



Royal College of  
General Practitioners

# **Rural GP Recruitment & Retention – experiences from Scotland**

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# Dingwall Medical Group



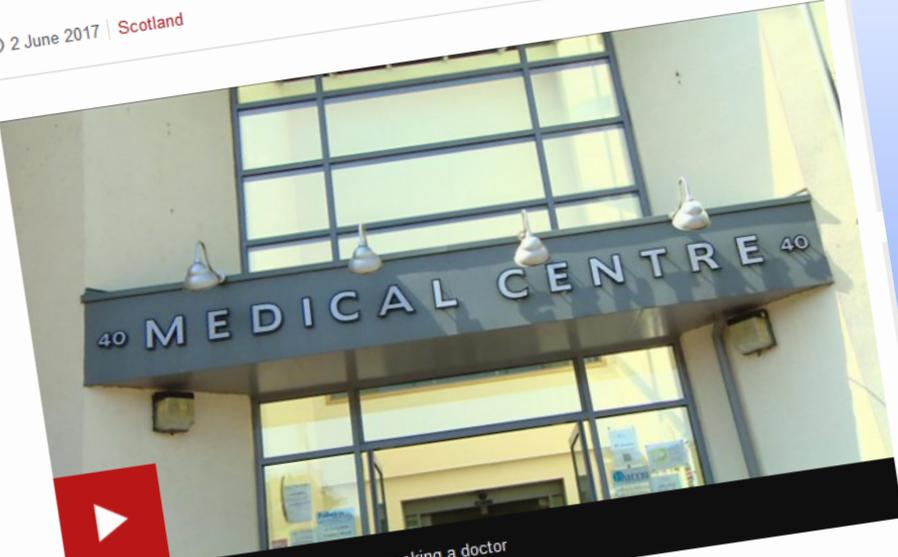
# GP Recruitment

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## One in four GP practices in Scotland has a vacancy

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Almost 1 in 4 Scottish GP practices is seeking a doctor

**More than one in four GP practices in Scotland has a vacancy for a doctor, according to new figures obtained by the BBC.**

The latest survey from the British Medical Association shows little change in the number of unfilled posts, despite a Scottish government recruitment drive launched last summer.

The crisis in GP recruitment is a problem across the UK.

With increasing workloads, fewer young doctors are choosing general practice.

# Scottish Government policy

- 2020 Vision
- Realistic Medicine
- Balancing personal care with highly specialised interventions
- Multidisciplinary working



# Aging

Scotland's population is projected to rise and to age



Source: Scotland's Population, 2015 Infographic Report, National Records of Scotland

