



# **The Future of (Rural) Medicine in the United Kingdom?**

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# Introduction.

- The provision of acute medical services in the Remote & Rural (R&R) Hospitals in the UK has reached crisis point;
  - The European Working Time Directive has been introduced across the UK. (Aug 2009)
    - These R&R hospitals require 3-4 physicians to provide full out of hours EWTD compliant cover.
    - The elective workload will not support this number of WTE consultants, even with the population surges experienced during peak times.

# Introduction.

- There has also been a failure of recruitment & retention of appropriately trained physicians.
  - There is an increased trend for sub-specialisation in medical training schemes - the ‘generalist’ approach being squeezed out.
  - Generalist is seen as second best by trainees.
  - Lifestyle and geography.
  
- This has been recognised by Scottish Executive, RCGP and RCPEd.

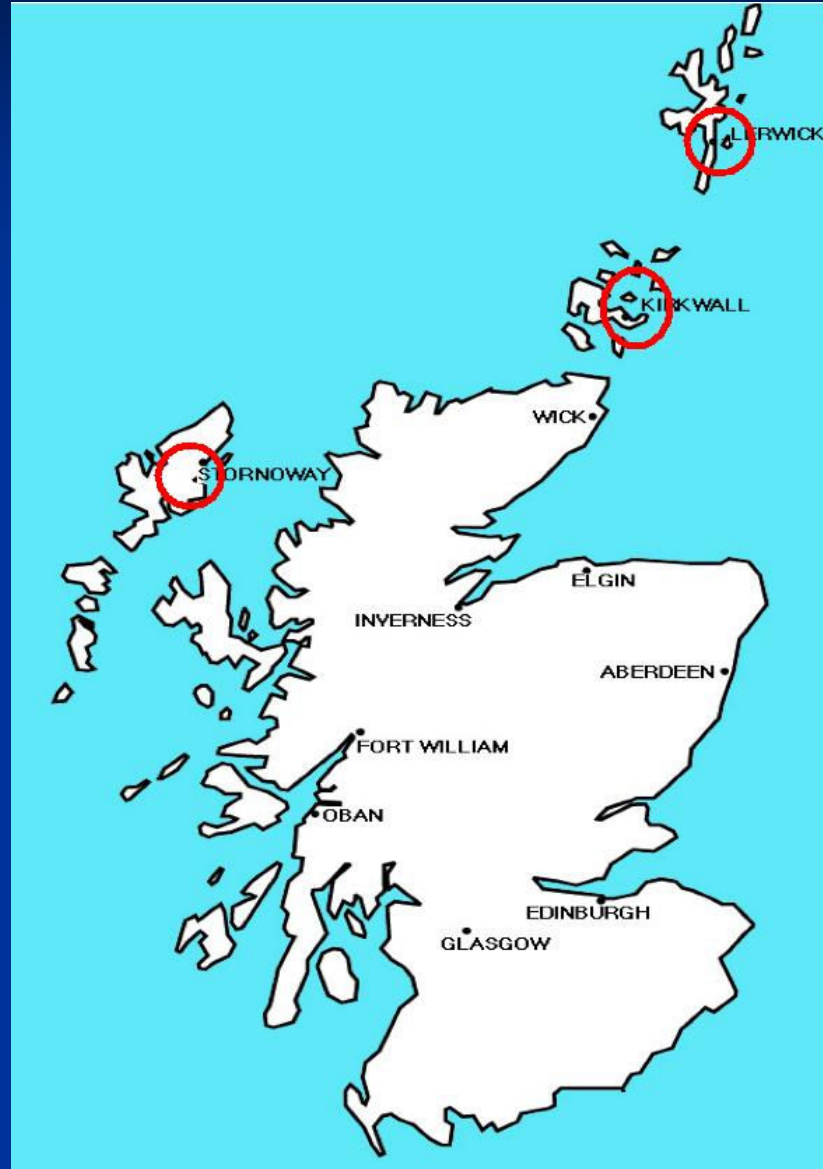
# Location Of R&R Hospitals.



