening that in our desire to build a more mutual NHS that this document is shared with partners and stakeholders in the NHS, not least patient representatives and organisations.

The Healthcare Quality Strategy for NHSScotland which we launched in May 2010 aims to deliver the highest quality healthcare services to the population of Scotland and through this to ensure that NHSScotland is recognised by the people of Scotland as amongst the best in the world.

General Practice has a long and strong tradition of providing patients with the first point of contact for quality healthcare services as well as being regarded as the gateway to secondary care. This document outlines the development measures as recommended by the RCGP to build on the already excellent quality of care offered by General Practice.

Patients in Scotland have told us that they need and want caring and compassionate staff and services, clear communication and explanation about conditions and treatment, effective collaboration between doctors, support staff and patients, a clean and safe care environment, continuity of care and clinical excellence. It is encouraging that the College highlights a core skill within general practice as the ability to communicate in a meaningful way with patients, relatives and carers.

I share the RCGP Scotland belief that high quality GP consultations should be the main focal point for enabling patient centred local care in future and where necessary seamless access to secondary care services.

In The Future of General Practice in Scotland: A Vision, RCGP Scotland emphasises the academic levels, training, and continued professional support requirements needed to address future healthcare challenges. These challenges brought about by an ageing population, continuing pattern of disease towards long term conditions and a growing number of people with multiple and complex needs are not underestimated but with a dedicated, trained and highly efficient GP workforce, supported by technological advances, I am confident that we will be ready to meet these future challenges.

The Scottish Government looks forward to working with RCGP Scotland and stakeholders in the continuing effort to provide the best possible care for our citizens.

Nicola Sturgeon MSP
Deputy First Minister and Cabinet Secretary for Health and Wellbeing
General practice is the cornerstone of the NHS. It is often the first and only contact that patients have with the NHS and provides a service that is valued and trusted by the public. The foundation for general practice is the relationship that doctors have with their patients which is built over lifetimes and generations. The RCGP Scotland vision document supports this foundation of general practice. It places patients firmly at the centre of their care and emphasises the role of the GP as advocate and carer as well as doctor. It is important that in our efforts to meet rising demand and achieve political targets we, as a profession, do not lose sight of the ‘essence of general practice’ and the core values that lie at the heart of general practice.

The RCGP Scotland vision document supports this foundation of general practice. It places patients firmly at the centre of their care and emphasises the role of the GP as advocate and carer as well as doctor. It is important that in our efforts to meet rising demand and achieve political targets we, as a profession, do not lose sight of the ‘essence of general practice’ and the core values that lie at the heart of general practice.

The BMA’s Scottish General Practitioners Committee commends the aims and objectives of this report, which makes a series of recommendations that complement the policy document published by the BMA General Practice in Scotland: the way ahead published in 2010. Read together these present a clear direction for policy makers on the way forward for general practice in Scotland.

Dr Dean Marshall
Chairman, BMA Scottish General Practitioners Committee

NHS Education for Scotland.

NHS Education for Scotland is delighted to support the launch of this document which emphasises the patient-centred caring approach of modern general practice. NHS Education for Scotland supports the RCGP Scotland emphasis on high quality training, clinical leadership and continuing professional development (CPD). These developments with enhanced GP appraisal provide the evidence to deliver General Medical Council revalidation.

The timing of the launch is important with the development of quality in health and in primary care in particular. The document will support the initiatives where NHS Education for Scotland will be an important partner.

The aim of training is to provide a trained workforce but also gives an opportunity to deliver excellence and NHS Education for Scotland and RCGP Scotland share a common vision for excellence in education and training.

Malcolm R. Wright
Chief Executive, NHS Education for Scotland
We must look beyond the historic criticisms of the Quality and Outcomes Framework (QOF), chiefly that it creates a ‘tick box’ culture, and focus firmly on jointly-created outcomes which benefit the patient.
1. Introduction

General Practice is the jewel in the crown of the NHS, as described by Professor Gordon Moore. GPs are experts in managing risk and living with uncertainty in a way that is markedly different from other areas of healthcare.

90% of patient contact within NHSScotland happens in general practice, with over 90,000 consultations held every day in more than 1000 practices across the country, from inner city areas to the highlands and islands. On average, most patients see their GP four times a year which makes general practice exceptionally good value at approximately £28-35 per consultation. All this is delivered free at the point of use and funded centrally, covering approximately 90% of patient contact for just 10% of the overall health budget.

This document seeks to embrace the challenges of the NHS in the future. General practice is a dynamic profession and the model of GP partnerships allows us to be nimble and respond to change in a way that is unique. However, we must not throw away our core values, clearly described in our opening chapter, 'Essence of General Practice'. Professor Don Berwick in his John Fry Lecture of 2008 described how we are 'guests in our patient's lives', there at their invitation to share ‘the dark and tender places of their lives’.

We must help to ensure that the Scottish general practice of the future is fit to face the major challenges which include an ageing population, rapidly developing technology, increased part time working and portfolio style careers, set alongside the funding pressures which all economies are facing.

We must look beyond the historic criticisms of the Quality and Outcomes Framework (QOF), chiefly that it creates a ‘tick box’ culture, and focus firmly on jointly-created outcomes which benefit the patient.

Much of what we wish to achieve has been laid out in the Scottish Government’s Healthcare Quality Strategy and quality must continue to underpin everything we do in general practice: quality of care and service; quality in training and education and maintaining quality through continuous professional development. By driving up quality we will improve patient safety and move to a culture of outcome focused care, where the goals are jointly determined by doctor and patient. We all need to aspire to care which is safe, clinically effective and person-centred. The key themes that have come through in this Strategy include:

- Empowering patients to play a part in the management of their own health.
- The integration of all care service to fully meet the needs of patient.
- Care that is clinically effective, safe, delivered in the most appropriate way and within clear, agreed pathways.
- Primary care playing an essential role in the effective use of scarce public resources.

General practice is part of the primary care family including pharmacy, dentistry, allied health professionals (AHP) and nursing. We must find new ways of working
co-operatively with other professions to deliver that integrated care that we strive towards.