# Multi-morbidity & Health Inequalities

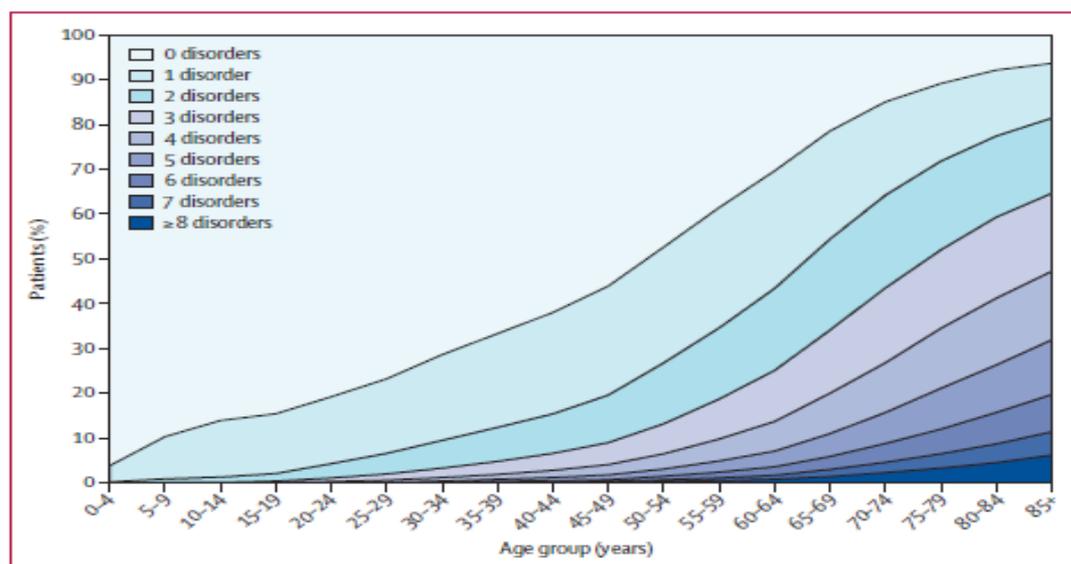


Figure 1: Number of chronic disorders by age-group

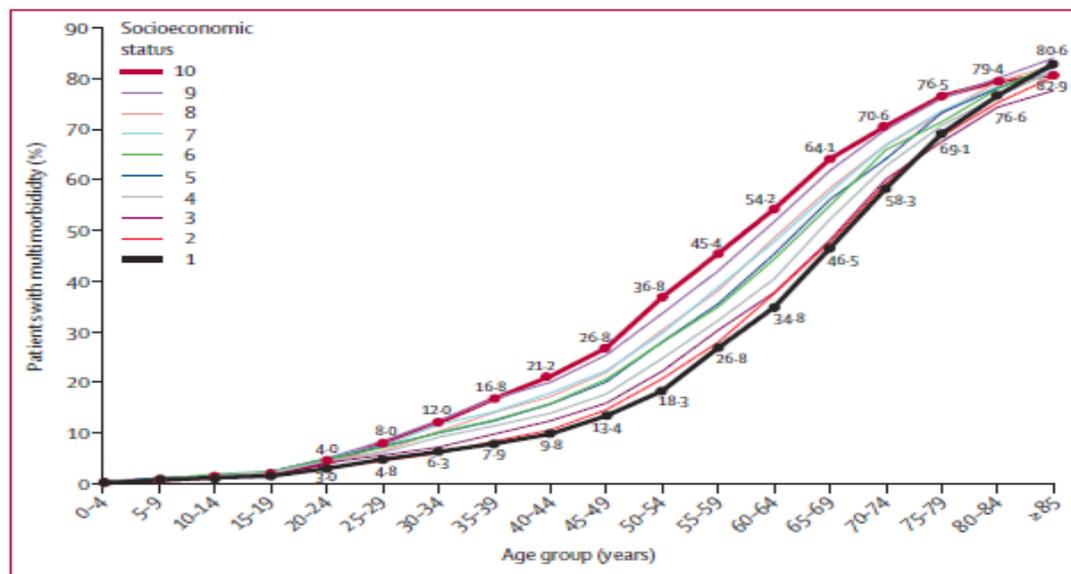


Figure 2: Prevalence of multimorbidity by age and socioeconomic status  
On socioeconomic status scale, 1=most affluent and 10=most deprived.

1. How many Medical Men practise within the Parish of

Leontin

None

2. The Names and Addresses of these.

There has never been one resident, in so far as I know

3. Has the number increased or diminished of late years?

No

4. Have any left the Parish since you became connected with it? If so, for what reasons?

Not that I have heard, indeed some of the people (especially those in mountainous parts) have an ignorant prejudice against an ignorant medical aid.

5. Is there any complaint among the people of inadequacy in the supply of Medical aid?

In a Parish from 30 to 40 miles long, without a resident medical man, such cases have no doubt occurred, and may be expected to occur again.

6. Do you know of any cases of protracted suffering, or of injury by Accident, such as might have been alleviated had proper advice been at hand?

By the benevolence of certain individuals, and the services of a most skilful Physician appointed by the Parochial Board

7. To what extent is the deficiency of qualified Practitioners made up by the efforts of other parties?

No; for the Parish is chiefly pastoral, with a scattered population. Those in the lower part of it are within 8 miles of the coast, and there when several practices.

8. Does your experience enable you to suggest any measure—of general applicability—such as would be likely to relieve to some extent the evils (if they exist) of deficiency in the supply of Medical aid?