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# Location Of R&R Hospitals.



# Fort William.



# Aims.

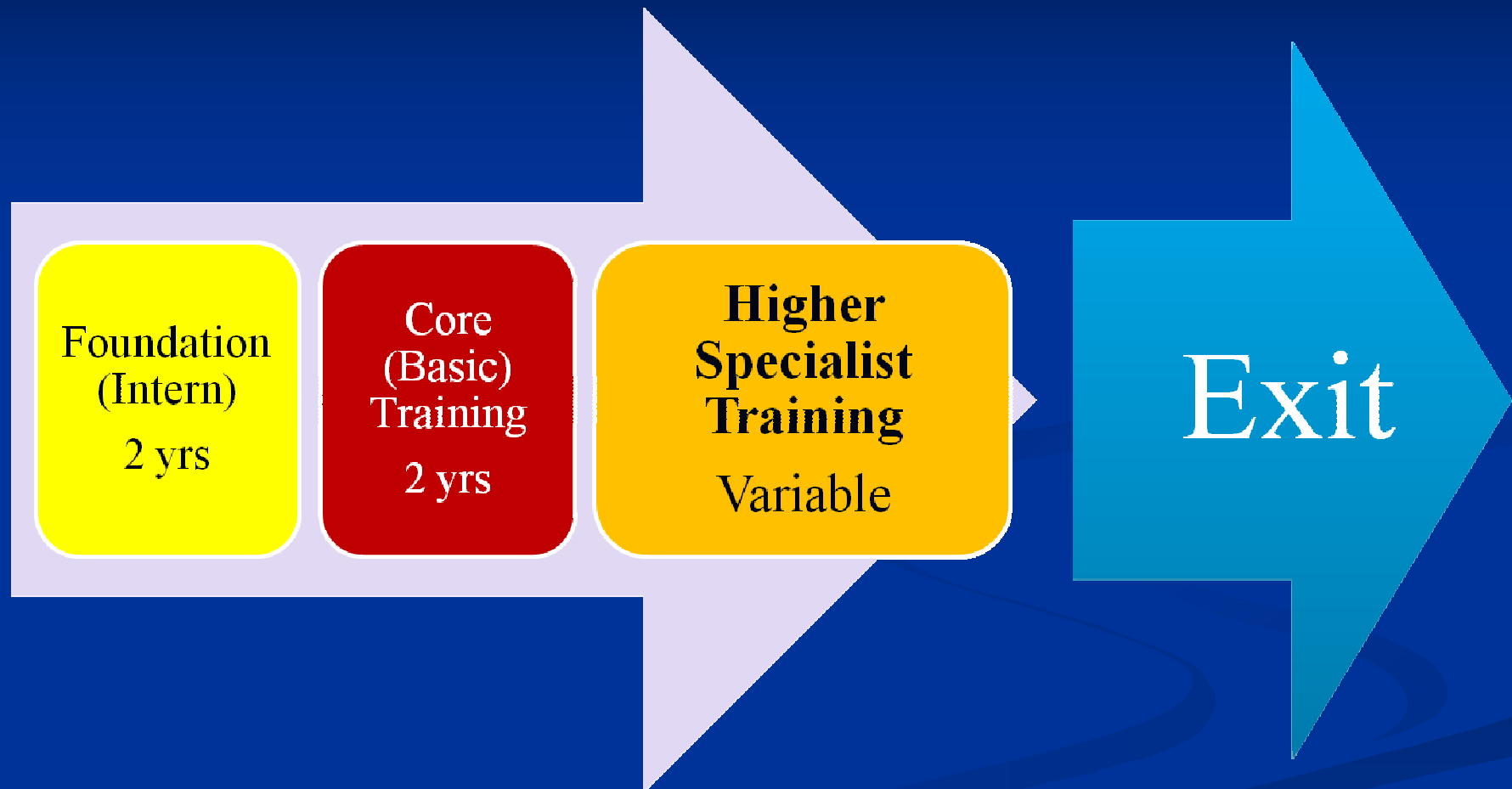


- To demonstrate that significant volumes of a wide range of general medical conditions are admitted to the R&R hospital requiring senior medical cover.
- To design a unique way of staffing these hospitals while continuing to provide the service with appropriately trained medical staff.