General practice is the gateway to secondary care so it is paramount that we work together with our secondary care partners to improve access to services and deliver the best balance of care in the most efficient way. However, any change in the balance of services must be accompanied by a re-allocation of resource and training if it is to be successful.

There are a number of areas not covered in this report, many of those are covered in the recent document by the Scottish General Practitioners Committee of the BMA, General Practice in Scotland: the way ahead. We intend these documents to complement each other to ensure the essential elements are covered.

General practice in Scotland has a positive future as part of a strong NHS. We must aim for excellence in all we do for our patients and make Scotland a world leader in health care.

I commend this vision to you and encourage you to share it widely with your colleagues and contacts.

Dr Ken Lawton FRCGP
RCGP Scotland Chair (2007-10)
2. Executive Summary

The NHS is only one aspect of the measures required to address Scotland’s problems of poor health, but it is an important part and there is an opportunity to lead the world in showing what an equitable health service can achieve.

This document is aimed at the public, patients, medical colleagues, politicians and policy makers to help shape the future of general practice and meet the challenges of both funding and design over the next 5-10 years. The team at RCGP Scotland will use this document to continue to engage with all its stakeholders to uphold the standards of high quality care.

The key principles which underpin this document stem from the Essence of General Practice project; a piece of work which looks at the core values of being a GP and the delivery of truly excellent care. These are themes that reflect the ethos of the Royal College of General Practitioners (RCGP) and on which we will continue to build.

A number of key pieces of work within the RCGP at both Scottish and UK level are also referenced. RCGP Scotland supports partnership as the preferred model of general practice. Where this is not possible it is crucial that GPs, particularly those in their first 5 years post certificate for completion of training (CCT) or those working on a less than full time basis, should be aligned to a stable unit of care.

We support the concept of practices working together in a co-operative fashion. This will enable effective relationships to be maintained with secondary care, social care and the extended primary care family.

All patients should expect high quality safe care through person-centred outcomes, created by patients working in partnership with their GP to manage their own health needs. Patients need to be actively involved in the planning of treatments and services.

Five year training for general practice is essential to support the complete professional development of GPs at an early stage in their careers. It is important to note that the GP curriculum is based on 5 years training. In Scotland, NHS Education for Scotland has made progress towards this with the majority of training programmes on offer being four years as opposed to the traditional three year programme.

To deliver this vision, all GPs have a leadership role to play. Effective clinical leadership and input into service design will lead to a much more effective use of resources. Whilst GPs provide 90% of care for 10% of the budget, they are also responsible for large proportion of the secondary care budget through their referral activity. General practice must work closely with secondary care colleagues and managers to achieve this effective use of resource.
3. Summary of Recommendations

Essence of General Practice

1 Links between general practices, communities and primary care organisations should be explored to improve the co-ordination and delivery of front line care.

2 The key roles and core qualities of general practice should be further explored and developed in academic research and health policy. This will help to deliver high quality care in the long-term.

3 Working in partnership with patients on their desired outcomes should be the preferred model for clinical management. General practice should focus less on disease process markers and more on care that is person centred and directed towards the goals and outcomes identified by the patient. There is evidence to suggest that goals of this type improve social participation.

4 GPs have shown that they have the potential to implement NHS change quickly and safely within practices. There is great potential for broader development of these skills within NHSScotland to provide safe, clinically effective, person centred care. This will improve quality in primary care.

5 A GP clinical leadership program should be developed in partnership with primary care professions and NHS Education for Scotland.

Patients

1 Appropriate support and training in communication skills must be available for all primary care staff, including practice nurses and ancillary staff.

2 A national campaign should be delivered to raise awareness of the development of services accessed within the community.

3 Patient participation must be encouraged both at strategic and local level so that services are developed which respond to the needs of the community they serve.

4 The role of the voluntary sector should be better integrated into existing systems of care in order to support both GPs and their patients. The ability to direct people to other appropriate services within their communities should be developed and encouraged.

5 High quality electronic record systems must continue to be developed by NHSScotland to facilitate the safe, secure and efficient sharing of relevant data, with patients’ consent, across health and social care systems.

6 The values which form the essence of general practice must be shared directly with patients in order to ensure a mutual NHS.

Quality

1 The document Good Medical Practice should be extended to include the necessary attributes of a successful general practice team.

2 The Quality Practice Award (QPA) should remain the Gold Standard award for practices in Scotland. Practices across all NHS Health Boards should be encouraged to apply for either QPA or modular QPA and should be supported in their QPA journey.
A consultative service should be developed by RCGP Scotland in conjunction with NHSScotland, designed to support facilitated quality improvement visits to all practices including those less well developed.

Qualitative information on patient experience must be fed back regularly to individual GPs through further development of tools such as the online patient experience tool CARE (Consultation and Relational Empathy) measure.

An advanced model of general practice, encompassing both the individual and the team should be researched and defined.

Protected Learning Time should continue and be actively promoted by Community Health (and Care) Partnerships and NHS Boards in order to share knowledge and develop expertise between GP practices.

Cost effective and innovative ways of working should be developed by RCGP Scotland, the Scottish Government and other key stakeholders, including secondary care colleagues.

The same level of safe and effective care must be provided by a trained GP with a working knowledge of NHSScotland, whether this is in or out of hours.

Measurement of patient expectations, in addition to measurements against defined professional standards, must continue to be incorporated into future measurements of quality.

Professional values must be incorporated into future definitions of quality.

A culture of professionalism must underpin all aspects of professional development.

Robust and detailed workforce data must be collated to inform accurate workforce planning.

Additional training is necessary for those wishing to practise in environments which require specialised skills, such as deprived or remote and rural settings.

GP Specialty Training (GPST) Programmes must be extended to 5 years, of which at least two years (preferably three) are based in general practice.

Careers support must be available at all stages for professional development in general practice.

Leadership training must be available to all general practitioners at all stages in their career.

Partnership should be promoted as the model for General Practice, in which the GPs are partners in the practice rather than sessional. Where this is not possible GPs need to be part of a stable unit of care.

A variety of continuing professional development (CPD) to meet the educational requirements of all GPs should be supported by RCGP Scotland.
Revalidation for GPs must be fair, proportionate and fully resourced.