Mr James Mackenzie of Seathwell Bar, - Capt. Douglass of Seathwell - and Mr Balfour of Whittingham

9. What Heritors are resident, either generally or occasionally, in your Parish?

W. D. D. Minister







## NINTH DAY.

*Wednesday, 28th August 1912.*

AT THE TOWN CHAMBERS, LERWICK.

### PRESENT.

Sir JOHN A. DEWAR, Bart., M.P. (*Chairman*).  
The Marchioness of TOLLIBARDINE.  
Mr J. CULLEN GRIERSON.  
Mr ANDREW LINDSAY.  
Dr W. LESLIE MACKENZIE.

Dr J. C. McVAIL.  
Dr A. C. MILLER.  
Mr C. ORROCK.  
Dr J. L. ROBERTSON.  
Mr M. BEATON (*Secretary*).



# Dr Lachlan Grant





# HIGHLANDS AND ISLANDS MEDICAL SERVICE BOARD.

County of ARGYLL.

Districts of COWAL and KINTYRE.

1. The HIGHLANDS AND ISLANDS MEDICAL SERVICE BOARD hereby give notice to all whom it may concern that they have entered into Agreements with the Practitioners named in the annexed Schedule whereby medical attendance is made available to certain classes of the community in the districts and on the terms and conditions set forth below:

## 2. PERSONS ELIGIBLE TO RECEIVE MEDICAL ATTENDANCE AT MODIFIED FEES:

The families and dependants of insured persons, uninsured persons of the cottar and crofter classes and their families and dependants, and others in like circumstances to whom the payment of the Practitioner's ordinary fee for medical attendance would be an undue burden.

## 3. FEES CHARGEABLE TO THE PERSONS REFERRED TO IN SECTION 2 HEREOF:

A fee *not exceeding* 5/- for the first visit and 2/6 for each subsequent visit in the same illness. Midwifery fees (including fees for any subsequent visits that may be necessary), £1.

THE FEES WILL BE THE SAME WHATEVER BE THE DISTANCE OF THE PATIENT FROM THE DOCTOR'S PLACE OF RESIDENCE.

An additional and moderate charge will be made for medicines supplied by Practitioners. Where medicines are not dispensed by the Practitioners, patients must themselves pay the chemists' charges.

4. The treatment to be given by Practitioners in respect of the fees specified in Section 3 hereof is treatment of a kind which can be properly undertaken by a general Practitioner.

5. In the event of any dispute as to whether any patient comes within the scope of the arrangements between the Board and the Practitioners, the matter shall be decided by the Board. The decision of the Board in such cases will be based on the circumstances of the patient in each case, and such evidence as the Board may require in regard thereto must be forthcoming in all cases where an appeal is made to the Board.

6. Persons desiring to participate in the benefits of the Board's scheme must be prepared to comply with all such reasonable requirements of the Practitioner as will enable him to make the best arrangements for his patients.

Messages requesting the attendance of the Practitioner should, if possible, reach him before the hour on which he ordinarily begins to visit patients, and, if sent later in the day, they should invariably state whether his attendance is urgently needed that day or whether a visit on the following day is regarded as sufficient.

In cases where the Practitioner is accustomed to make fixed visits on certain specified days to particular localities, all calls for his services, except in urgent cases, should be reserved for these days.

Where duly qualified district nurses are available, special calls for the services of the doctor, outside ordinary visiting hours, to patients living at a distance should be made through the nurse wherever practicable.

7. In cases where two or more Practitioners practise in the same area, the patient may select the Practitioner whose services he desires to have, but urgent calls for medical assistance should, as a rule, be sent to the nearest available Practitioner.

8. It should be clearly understood that Practitioners called to cases outside the area in which they have undertaken to give attendance under arrangements with the Board, as shown in the annexed Schedule, may charge their ordinary visiting fees.