# Methods.

- Data were extracted from hospital coding to review the number of acute medical inpatient admissions and to clarify the need for the continuation of the service.
- A proposal was designed to employ doctors with CCT (level 3) in GP and Level 2 competence in Acute (General) Medicine to cover the acute ‘medical take’.
- A bid for funding was designed and submitted to the Scottish Executive in response to ideas for staffing the rural hospitals.

# UK Training.



# Higher Specialist Training.



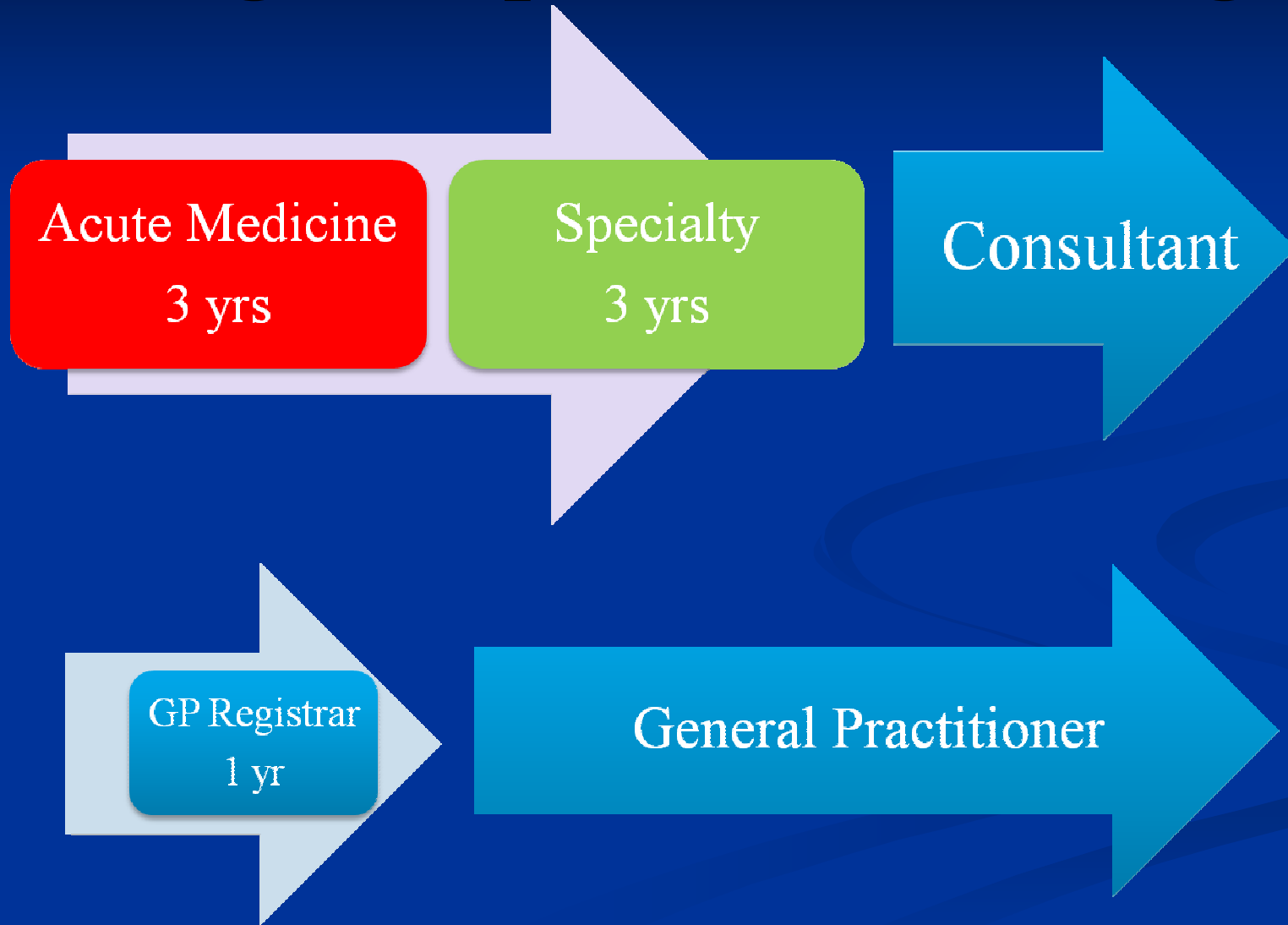
