Minutes of Rural Forum Steering Group Face to Face Meeting

Minutes of the Rural Forum Steering Group held
On Saturday 15 September 2018 at the Edinburgh Training & Conference Venue
Meeting Commenced at 10:30

PRESENT:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tr>
<td>Dr Robert Lambourn</td>
<td>Rural Forum Chair</td>
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<tr>
<td>Miss Rosannah Jackson</td>
<td>Medical Student Representative on RFSG</td>
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<td>Mr Michael Critchell</td>
<td>Medical Student Representative on RFSG</td>
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<td>Pamela Hartford (via Skype)</td>
<td>Regional Engagement Manager, North West Region</td>
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<td>Mrs Jane Randall-Smith</td>
<td>EURIPA Representative on RFSG</td>
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<td>Dr Miriam Dolan</td>
<td>Northern Ireland Representative on RFSG</td>
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<td>Dr Mhairi Murdoch</td>
<td>AIT Representative on RFSG</td>
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<td>Dr Andrew Strain</td>
<td>First5 Representative on RFSG</td>
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<td>Mr Simon Bowen (via Skype)</td>
<td>Executive Director, Membership &amp; International</td>
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<td>Dr Chris Williams</td>
<td>Scottish Representative on RFSG</td>
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<td>Sir Lewis Ritchie</td>
<td>Chair of the GMS 2018 Remote &amp; Rural Short Life Working Group</td>
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<td>Paula Lythgoe</td>
<td>Rural Forum Administrator</td>
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IN ATTENDANCE:

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<th>Name</th>
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<tr>
<td>Paula Lythgoe</td>
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<tr>
<th>Item</th>
<th>Title</th>
<th>Action</th>
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<tr>
<td>1. CHAIR’S ANNOUNCEMENTS</td>
<td>Rob welcomed everyone, in particular our new AIT recruit, Dr Mhairi Murdoch and asked the group to introduce themselves and inform other members of their role. Rob asked each member what they would like to achieve/hope to achieve at this meeting and listed the objectives.</td>
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<td>2. APOLOGIES FOR ABSENCE</td>
<td>Apologies received from: Drs Chris Clark, Sanjeev Maskara, Hal Maxwell, Mel Plant &amp; John Wynn-Jones</td>
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<td>3. DECLARATIONS OF INTEREST</td>
<td>The Chair asked those present to be aware of their personal interests and to declare them if relevant to items discussed.</td>
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<td>4. INFORMATION GOVERNANCE &amp; DATA SECURITY RISK MANAGEMENT</td>
<td>The Chair reminded members present to be diligent regarding data security and information governance.</td>
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<td>5. MINUTES OF MEETING THURSDAY 30 AUGUST 2018</td>
<td>The minutes of the previous meeting held on Thursday 30 August 2018, were agreed to be a true and accurate record.</td>
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6. **MATTERS ARISING/ACTION LIST**

**Item 1.** Paula chased up the DDA Conference organisers regarding sponsorship. The cost of a small stand is £1270 including discount. As the stand is too expensive Rob will take along fliers for the Rural Conference and distribute.

**Item 6.** Jane informed the group that although she has received the PowerPoint presentation from the Krakow WONCA meeting, the file is too large to email. Jane will investigate ways to send the presentation, possibly by zip file?

**Item 7.** Sponsorship for Rural Forum Conference. Suggestions for sponsors; MDU, RMT Accountants and Lanyon Bowdler Solicitors who have an office based in Shrewsbury.

**Item 10.** Paula contacted Antoinette Hoyte, Membership & International Department at the RCGP to enquire about the possibility of having a copy of A Fortunate Man' in 30 Euston Square foyer. This was suggested by John Wynn-Jones. Antoinette informed Paula that she will order several copies to place in Euston Square bedrooms and will also have a copy available in the foyer. Antoinette has requested that John write the foreword.

7. **SIMON BOWEN – EXECUTIVE DIRECTOR, MEMBERSHIP & INTERNATIONAL VIA SKYPE**

Simon joined the meeting at 10:30 for the morning and introduced himself. He informed the group that he would like to find out more about the Rural Forum. Simon will follow up the meeting with a further email to Rob.

8. **REPORTS FROM RFSG REPRESENTATIVES**

- **Northern Ireland Report**

  Miriam reported: (still!) no government therefore no decisions (eg. to implement Bengoa report and for rural practices to get premises upgraded)

  Waiting lists for secondary care extremely long (three years for a hip replacement and two years for a neurology appointment)

  Workload still soaring- PIP (Personal Independence Payment) reviews, implicates of GDFR, under-doctored in rural areas

  Threat of Bexit in rural border areas (will EU Directive be lost? - lot of patients get treatment (eg hip replacement) in Republic of Ireland under this scheme especially in rural border areas, funding of EU for important schemes and indeed statutory services will be withdrawn? cross border initiatives under threat? (Derry-Letterkenny cancer services), arrangements for cross border workers)

  Federations: large, well-financed and supported MDT pilots rolled out in 2 of the 17 Federation areas (creating inequity?)