Support for the development of GP appraisal is essential as it forms the basis of effective and fair revalidation.

Health Inequalities

1. Additional time for consultations with patients in very deprived circumstances.
2. Enhancement of multi-professional practice teams to ensure staff are equipped with the specific skills and expertise.
3. Improved joint working between general practices and other local services.
4. Protected time to allow greater engagement of general practices with surrounding communities.
5. The further development and increased use of non medical interventions, or ‘social prescribing’, to make better use of the many statutory and voluntary services which already exist in deprived areas.
6. Further research and support from NHSScotland is required in relation to health inequalities.

Academic General Practice

1. The development of a clearly academic general practitioner career pathway as envisaged in Academic General Practice in Scotland: Securing the Future to be monitored by the Scottish School of Primary Care (SSPC) with support from RCGP Scotland.
2. Close collaboration of University and Postgraduate Departments of General Practice in a ‘joint future’.
3. A strategic review of primary care research and development priorities, focused on high quality, safe and effective care, shifting the balance of care, supporting self-care and promoting international excellence. This review to be led by the SSPC.
4. The establishment of senior honorary clinical academic, (including at professorial level, as appropriate), for experienced research-active GPs outside of university settings.
The development of the Quality and Outcomes Framework (QOF) has led to shifting attitudes in the way modern healthcare is provided, with an increased focus on the quantitative clinical elements which make up patient care.

Whilst the use of such clinical evidence has had a positive impact on patient care within Scotland, it is important to recognise that high quality care in general practice is not based on measurable clinical elements alone. High quality care is multi-layered including many intangible, complex and often difficult to define elements. These elements form the essence of general practice, reflected in the unique role of GPs both in the doctor-patient relationship and within the community.

The increasingly rapid modernisation and development of health policy and its implementation mean that these elements of general practice (the essence) that are at its heart and central to its purpose and ethos are at risk of being sidelined or ignored.

The Essence of General Practice initiative was set up in 2004 by RCGP Scotland in partnership with the International Futures Forum in order to explore and attempt to define these elements. The initiative aims to explore ideas and suggest ways forward that provide continuity with the past and engage constructively with the future which will involve increasingly rapid changes in evidence, technology, health policy and contemporary culture.

Essential Themes

- Using Evidence to Support Safe, Clinically Effective Holistic Care
  QOF uses a valid evidence base on which to build a safe and sustainable method of patient care.

However this is not the only factor by which quality in general practice should be defined. Evidence enhances and supports understanding and clinical reasoning, but does not replace either.

RCGP Scotland believes that the future of general practice in Scotland lies in establishing a sound balance between evidence and the elements outlined above underpinning the essence, thus supporting clinically effective holistic care centred on the goals and needs of the individual. This balance means that the doctor-patient relationship remains at the heart of general practice while ensuring that the care provided is based on a foundation of solid clinical evidence.

Defining the Essence of General Practice

Research undertaken by the Essence project identified the following elements:

Key Roles

These were considered essential responsibilities for present and future GPs:

- Generalism
- Chronic disease management
- Acute care/unscheduled care
- Prevention of ill-health
- Teaching colleagues/self
- Team working
- Holistic/personal care
- Continuity/co-ordinated care
Core Qualities for GPs
Several core personal qualities or attributes are at the heart of the essence. These include:

- Robust intellect and passion for knowledge
- Altruism and commitment
- Awareness of justice
- Integrity
- Respect for patients
- Empathy and emotional awareness
- Capacity for innovation
- Ability to work with others (teamworking)

General practice in the future should explore and develop both the key roles and the core qualities above.

General practice also has many key advantages, including achieving trust, co-ordinating medical and social aspects of care, providing continuity, flexibility, coverage (90% of population over five years) and leadership.

Communication and Continuity of Care
A core skill within general practice is the ability to communicate in a meaningful way with patients, their relatives and carers. RCGP Scotland believes that high quality GP consultations should be the main focal point for enabling patient centred care in the future.

Empathic communication combined with evidence-based care produces a strong bond of trust which is also essential both for effective treatment and avoiding medicalisation. This trust is reinforced by continuity of care generated by repeated contact with a patient, allowing the strengthening of the GP-patient relationship over time.

Leadership for the Future
GPs of the future will require leadership skills, political vision and a clear sense of purpose. Well-focused leadership by GPs will be essential in University departments, Deaneries, professional bodies and NHS management structures, as we enter a period of unremitting change.

Two key advantages of general practice include the flexibility to address problems at a pace that suits patients and the ability to adapt clinical evidence towards an individual patient’s needs. These qualities are of great importance particularly for elderly patients and those with multiple health problems. GPs, as they are aware of what works in practice are able to do this safely and effectively whilst dealing capably with NHS change and liaising effectively with communities. GPs can help to coordinate care by liaising effectively with nurses, health visitors, allied health professionals and other primary health care team members, as well as social services and voluntary organisations.

In the future, general practice should focus more on objectives and less on process markers of disease by deciding in partnership with patients what their desired outcomes should be and working together to achieve them. The views of relatives and carers may also be of great importance here. Success should be measured on the achievement of these outcomes. There is a clear and compelling opportunity to work with the Scottish Government to develop general practice and to provide the ‘antidote to fragmentation’, by bringing together a multidisciplinary approach to person-centred care.
Links between general practices, communities and primary care organisations should be explored to improve the co-ordination and delivery of front line care.

The key roles and core qualities of general practice should be further explored and developed in academic research and health policy. This will help to deliver high quality care in the long-term.

Working in partnership with patients on their desired outcomes should be the preferred model for clinical management. General practice should focus less on disease process markers and more on care that is person centred and directed towards the goals and outcomes identified by the patient. There is evidence to suggest that goals of this type improve social participation.

GPs have shown that they have the potential to implement NHS change quickly and safely within practices. There is great potential for broader development of these skills within NHSScotland to provide safe, clinically effective, person centred care. This will improve quality in primary care.