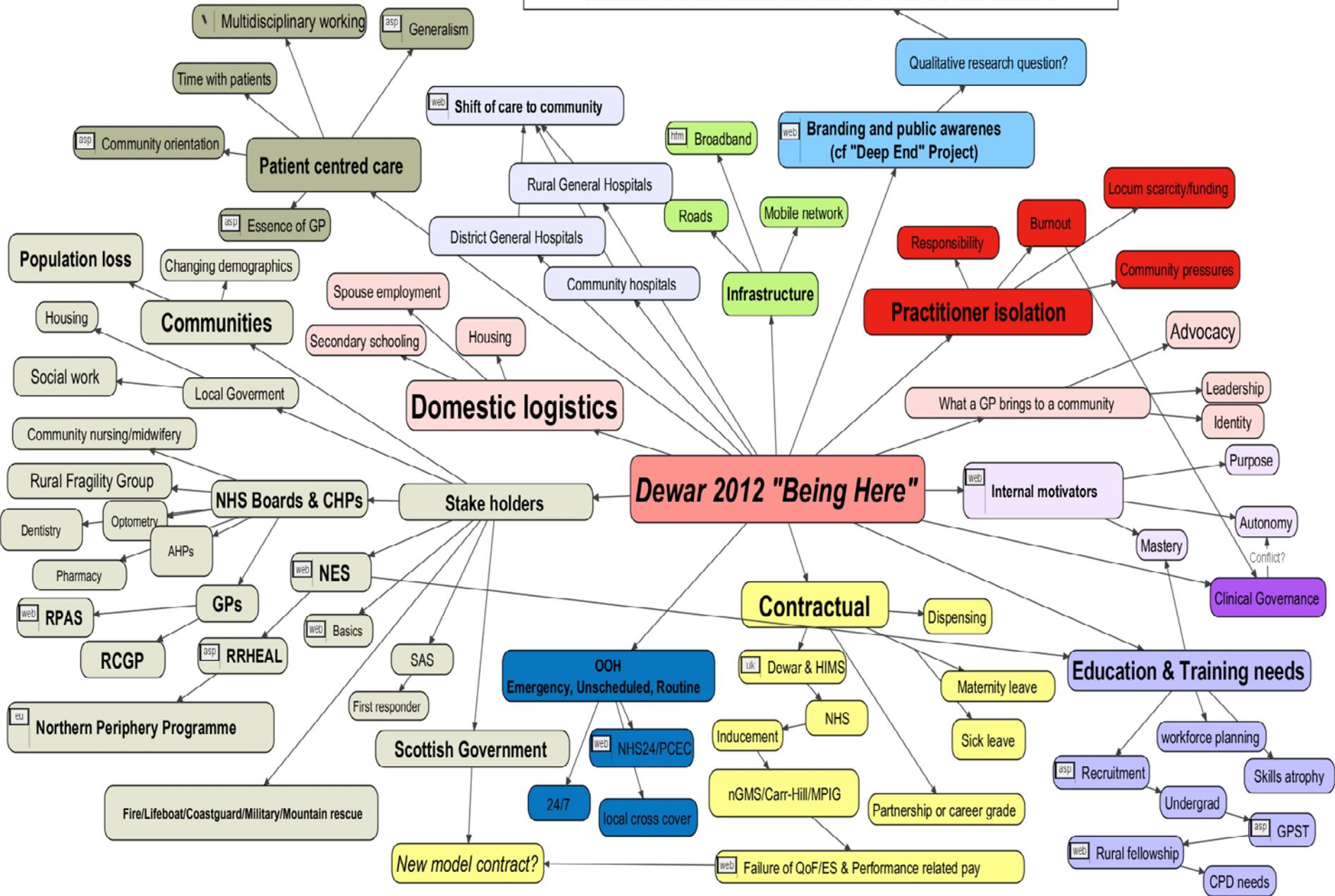
9. The Agreements between the Board and Practitioners do not interfere in any way with any private arrangements which may be in existence between Practitioners and their patients, whereby the latter receive attendance under a system of annual payments per individual or per family.

10. If it is proved to the satisfaction of the Board that the privilege of a medical service at modified fees is misused in any district or by any individual, the Board reserve the right to withdraw the service from any such district or individual. In such cases the Practitioner's ordinary fee will be payable.