  Education: successful initiate of RCGP to get local, rural, less privileged secondary school students out to practices.

  Queens’ University Belfast implementing new curriculum with increasing hours spend on and in community care/GP.

  Postgraduate Entry Medical School focusing on training Primary Care Doctors to be opened soon (2020?) in Derry
**England Report**

Rob reported that his surgery in Wooler are hosting four first-year students twice a year for 4 years. Newcastle University are paying for taxis to transport the students from Newcastle to Wooler. Newcastle University are supporting rural general practice.

Rob suggested establishing a database to promote rural general practice as Newcastle, Keele and Imperial College all offer placements in rural practices. Also, what is on offer at other universities? Simon suggested contacting Chris Bull and Rebecca Irwin and enquire if they have this information from the GP Societies. Paula to contact Chris and Rebecca and cc Simon and Pam.

Sunderland University are providing training posts in Rural General Practice in Northumbria and Cumbria starting in February 2019. This means that the Rural Track programme is being extended to three and a half years from the previous three years. This is a bespoke course offering placements in Hospice, Psychiatry, Community Hospital, Community Paediatrics, BASICS and Expedition Medicine.

The mobile education unit, MELISSA is being launched in the north later this year and is showcasing at the Rural Forum Conference in January. Medics can update their skills on cannulation, CPR and AED.

The National Centre for Rural Health and Care is being launched at the Houses of Parliament on the 16 October 2018. Jane is attending the launch.

**Scotland Report**

No report at this time.

**Wales Report**

No report at this time.

**AIT Update**

Mhairi reported on feedback from rural track trainees - more likely to stay in a rural location if they are from the area. Barriers include increased financial cost of travel/flight etc. incurred by living in a rural location and difficulties in partners/other family members finding employment.

Meetings have been had re: potential impact of new GP contract in Scotland - some concerns from trainees (& GPs) re: implementation and how the role of an ’expert in general practice’ might take away some of the job satisfaction of working in a rural area and seeing everything (including simple presentations)

Rural Track Trainee Programme in Scotland has moved to 3 years (rather than 4) in an attempt to recruit more trainees - some concerns have been raised about impact this will have on exposure to specialties such as paediatrics and O&G which trainees feel are essential.

Rural Track Trainees in Scotland have discussed importance of trying to keep the rural track training distinct and are keen to preserve meetings such as the Rural Track Trainee Workshop which traditionally has taken place once a year (and is organised by a trainee in a different rural location each year) - it took place in Orkney this year and is proposed to take place in Western Isles in 2019.

Disconnect between Royal College and trainees - trainees, particularly those in rural locations, feel the College does not understand their needs. London based exams mean substantial additional costs for rural trainees’ vs other trainees and at meeting with representative from Royal College offers of being able to use ’coffee facilities and study space’ in London did not go down well. Trainees feel that the additional costs of 4 flights, accommodation etc. should be taken into account in exam fees.

Flexibility - trainees say rural practice appeals due to flexibility it offers to be the ’sort of GP you want to be’. However, some trainees expressed frustration that this was not reflected in some aspects of the training process and in particular trainees felt there should be more scope for self-directed learning with study leave - e.g. study leave has been turned down for trainees trying to seek experience of rural practice abroad.
First5 Update

Andrew reported the Rural Fellowship places in Scotland are not being filled. Recruitment and retention is also a key issue, the difficulty is often due to both the GP and their partner/spouse being able to find suitable work for their specific occupation in the same region. The RCGP are finding it difficult to retain First5 GPs. The First5 and AIT Committee are running Wellbeing events. The College have been asking AIT and First5 Committees how the College assist with to improve wellbeing of First5 and other GPs who are not College members. The new Chair of the AIT Committee is asking the question of the First5s who have remained a member, how can those who have left the College be encouraged to re-join?

The new Contract is a big issue in Scotland. The Scottish GP Contract has not yet been ‘Rural Proofed’ Two meetings have taken place, with the second meeting being more productive. In some cases, the income of a rural GP is dropping between 40-50% or incomes are being frozen. Rural GPs have not been considered. In the central belt of Scotland there are positive vibes, but rural GPs not so.

Medical Student Update

Although we have no real experience of working in primary care, our thoughts are that the course taught in 1st to 3rd year at Aberdeen is not necessarily a favourable representation of the career. While the course can be interesting and definitely relevant to primary care, we feel it is almost entirely the sociology of primary care without any real chance to see it in action, at least until 4th and 5th year. From our conversations with other students, a lot of them have been put off primary care by then as their entire experience of primary care until that point has been from this medical sociology point of view, involving statistics and studies etc.

The tutorials are delivered in GP surgeries, but there are only three to four per year and some students feel the fact we are on actual GP premises isn’t taken advantage of as the teaching consists of a PowerPoint presentation that we have access to at home anyway.

Rural opportunities are an area where we feel Aberdeen excels in comparison with other medical schools, but again we feel earlier exposure would be beneficial as most students’ first experience of this will be in 4th year. There is a single trip (to community hospitals and rural GP surgeries around Aviemore) for first year students, but numbers are limited to (we believe) around 20 students.