A GP clinical leadership program should be developed in partnership with primary care professions and NHS Education for Scotland.
5. Patients

We must maintain and continue to develop a high quality, effective, universal and sustainable healthcare system in Scotland that is free at the point of use. It is essential to preserve and nurture the unique relationship between doctor and patient. This is particularly important in light of the demographic and societal changes anticipated in Scotland over the next decade, which include an ageing population and an increasing shift in the balance of care from hospital services to services in the community.

Patients expect high quality person-centred care, delivered in a confidential and mutually trusting environment. Good communication skills are vital to the quality of the GP consultation which is the main face-to-face contact for patients within the NHS. Continuity of care is core to the central values of general practice and provides a constant for patients through the often complex referral pathways of the NHS. General practice in Scotland is well placed to support high quality patient care as outlined in the Scottish Government’s Better Health, Better Care: Action Plan.\(^{13}\)

As GPs work to deliver this high quality care, patients should also be encouraged to take responsibility for certain aspects of their own health and well-being. High quality patient care should be safe and focus on outcomes rather than processes. General practices are ideally placed at the heart of all communities to help deliver the level of care outlined in the Healthcare Quality Strategy for NHSScotland, in partnership with their patients.\(^{14}\)

**Essential Themes**

### Patients and their GPs

The relationship between GP and patient is unique and this places GPs in a special and privileged position allowing them to both care for the patient and to enhance the patient’s own understanding of their medical condition, giving them the confidence to be a constructive partner in their own care.

### Patient Awareness

The range of services provided to patients is ever increasing; these must be well managed and patients must be made fully aware of the services offered within their local community and crucially, how to access them.

Patients now often attend clinics led by other specialist members of the primary care team, such as cardiac nurses. Where such a wide range of services is available locally, patients need to be informed and encouraged to access them.

While practices continually work at different ways of improving access, consideration of better models of delivering care are needed if appropriate access to general practice is to be achieved and maintained. Patients need to be made aware of developments within general practice and the various ways in which they can benefit from them in order that they can access the relevant services appropriately. This not only empowers patients but also increases confidence in the treatment they receive, thereby creating a more positive partnership between GP and patient.

Whilst not the only way of accessing the views...
and suggestions of patients and the wider practice population, practice based patient groups can have a role to play by providing a forum to gain constructive feedback on issues such as access. P3, the patient group of RCGP Scotland has set up an initiative called 'Make the Connections' which provides support and advice for practices wishing to set up a practice patient group. These groups can act as critical friends to the practice, survey patients, provide feedback, suggest solutions to difficult problems and articulate issues that are important to patients. They can also provide a vital link to the community which the practice serves. Other models of patient involvement or feedback may be more appropriate for some practices but a meaningful dialogue between a practice and its patients should be encouraged.

**Access and Availability**

The GP’s role has expanded over the past few years with increasing demand on services especially with regard to the clinical management of patients with one or more long term conditions. Longer or more flexible consultations will be required in the future to deal effectively with patients with complex care needs. To achieve this, practices must develop flexible appointment systems that closely fit the needs of the patient population. Patients must accept that this may mean that fewer appointments would be available but in the long run this would lead to a reduction in the number of appointments per patient per year. The relationship which patients have with general practice must work as a partnership and within this partnership patients must also accept the responsibility for using services appropriately. One of the key responsibilities of patients is to ensure that they cancel appointments that are no longer needed to allow them to be used by others.

RCGP Scotland, with funding from the Scottish Government Health Department, has developed a comprehensive online Access Toolkit to support practices in improving access.

**Continuity of Care**

Patients value the continuing relationship they can have with one doctor or increasingly, due to part time working and the development of a multi-disciplinary practice team, one practice over time. This relationship is at the heart of general practice and is valued by patients, but continuity of care must also be in place for patients who relocate, whose lives are transient, or who due to multiple health problems require care from a range of health professionals in primary, secondary and tertiary care. To maintain this effective level of care will require the continuity and excellent transfer of patient information.

Care should be from as few professionals as possible but increasingly a team approach is required. Therefore, communication between medical professionals and other service providers must be efficient, timely and of high quality with a clear understanding of each professional’s expected roles. NHSScotland must therefore continue to develop high quality electronic record systems to facilitate the safe, secure and efficient sharing of data between all relevant health professionals.

**Self Care**

Self care for the treatment of minor ailments and the daily management of long term illnesses should be promoted in order to empower patients with the support of their GP and relevant members of the practice team. Many patients with long term conditions appreciate working with their GPs and other health professionals as this allows their own experience of their condition to complement clinical expertise for the best outcome. Future developments to facilitate this could include training packages for healthcare workers to enable patients to stay more health aware, information for patients in a variety of formats to promote their well being, including health education packages in schools. The further development of E-Health and ‘telehealth’ will help to educate and empower patients to take greater responsibility for their own health.
**Development of Services in Local Areas**

GP practices are at the heart of communities and services must develop that are responsive to the needs of the people living in those communities, taking into consideration the problems and challenges they face. This is equally true for patients living in remote and rural parts of the country as it is for patients in inner cities. The dynamics of family life are constantly changing: the supporting role of the extended family has changed, people often live far from other family members, more people live alone and many family carers are often struggling with their own health problems as well as caring for a relative.

For patient-centred healthcare to develop in the community, individuals, families and communities need to be informed and empowered. Health professionals should be competent and responsive, with supportive and humanitarian systems in place. Multi-disciplinary work and the use of a variety of services should be strengthened and well co-ordinated.

Increasingly there are services within the community, often provided by the voluntary sector to which GPs can signpost their patients. These services can provide information and support to patients and their GPs, for example in the management of long term conditions. There is still the need to increase the confidence of GPs and other health professionals of the efficacy and sustainability of these services which can be of great benefit to patients.

Greater awareness in general practice of the role of unpaid family carers and their role in supporting patients is an area which is also of great importance. This includes ensuring that the specific health needs of carers themselves are recognised and addressed within general practice. P3, the patient group of RCGP Scotland is currently working in conjunction with the Scottish Government and the Princess Royal Trust for Carers to develop resources for use within general practice to raise awareness of these issues.