Acute Medicine  
3 yrs

Specialty  
3 yrs

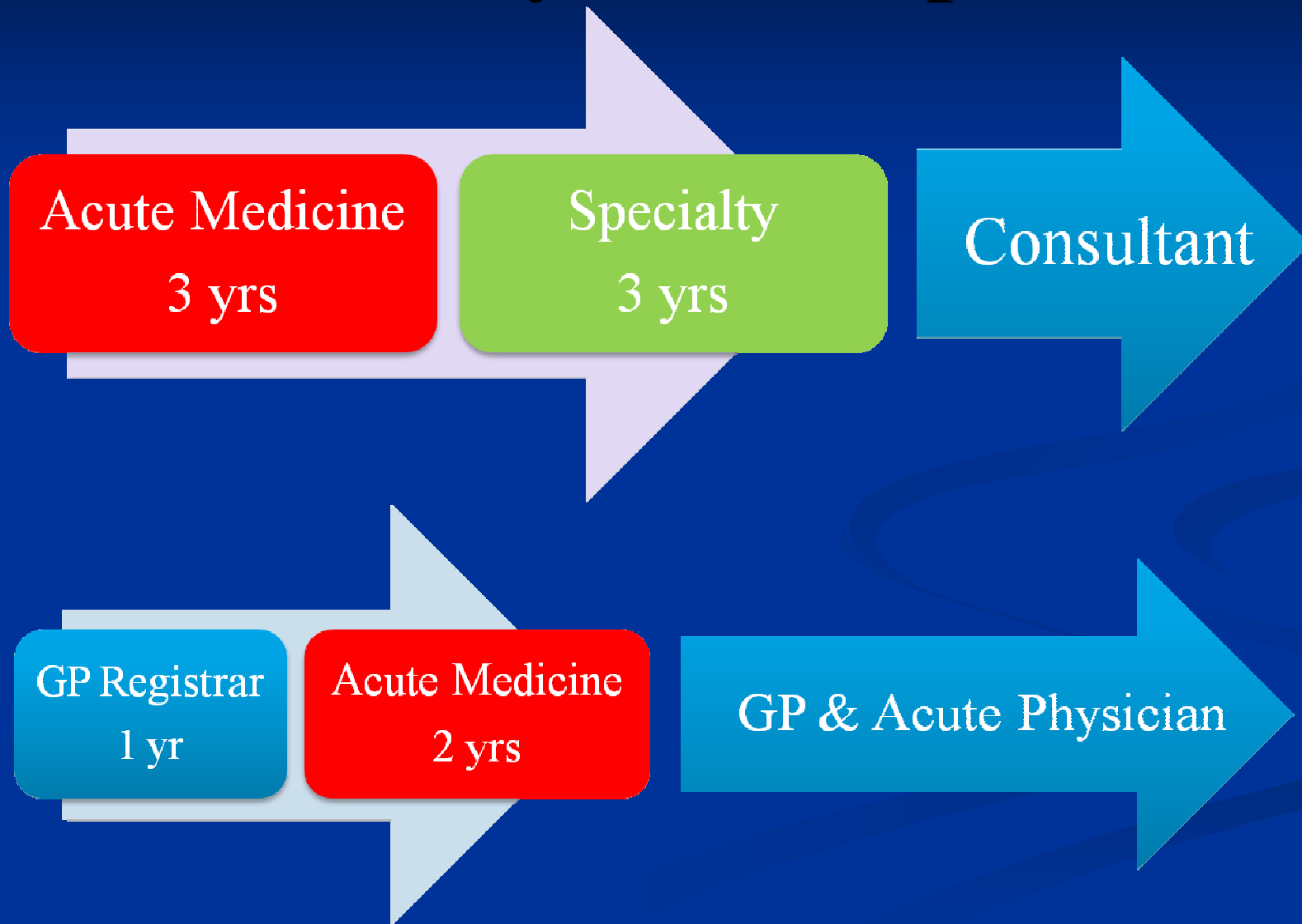
Consultant

GP Registrar  
1 yr

General Practitioner



# GP Hybrid Proposal.



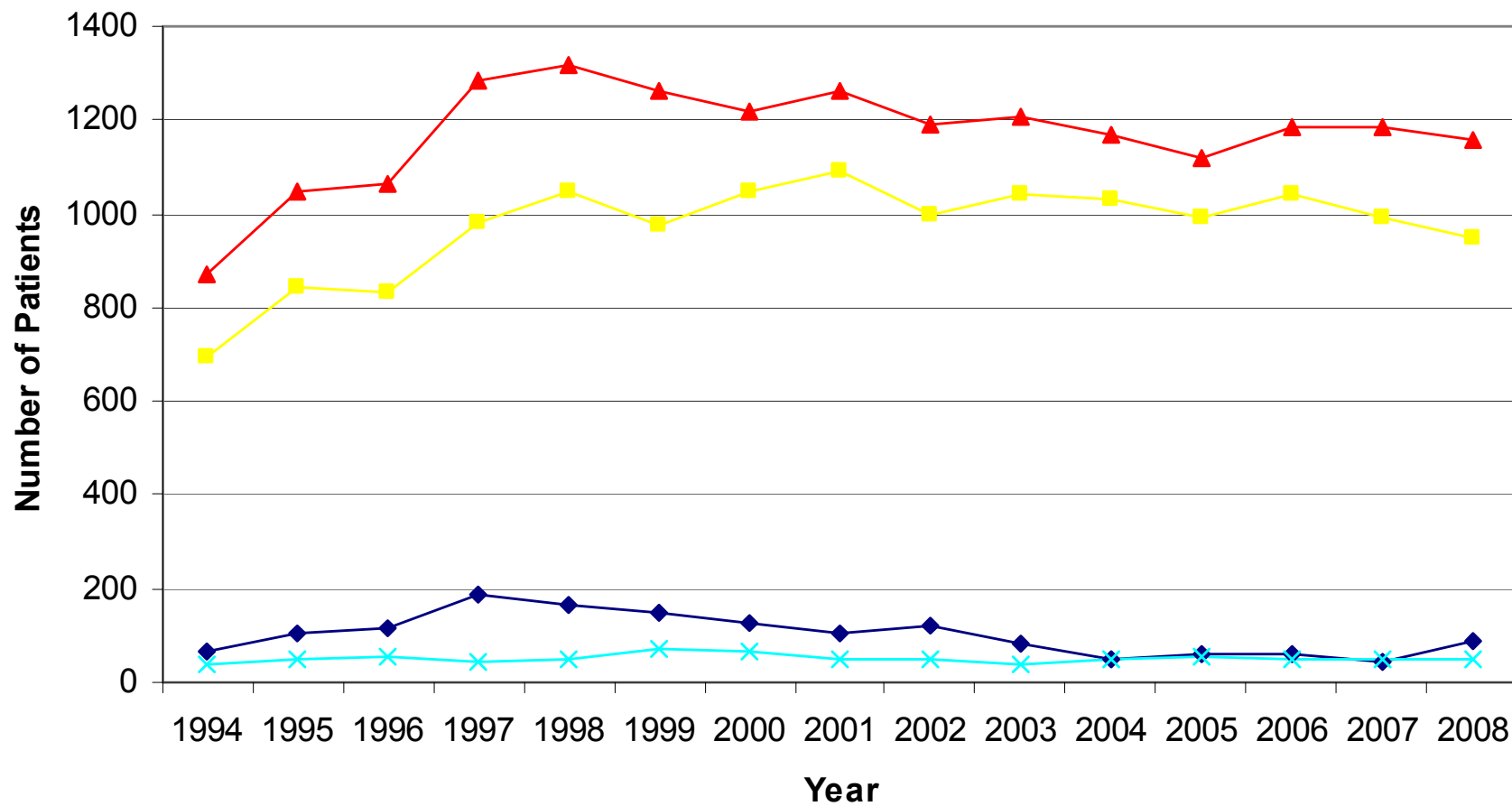
# Methods.