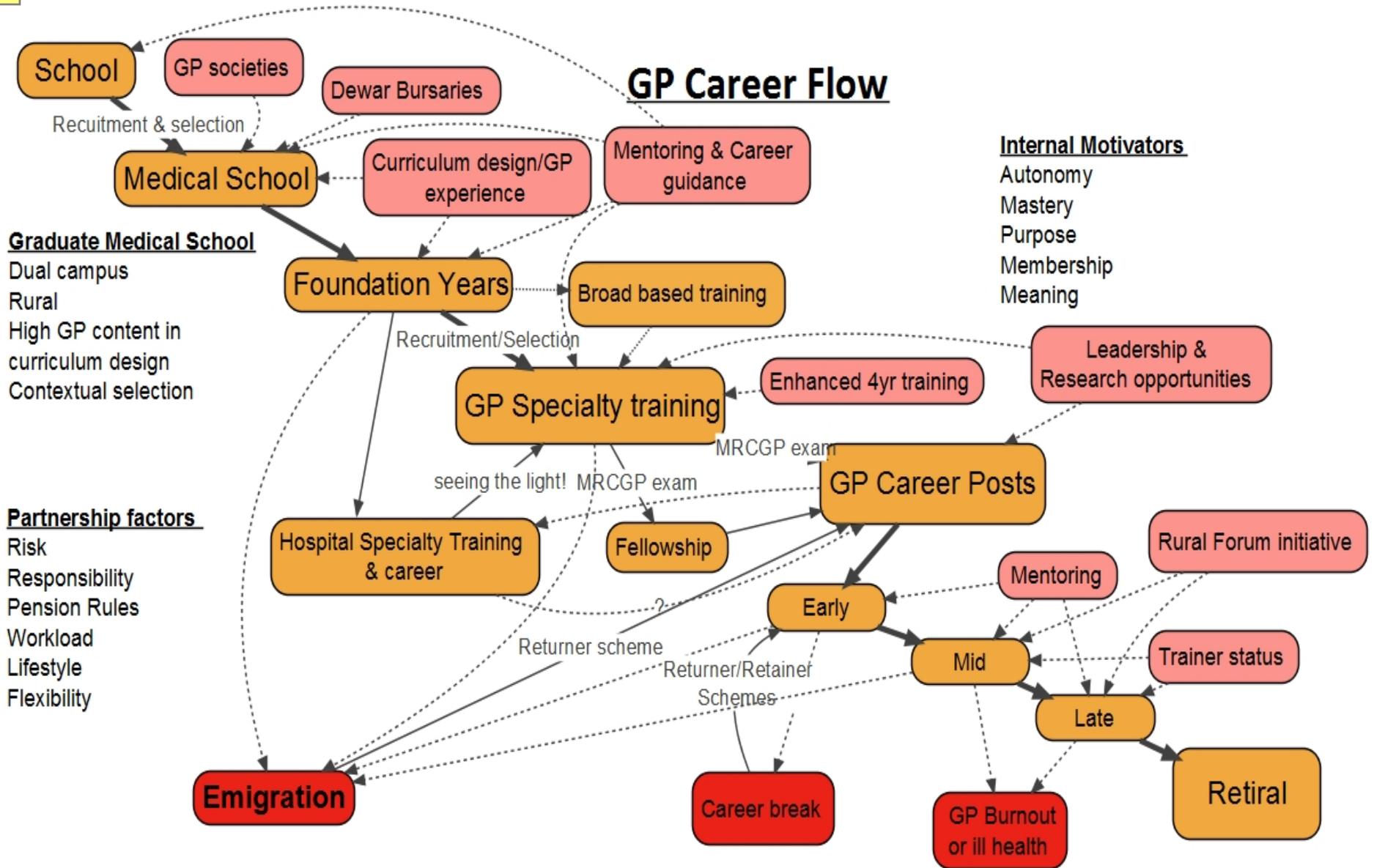
L. McQUIBBAN, *Secretary,*

HIGHLANDS AND ISLANDS MEDICAL SERVICE BOARD,  
4A ST. ANDREW SQUARE, EDINBURGH, 1st January 1916.