### Recommendations

1. **Appropriate support and training in communication skills must be available for all primary care staff, including practice nurses and ancillary staff.**

2. **A national campaign should be delivered to raise awareness of the development of services accessed within the community.**

3. **Patient participation must be encouraged both at strategic and local level so that services are developed which respond to the needs of the community they serve.**

4. **The role of the voluntary sector should be better integrated into existing systems of care in order to support both GPs and their patients. The ability to direct people to other appropriate services within their communities should be developed and encouraged.**

5. **High quality electronic record systems must continue to be developed by NHSScotland to facilitate the safe, secure and efficient sharing of relevant data, with patients’ consent, across health and social care systems.**

6. **The values which form the essence of general practice must be shared directly with patients in order to ensure a mutual NHS.**
6. Quality

Providing high quality care for patients and communities is a vital part of general practice, along with measuring the degree to which it is successful. High quality care is a key theme of the Healthcare Quality Strategy for NHSScotland and a deeply held principle for GPs themselves.  

In addition to this, high quality care also drives patient safety and the work of the NHS Quality Improvement Scottish Patient Safety Programme is fundamental to this. It is important to understand what comprises quality, how to measure it, improve it and achieve it consistently. An audit will define quality as achievement against measurable standards; patients will consider it to be how far their needs and expectations are met and GPs will think of it in relation to how the care they provide fits in with their professional values.

Non-contractual measures to improve quality have been developed, such as the Royal College of General Practitioners (RCGP) Quality Practice Award (QPA). These measures provide a wider appraisal of practice organisational structure and rely on practical evidence that has been defined and agreed by the profession as markers of quality care. The existing focus is on actions, organisational structures, and clearly defined outcomes. However, in order to provide high quality care, GP skills must exceed the basic competencies for the profession and other complex virtues must be valued such as ethical reasoning, emotional literacy, imagination, perception and judgment; none of which currently has a validated assessment tool. The profession must widen the definition of quality to something greater than just the audit of evidence.

A change of focus is required in order to promote the aspiration to improve amongst all GPs. Values and professionalism should be clearly explained, understood and be achievable so that improvement is a desired concept for all.

Essential Themes

- **Measuring Quality Delivered by the GP**
  Whilst evidence based quality is important (see ‘Essence of General Practice’, page 11), many of the intrinsic aspects of quality cannot necessarily be measured using quantitative evidence. These important aspects include judgement, ethical reasoning and emotional intelligence. RCGP Scotland recognises the influence of external factors on these aspects such as case mix and the level of experience of the individual GP, making it difficult to measure this level of quality using any quantitative methods. For this reason achieving success in these areas should not be linked with payment. These skills should be promoted through training and the provision of learning tools for professional development.

Research undertaken by Professor John Howie in relation to quality in the general practice consultation provides supporting evidence for the importance of these notions of quality. This research has informed the development of the Consultation and Relational Empathy (CARE) Measure, a validated, patient–assessed measure of the doctor’s communication and empathy in the consultation that has been developed by Professor Stewart Mercer and colleagues in the Department of General Practice at Glasgow University. CARE Measure encapsulates the skills necessary within a consultation and is currently one of the only learning tools which covers the areas of quality that are difficult to measure. It has since been
recommended for use by NHSScotland in the Scottish Government Healthcare Quality Strategy.  

**Quality Delivered by the Practice Team**
The ability to work in an effective team allows the practice to take forward the full range and standards of care that it can offer. High quality general practice is dependent on the entire practice team who all have a major impact on how services are perceived by patients.

Currently in Scotland a number of quality assurance schemes exist to measure the quality of service provided by an individual GP practice, including the RCGP Quality Practice Award (QPA) and the newly developed modular Quality Practice Award (mQPA). The QPA is the highest marker of quality which can currently be achieved by a practice, and the modular route provides practices with a more flexible approach to achieving this.

These schemes provide a guarantee of quality and focus practices on continuous development and quality improvement. The achievement of such awards provides evidence to patients, the practice and others in the healthcare system that the practice is providing a high level of patient care. The process of achieving an award such as QPA provides encouragement to improve quality continuously.

**Inter-practice Communication and Links**
The development of communication streams and informal links between practices would allow practices to share information, resources and services, allowing them to respond more efficiently to the needs of the whole community. Working together in this way could also provide patients with a better understanding of the ways in which additional services, such as optometry, can be linked together.

Inter-practice communication can also improve the clinical quality of patient care and improve standards of safety through Protected Learning Time and Significant Event Audits.

**Quality Premises and Practice Environment**
In order to provide safe, effective and high quality care, practices must be well equipped with the facilities they need. Premises themselves can have a direct impact on quality at practice level and inadequate premises can limit actions which can be taken to improve quality care. The BMA Scotland document, General Practice in Scotland: the way ahead outlines several key proposals for the improvement of practice infrastructure in Scotland which are fully endorsed by RCGP Scotland.

**Out of Hours**
Recent contractual changes have delegated responsibility for out of hours care to CH(C)Ps with triage by NHS24. RCGP Scotland endorses the views on out of hours care outlined by BMA Scotland in General Practice in Scotland: the way ahead and believes that patients should expect the same level of safe and effective care whether this is provided in hours or out of hours. This care should be delivered by trained GPs who have a working knowledge of the NHSScotland. RCGP Scotland is committed to supporting GPs who work in the out of hours environment who will continue to be required.

_Liberating the NHS_, the White Paper recently introduced in England proposes that all GPs should become commissioners with responsibility for 80% of the NHS budget. RCGP Scotland does not believe this to be the most appropriate model for Scotland as it would lead to market driven, purchaser-provider split which could detract from patient care.

Despite this, RCGP Scotland believes that GP practices working together in a ‘federated’ model with other key stakeholders in the community would be the most appropriate way to deliver high quality cost-effective care. To achieve this, GPs must take on clinical leadership roles and work with colleagues in secondary care to develop innovative ways of working.
to have completed GP Specialty Training which includes experience of out of hours work under the supervision of an experienced GP.