- GPs trained in this manner would help solve the acute care issue, taking EWTD pressures from the full time medical consultants while ensuring the continuation of the acute service.
- Their additional time, would be spent in primary care.
- These GPs would rotate through local practices in the area, thus providing an important interface between primary & secondary care.

# Results.

- Data for the last 15 years were reviewed.
- The local population range is 20,000 – 60,000 over a year.
- There were an average of:
  - 1169 acute medical admissions / year
    - (range 871-1317).
  - 102 transfers / year.
  - 101 tourists admitted / year.
  - 50.6 deaths / year.

# Medical Admissions.



▲ Acute Admissions    ■ Discharges    ◆ Transfers    ✕ Deaths

# Results.

- Funding was obtained from the Scottish Executive.
- A 5-year training program for this proposal has been approved & is now a career option via The Scottish Training Programme.
- Due to the EWTD the immediate needs are more pressing.
- A successful recruitment drive by the Belford Hospital has appointed a GP (with MRCGP & MRCP) who is in a position to achieve medical CCT equivalence within a year.

# Discussion.

- There remains a need to provide 24/7 acute & emergency cover to local communities. This should be provided by appropriately trained consultants in accordance with best practice.
- The geography and time taken for patients to access healthcare mean there is a continued need for R&R Hospitals if we are to provide best evidence based healthcare to all.

# Discussion.

- The skills brought by the GP in terms of chronic disease, paediatrics, O+G, etc are not part of the general medical curriculum but can be tailored to play a vital role in acute medicine.
- This is vital as future training of “-ologists” will not include significant acute medicine, and acute medicine will not include exposure to chronic disease management, thus a hybrid is necessary

# Discussion.

- This is relevant to the whole NHS / medical service provision, not just the rural setting. With appropriate level 3 consultant support, GPs trained in this manner can ensure continuation of high-quality healthcare without compromise in service.

# Conclusions.

- This study demonstrates that a significant volume of acute medical emergency is being seen in this type of hospital.
- Local access for the treatment of common medical conditions is important to families and needs to continue to be provided in the R&R hospitals.
- This experience needs to be utilized for training future GP's and has the following advantages;
  - It is concurrent with general practice training.
  - Relevant to general medicine.
  - Generates General Practitioners with acute medical experience.

# References.

- R&R training pathways group, Final Report, 2007.
- The Scottish Executive, Better Health, Better Care, 2007.
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- The Royal College of Physicians. Perspectives on the Future of R&R Medicine in Scotland, 2006.
- Delivering for Remote and Rural Healthcare. The Final Report of the Remote and Rural Workstream, 2007.