“What are the factors that make remote and rural General Practice a rewarding and satisfying career choice and what more could be done to increase that reward and satisfaction to ensure a sustainable future for remote and rural healthcare”.



# GP Career Flow



## Graduate Medical School

- Dual campus
- Rural
- High GP content in curriculum design
- Contextual selection

## Partnership factors

- Risk
- Responsibility
- Pension Rules
- Workload
- Lifestyle
- Flexibility

## Internal Motivators

- Autonomy
- Mastery
- Purpose
- Membership
- Meaning

# Themes

- Undergraduate recruitment
- Medical school experience
- Aspirational image of General Practice
- Trainee centred GPST –flexible
- Rewarding, supported & sustainable career posts
- Develop & value education & leadership roles

# ScotGEM

Scottish Graduate Entry Medicine



University  
of  
St Andrews



University of the  
Highlands and Islands

Oilthigh na Gàidhealtachd  
agus nan Eilean



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## The GP's Apprentice

GPs at the Dingwall Health Centre are blazing a trail with a new approach to 'on the job' medical training.

Jordan Wardrope training at the Dingwall Health Centre

"Students get a much better idea of the impact of an illness on the patient"

Dr Moira McKenna





# Scottish Rural Parliament

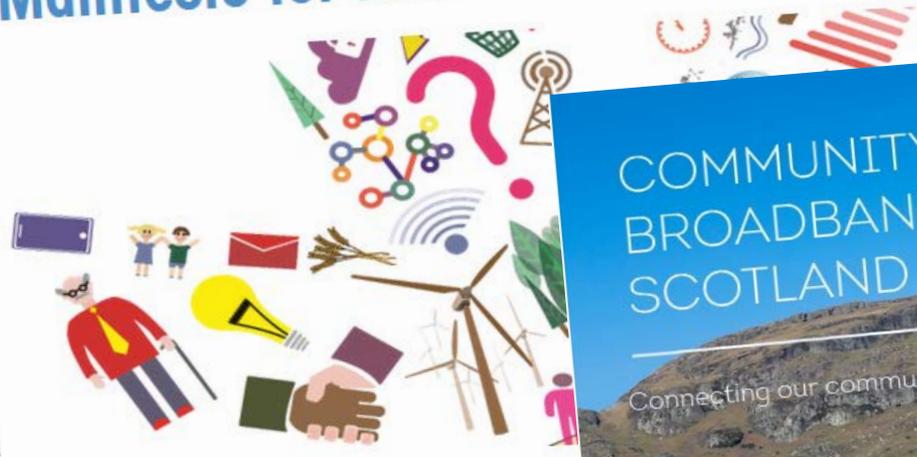
Pàrlamaid Dhùthchail na h-Alba

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## Manifesto for rural Scotland



It is our aim to become a powerful voice for the diverse rural Scotland, particularly those not already represented by decision-making meets the needs of rural Scotland. It is our aim to share with you our Manifesto for rural Scotland.



## COMMUNITY BROADBAND SCOTLAND

Connecting our communities

**Community Broadband Scotland is a Scottish Government initiative led by Highlands and Islands Enterprise.**

We work with remote and rural communities across Scotland to gain access to faster broadband by supporting them to find their own broadband solutions.