**Advancing Quality**
There is an opportunity to advance quality in Scottish general practice and help practices to continuously improve. Facilitated visits to practices have been shown to be an effective way of improving quality. A suggested model would be for advanced practices to undertake QPA, and other practices encouraged to undertake the more focused approach of mQPA to target specific areas. Under this suggested model it would be highly important to have a process of facilitated visits in place to engage those practices that are either unable to undertake or have difficulty in undertaking a quality assurance scheme.

### Recommendations

1. The document *Good Medical Practice* should be extended to include the necessary attributes of a successful general practice team.

2. The Quality Practice Award (QPA) should remain the Gold Standard award for practices in Scotland. Practices across all NHS Health Boards should be encouraged to apply for either QPA or modular QPA and should be supported in their QPA journey.

3. A consultative service should be developed by RCGP Scotland in conjunction with NHSScotland, designed to support facilitated quality improvement visits to all practices including those less well developed.

4. Qualitative information on patient experience must be fed back regularly to individual GPs through further development of tools such as the online patient experience tool CARE (Consultation and Relational Empathy) measure.

5. An advanced model of general practice, encompassing both the individual and the team should be researched and defined.

6. Protected Learning Time should continue and be actively promoted by Community Health (and Care) Partnerships and NHS Boards in order to share knowledge and develop expertise between GP practices.

7. Cost effective and innovative ways of working should be developed by RCGP Scotland, the Scottish Government and other key stakeholders, including secondary care colleagues.

8. The same level of safe and effective care must be provided by a trained GP with a working knowledge of NHSScotland, whether this is in or out of hours.

9. Measurement of patient expectations, in addition to measurements against defined professional standards, must continue to be incorporated into future measurements of quality.

10. Professional values must be incorporated into future definitions of quality.
Professional development and setting the standards for GP training are core activities for the Royal College of General Practitioners (RCGP).

We are committed to providing members with guidance and support throughout their careers in relation to further education, maintenance of professional standards and intellectual fulfilment. Emphasis has been on the measurable qualities of general practice for some time and it is important to achieve a greater balance of emphasis between the empirical and the less tangible elements of quality and ethos. In the future the core values of general practice should drive an improvement of quality and a robust and credible revalidation will ensure that this quality is maintained.

Essential Themes

Professionalism

The GP role has changed and the definition of professionalism must be revised to take into account the new structure of general practice. Newly qualified GPs have different expectations of the role than older colleagues and professional development must support this whilst retaining a high level of professionalism measurable against clinical targets. The training outlined in the *RCGP Curriculum*\(^27\) and *Good Medical Practice*\(^28\) highlights the need to reclaim professionalism and excellence for the future generation of GPs; it is vital that training underpins these values.\(^29\)

In addition to altered expectations, GPs are now more openly accountable for the work they do on a daily basis. High quality professionalism is no longer an assumption and must be proved. It is important to establish the means to make patients and the public confident of this professionalism whilst retaining emphasis on its nature as a life skill rather than a quantifiable target. GPs that practise active professionalism are self-driven to provide a high quality service, improve patient care and to maintain continuous professional development.

Recruitment

In order to generate a highly motivated and engaged workforce in the future it is crucial to ensure that we are training the correct number of GPs and that we can provide viable career opportunities for the newly qualified. Current workforce statistics are not detailed enough to allow the demand for future GPs to be assessed, taking into account those currently working part time and the numbers due to retire in the next ten years. More meaningful, accurate and thorough workforce figures are needed to get the number of trainees right for the future.

Better incentives are needed for those areas which do not attract high numbers of GP trainees such as deprived or remote and rural practices. These areas must be recognised as requiring GPs with specialised skills that need additional support. Extending and enriching GP training could allow trainees to gain experience working in such environments. They may then become desirable career options where the appropriate support, incentives and training are given.

RCGP Scotland supports the partnership model of general practice, in which the GPs are partners in the practice rather than sessional. The partnership model supports the identity of the GP as an individual and is a desired career choice for many trainees. It is recognised that an increasing number of the workforce in general practice is now composed of sessional GPs. In some cases this has been through the choice of the individual however, increasing numbers of newly trained GPs are having significant difficulties in securing partnerships. This
has arisen due to contractual changes, uncertainty of funding streams and changes to skill mix. The resulting reduction in available partnerships has had a negative impact on the motivation of the newer members of the workforce. Where partnership is not possible it is important that GPs not only feel, but are, part of a stable unit of care. This may include for example the ‘freelance GP chambers’ model for locums.

Training
The introduction of GP Specialty Training (GPST) in 2007 has been a major advance in medical training. The new RCGP Curriculum specified for the first time the competencies required for independent practice as a GP, and an assessment system was developed to ensure that all those completing GPST have acquired the competencies of the curriculum. However, the RCGP Curriculum was designed for a five year training programme and not for the current three year programmes that exist, or indeed the current four year programmes in some parts of Scotland which include an extra hospital-based year.

RCGP Scotland strongly supports the need to extend GPST programmes to 5 years, of which at least two years (preferably 3) are based in general practice. In addition to simply increasing the length of the GPST, there is a need to ensure that the hospital components are tailored to allow doctors to acquire the competencies of the RCGP Curriculum. A final benefit of lengthening this training would be to allow the assessment system, which is currently an exit examination, to be completed at the mid-point of training and allow the development of higher skills designed to promote excellence in practice.

RCGP Scotland notes that NHS Education for Scotland has made considerable progress towards this by creating a large number of specialist training programmes which now offer four years of training.

All doctors in training should have the opportunity to experience general practice in their foundation years. If the quality of training in general practice is to be maintained then practice premises must be fit for purpose. Training and teaching practices must be provided with funding, and additional space within their premises must be developed in order to allow for this.

Careers in General Practice
Career support should extend from Senior School through undergraduate education and then throughout a GP’s professional life. GPs must be supported in planning their career prospects long-term, extending on the current emphasis on qualifying and receiving the Certification of Completion of Training (CCT). There are a range of long-term career options which GPs can work towards including the development of specialties.

The GP workforce is not immune to societal changes and it must be acknowledged that the future generations of GPs may wish to work more flexibly. It is important that these needs are recognised when we try to design future models of care whilst ensuring that these future models retain the core values of the essence of general practice.