In terms of promoting rural practice, we also feel increasing the numbers of students who go to medical school from rural areas would help. The Reach programme can help pupils from rural areas study medicine, and in Aberdeen this is particularly true as all schools in the Highlands are considered Reach schools regardless of how many pupils they send to higher education. However, other medical schools do not necessarily have the same criteria for their own rural areas, meaning those rural pupils may not benefit from widening access programmes in the same way as others.

International Report – WONCA & EURIPA Report

Jane Randall-Smith offered, in John Wynn-Jones’s absence, to remind everyone about the World WONCA conference taking place in Seoul in October. Although there is no rural stream Rural WONCA will be holding a session to bring rural delegates together. The Delhi Declaration which was produced by WONCA Rural at their conference earlier this year in Delhi has been ratified by College.

EURIPA’s 8th Rural Health Forum will take place in November in Israel with the theme “The challenge of the vulnerable and ageing population in rural medicine”. EURIPA’s International Advisory Board will be presenting a workshop on what is happening across Europe. JRS would like to invite comments from the Rural Forum members to contribute a UK perspective. A comment was made about getting financial support to attend these international meetings. JRS mentioned the Vasco Da Gama Movement (VdGM) for young doctors, a network under WONCA Europe, which offers exchanges and awards. JRS offered to send the information. It was also queried if there are any College Funds to support international travel.

In September EURIPA was a partner in a call for proposals from the MRC, NIHR and GACD (Global Alliance for Chronic Diseases). The focus on the proposal is on early prevention with
those at risk of Hypertension & Diabetes by behaviour and lifestyle changes. The focus is on low middle-income countries and EURIPA and WONCA Rural are working together with partners in Nepal, Bangladesh, India and Sri Lanka in the pilot phase. Ukraine is also a partner. Following the pilot, the learning will be used to scale up in the pilot countries but also others in Europe such as Kosovo, Bosnia Herzegovina, Belarus and Turkey. The bid is worth £1.5m but will not know until next year if funding has been granted.

9. DEVELOPING THE COLLEGE LOCALLY – REPORT TO COUNCIL

A discussion took place regarding the Developing the College Locally – Local Function document. The 'Rural' take on the document is:

- Retired GPs Group - Michael Smyth who was previous Northern Ireland member of the Rural Forum is on the Retired GP Group so has input for Rural GPs
- Communication – North of Scotland Faculty are innovative in communicating with rural members via videoconferencing
- Promotion of Rural Forum – GPs can be isolated and remote – support from Rural Forum
- Many Faculties/Groups feel that College is London Centric – Faculties and Rural Forum can provide valuable input
- Mentoring – Faculties/Rural Forum know who experienced GPs are
- Support to current GPs from retired GPs – Fountain of knowledge
- AiT Perspective – many AiTs feel that E-Portfolio is there to pass RCGP Exam only and is not looked upon as a toolkit.

10. FUTURE VISION CONSULTATION

Rob divided the room into 3 groups and ran the session as a workshop. He asked each group to discuss a theme. This was discussed, and the feedback collated to be sent to College

11. RURAL FORUM UK REPORT TO COUNCIL – JANUARY 2019

One of the actions from the face to face meeting in January, suggested by Professor Stokes-Lampard is to compile and submit a report which will be presented to UK Council. Rob has been working on the report which is almost complete and has circulated to the RFSG. The report documents the challenges rural and remote GPs face with engaging with the College. Rob asked the group for suggestions/feedback on the document. It was suggested that a database of universities which promote rural general practice (as discussed, this morning). Also expand on acronyms as those reading document may not be familiar with College/Medical acronyms. It is hoped that Council will grant the Rural Forum Faculty status.

12. MOVING FORWARD WITH AIMS FROM JANUARY MEETING

Carried forward to next meeting

13. BRIEF UPDATE ON ALLIED ORGANISATIONS

Links to allied organisations provided on agenda.

14. RURAL FORUM CONFERENCE 2019

The programme for the Rural Forum Conference is almost complete. Flyers have been produced and are due to be circulated to as many distribution groups and promoted wherever possible. The event will be added to Salesforce enabling delegates to book on-line.

15. AGM (For Discussion)

Carried forward to next meeting
16. **SIR LEWIS RITCHIE – CHAIR OF THE GMS 2018 REMOTE & RURAL SHORT LIFE WORKING GROUP**

Sir Lewis Ritchie joined the group during the afternoon and thanked the Rural Forum Steering Group for inviting him to attend. Sir Lewis gave a synopsis of his background. As Chair of the Scottish General Medical Services Contract Remote and Rural Short Life Working Group, Sir Lewis has been visiting practices in Scotland to discover how GPs and Patients are reacting to the new contract. There is much uncertainty regarding the contract and patients have been Tweeting that they are afraid of the future. In general, both GPs and Patients are very unsettled. Sir Lewis would welcome any feedback from the group.

17. **ANY OTHER BUSINESS**

No further business to discuss

18. **INFORMATION ITEMS**

19. **DATE OF NEXT TELEPHONE CONFERENCE**

Paula to send out Doodle Poll for next telephone conference