Royal College of General Practitioners

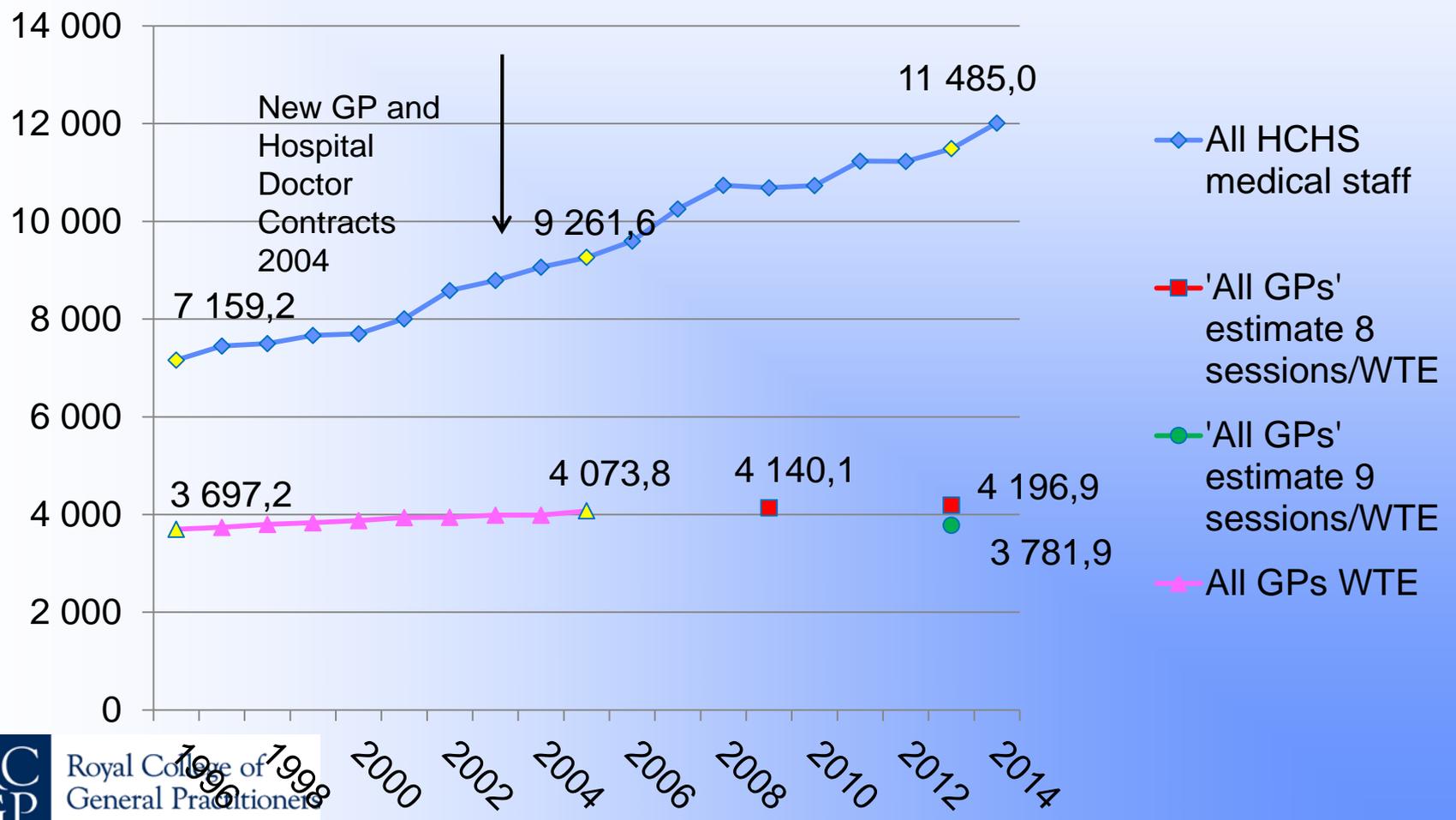
# Spending on general practice as a proportion of NHS Scotland budget

GP as % NHS

- 2005/06  
9.8%
- 2013/14  
7.6%
- 2014/15  
7.4%
- 2015/16  
7.2%



# Hospital Medical staff, All GPs Source: ISD Scotland manpower and survey data. (H. Irvine et al.)



# Is GP in crisis?

- 24.2 million GP consultations/yr –up 11% in 10 yrs
- 26% rise of pensionable age from 2010 - 2035 -knock on effect on frailty and multi-morbidity
- Funding for GP fell from 9.8% of NHS spending in 2005/06 to 7.3% in 2015-16



# PUT PATIENTS FIRST

BACK GENERAL PRACTICE



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## SCOTLAND

RCGP Scotland: When general practice thrives the NHS survi...  



General practice is the cornerstone of a sustainable health service. RCGP Scotland developed a manifesto to influence campaigning ahead of the General Election and to ensure that we protect the heart of general practice and its vital role in delivering patient care.

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