In addition, leadership skills for modern general practice are essential (see p.12). There is increasing reliance on the management skills of GPs in order for them to take the lead on introducing changes throughout the GP workforce. Developing these skills should be encouraged in the early years of training and through continuous professional development to improve the practice and to develop doctors who are prepared to lead the profession in the future.

Continuing Professional Development
Continuing Professional Development (CPD) allows GPs to maintain their core skills and to ensure their clinical knowledge is up-to-date. It is also important to allow GPs to map their career and help maintain their enthusiasm for the job. Whilst CPD is a professional responsibility, the RCGP has a role in supporting GPs at all stages of their professional development. This will not necessarily be through provision of traditional CPD and will increasingly use the ‘e-platform’.
GPs must be reassured that the CPD they are undertaking is high quality and as such, the RCGP will continue to develop and promote the Education Providers Accreditation Scheme Scotland (EPASS) scheme. CPD planning and achievement are a key part of revalidation and the RCGP must develop tools including an e-portfolio that supports this process. Whilst these activities will be primarily targeted at RCGP members it is important to remember the RCGP has a role in supporting all GPs.

Revalidation
Revalidation is the developing new initiative designed to ensure that GPs meet current professional standards and continue to be fit to practise. This will be very challenging to implement over the next decade. The RCGP is working closely with other stakeholders including the General Medical Council, the British Medical Association and the Academy of Medical Royal Colleges to ensure that the standards and methods for revalidation are effective. RCGP Scotland supports the introduction of revalidation for GPs and its delivery in Scotland.

If revalidation is to be effective and meaningful it must be underpinned by a high quality appraisal process. Scotland is fortunate in that it has a robust appraisal system accessible to all GPs. This has been developed as a result of a strong partnership between RCGP Scotland and NHS Education for Scotland (NES). The development of this system, including information management and technology, must continue to be supported if it is to remain fit for purpose.

Recommendations

1. A culture of professionalism must underpin all aspects of professional development.

2. Robust and detailed workforce data must be collated to inform accurate workforce planning.

3. Additional training is necessary for those wishing to practise in environments which require specialised skills, such as deprived or remote and rural settings.

4. GP Specialty Training (GPST) Programmes must be extended to 5 years, of which at least two years (preferably three) are based in general practice.

5. Careers support must be available at all stages for professional development in general practice.

6. Leadership training must be available to all general practitioners at all stages in their career.

7. Partnership should be promoted as the model for General Practice, in which the GPs are partners in the practice rather than sessional. Where this is not possible GPs need to be part of a stable unit of care.

8. A variety of continuing professional development (CPD) to meet the educational requirements of all GPs should be supported by RCGP Scotland.

9. Revalidation for GPs must be fair, proportionate and fully resourced.

10. Support for the development of GP appraisal is essential as it forms the basis of effective and fair revalidation.
Health inequalities have an impact on all general practitioners working in Scotland and remain static despite an overall improvement in the health of the nation to which general practice has made a clear contribution. In order to be effective, any work on ‘narrowing the gap’ needs to address the entire spectrum of patients and health outcomes. RCGP Scotland is fully aware of the complexity associated with health inequalities. Our recent work through the RCGP Scotland Health Inequalities Short Life Working Group and report *Time to Care: Health Inequalities, Deprivation and General Practice in Scotland* demonstrate this.\(^{33}\)

Health inequalities are largely caused by the inequitable distribution of wealth, power and resources, and the social and political context in which we live. Therefore, the NHS as a whole and GPs in particular, clearly have a key role to play. We should be able to influence the world into which our patients are born and in which they live, grow, work and age.

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**Essential Themes**

- **The Inverse Care Law**

  Since its foundation, the NHS has provided equity of access to health care, via primary care and emergency services. The limitations of this approach have been described as the inverse care law, whereby ‘the availability of good medical care tends to vary inversely with the need for the population served.’\(^{34}\) As the NHS has acquired a large range of interventions of proven effectiveness, the consequences of the inverse care law have become more serious. If some parts of the NHS are better able to deliver good medical care than others, the NHS can itself produce widening inequality in health.

  The relatively flat provision of primary care resource across Scotland, compared with increased levels of health burden in deprived areas, means that the system is currently constrained in what it can deliver, both the content and process of the GP consultation varies as a result. Consultations in deprived areas are characterised by increased levels of need (including high levels of psychological and social problems), shortage of time, reduced patient enablement and higher levels of practitioner stress.

  Given the constraints that already exist within general practice in severely deprived areas, additional activity cannot reasonably be expected of practices without a proportionate increase of resources. There is not only a political challenge in the provision of these additional resources but also in knowing how to use them best in a culture in which both patients and professionals have
become used to expecting less. A balance is needed between actions that can proceed immediately and those which require, for example, programmes of research and development to establish effectiveness and value for money. The widespread involvement of practices serving very deprived areas in the ongoing activities of the Scottish Primary Care Collaborative show that widespread, co-ordinated initiatives are possible.

Research
As Sir John Arbuthnott noted in his report *Fair Shares for All* there was, and continues to be, a dearth of research on health care in deprived areas. The reasons for this continuing shortfall require investigation. In the absence of relevant research however, there is a great deal of practitioner experience. RCGP Scotland has been pleased to join with the Scottish Government in supporting the Deep End Project, which has engaged with the 100 most deprived general practices in Scotland in order to capture their experience on the nature of the challenges and how they may be solved.

The most deprived practices provide care for large numbers of patients living in the most severe socio-economic deprivation. Frequently the caseload related to this socio-economic deprivation dominates the work of the practice. These practices form a key part of the front line of the NHS, delivering care that works to improve health in the least healthy areas of Scottish society. They can be viewed as the flagship for what a National Health Service can achieve when committed to universal access, evidence-based practice, health improvement and health equity. The NHS can do more to support this front line.

Spread of Deprivation
It is important to note that there are minorities of patients living in pockets of severe deprivation, especially in rural areas, which are not large enough to register within analyses of deprivation based only on postcodes. The Scottish Index of Multiple Deprivation (SIMD) tells us that in addition to the 100 general practices serving populations with concentrated deprivation, another 700 practices have from 1-50% of their patients living in severely deprived areas. It is important that general practices across Scotland are resourced pro rata to address the needs of all deprived patients in Scotland.

Despite the heavy burden of health needs and demands, general practices that serve areas of concentrated deprivation in Scotland are often characterised by high quality levels, high morale and high commitment to improving services for patients. These factors are evident in several areas such as Quality Outcomes Framework (QOF) statistics, the involvement of practice staff in additional professional activities and by participation of these practices in the Deep End Project which is supported by RCGP Scotland. With additional support, including links to surrounding resources, much more could be achieved.

Health Inequalities and General Practice
General practitioners are in a unique position as they are embedded within their communities. General practice features a large degree of population coverage and provides continuity, flexibility, co-ordination, commitment and long term relationships based on trust. A particular strength is that of focusing on individuals and families over time, irrespective of the specific nature of their health problems. The challenge is to harness the strengths of general practice as part of an integrated, equitable and efficient health care system.

The RCGP Scotland is committed to developing a body of work including developments in training and Continuing Professional Development (CPD) which aims to support the Scottish Government’s plans to improve health in deprived communities, and thereby, narrow the gap in health outcomes.
Recommendations

Many of the resources needed to address health inequalities already exist but are ineffectively deployed and need to be aligned more closely with the core strengths of general practice.

1. Additional time for consultations with patients in very deprived circumstances.

2. Enhancement of multi-professional practice teams to ensure staff are equipped with the specific skills and expertise.

3. Improved joint working between general practices and other local services.

4. Protected time to allow greater engagement of general practices with surrounding communities.

5. The further development and increased use of non medical interventions, or ‘social prescribing’, to make better use of the many statutory and voluntary services which already exist in deprived areas.

6. Further research and support from NHSScotland is required in relation to health inequalities.
9. Academic General Practice

Academic GPs in Scotland have high level leadership roles in addition to undertaking teaching and research activities within Universities and Postgraduate Deaneries.

Additional workload includes generating substantial amounts of research grant income and peer review publications, along with contributing to service development at local, regional, national and international levels. However, there is concern about the ability of present and projected capacity to cover the huge range of opportunities and challenges facing the future of NHSScotland.

In order to continue to fulfil these important roles and to ensure the continuation of its contributions to the quality and safety of patient care in Scotland it is crucial that academic general practice is supported and nurtured so that future developments are based on solid primary care research. The main issues and suggested solutions have been addressed in the report: Academic General Practice in Scotland: Securing the Future, published by RCGP Scotland in 2009. The main points are summarised as follows:-

**Essential Themes**

- **The Value of Academic General Practice and Primary Care**

  Academic general practice is expertly placed to undertake research and planning specific to primary care in Scotland and has a crucial role to play in the delivery of the Healthcare Quality Strategy set out by the Scottish Government with the aim to drive improvement in the health of patients and health care in Scotland. Academic general practice can add value to NHSScotland by leading research, supporting and evaluating National and Health Board policy initiatives and by developing a strong tradition of innovation in undergraduate and postgraduate education.

- **Future Workforce Capacity**

  The workforce in academic primary care increasingly involves clinical staff from other health professions, including nurses, pharmacists, dentists, clinical psychologists. Primary care research activities also depend upon an important and growing contribution from non-clinical researchers.

  Projected figures for the future academic GP workforce are a concern due to the low numbers of junior academic staff comparative to the numbers of the current workforce due to reach retiring age. Over 35% of the present senior academic GPs will reach retiring age by 2018, a figure which rises to over 70% by 2023. It takes approximately ten years to train an academic to senior level and urgent, resolute action must be taken to address this challenge now. In order to achieve this goal the current academic GP career pathway must be improved in line with that of other academic healthcare disciplines. The recent appointment of the first four Scottish Clinical Research Excellence Development Scheme (SCREDS) lecturer posts is a key milestone in this development.

Some of the evidence needed to improve health care in Scotland can only come from research led by academics working in primary care, undertaking clinical trials and other rigorous research to address questions that cannot be answered in laboratories or hospital settings. In addition there is a growing need to develop academic support for new and sustainable models of health care in remote and rural settings. This is of great importance for Scotland as it has large numbers of remote and rural communities requiring different aspects of care to their urban counterparts.
The Academic GP Career Pathway

The lack of viable numbers of junior academics to replace senior colleagues approaching retirement is a consequence of the shortcomings of the current career pathway. Existing limitations on the academic GP pathway include: the current lack of well-devised career structure and opportunities within academic general practice; the lack of opportunities for achieving a higher degree which limits the development of principal research investigators; and the currently insufficient number and arrangements for GP Academic Fellowship/Training posts.

Resolving the current limitations would boost the future academic GP workforce, increasing the capacity to undertake important future initiatives and research.

Academic GP Leadership

It is crucial for clinical academic GPs to have the opportunity to undertake leadership roles in research, teaching and service management, in order to inform the future development of health and health services in Scotland. Academic GP training can create general practice leaders capable of working in a variety of contexts and can assist the integration of the many complex elements of primary care.

In the future, general practitioners in Scotland will progressively value research findings, because their practice will increasingly be based on high quality evidence. They will expect that where evidence does not exist to help them make a decision about the best patient care, there will be a way of ensuring that the question will be addressed by well trained, highly productive academics working at the forefront of their discipline on an international stage.

Recommendations

1. The development of a clearly academic general practitioner career pathway as envisaged in Academic General Practice in Scotland: Securing the Future to be monitored by the Scottish School of Primary Care (SSPC) with support from RCGP Scotland.

2. Close collaboration of University and Postgraduate Departments of General Practice in a ‘joint future’.

3. A strategic review of primary care research and development priorities, focused on high quality, safe and effective care, shifting the balance of care, supporting self-care and promoting international excellence. This review to be led by the SSPC.

4. The establishment of senior honorary clinical academic, (including at professorial level, as appropriate), for experienced research-active GPs outside of university settings.
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1 Professor Gordon Moore is a Professor in the Department of Population Medicine, Harvard U.S.A and has worked in managed care since 1972.

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