

RCGP Scotland

Health, Social Care and Sport Committee

Response to Call for Views - Remote and Rural Health Care

Difficulty implementing MDT in rural and remote areas

The ongoing development and implementation of the Multi-Disciplinary Team (MDT) has been an aspect of primary care modernisation which has been broadly welcomed within general practice in Scotland. Making use of the broad range of health professionals who constitute MDTs can help relieve the workload pressures on GPs. An effectively resourced MDT also enables patients to access appropriate care in an environment capable of providing it through better use of professionals located within the general practice team- for example as first contact physiotherapists, pharmacists, mental health workers.

However, the MDT structures that can work well in urban centres cannot be deployed in sparsely populated areas. Recruitment and staffing of MDTs within rural and remote practices continues to pose significant challenges, and this has led some rural and remote GPs to feel their practices and patients face a significant disadvantage when compared to their urban counterparts. As one of the intended benefits of the MDT is relief of workforce pressure upon GPs, this has been a frustrating situation for these practices.

An inquiry into how the MDT model is serving rural and remote practices would be welcome, with an additional focus on ways to recruit more MDT members and how to best draw upon the resources at hand to treat patients.

Premises and infrastructure

Many rural and remote general practices suffer from a dearth of appropriate infrastructure, both physical and digital.

The impacts of inadequate premises are well known, and with many GPs having to work within ageing or degraded facilities, the flow on effects to the operation of practices are real. As list sizes increase, some rural practices have reported difficulties in treating their patient population within the confines of their current, often ageing, practices.

Urgent investment in IT infrastructure is required to improve interoperability, accessibility and the reliability of clinical systems. IT infrastructure in rural and remote practices generally lags behind urban practices. There is concern that the lack of adequate digital infrastructure available to practices in remote and rural areas, where broadband speed and mobile signal may be poor, has contributed to a new “digital Inverse Care Law” with the use of new and enhanced IT services most accessible to those with least medical need.

An appropriately wide-ranging inquiry into the state of IT and physical infrastructure in remote and rural practices would enable a thorough examination of the needs of these practices and identify the upgrades that are needed on a broad scale to serve the needs of both patients and clinicians.

Recruitment and retention

All of Scotland has faced significant recruitment and retention issues in general practice in recent years; the number of Whole time Equivalent GPs in Scotland decreased between 2019 and 2022, and Audit Scotland has stated the Scottish Government is not on track to recruit the promised 800 new GPs by 2027.

The recruitment and retention issues in remote and rural areas, however, are especially acute. Many rural and remote GPs have reported feeling as though they cannot retire as they are concerned there is no way in which their post would be filled once they have ceased practising, and others have noted difficulties in recruiting when their practice needs to expand due to increased list sizes, or to cover workforce needs when a GP reduces the number of sessions they undertake.

Current schemes focused on recruitment such as the golden handshake have not significantly boosted recruitment in rural areas, while the retention schemes in place in Scotland are poorly subscribed to and ineffective in assisting GPs to stay in practice. Tailored, rural and remote-centric schemes are needed to improve both retention and recruitment outcomes.

An inquiry seeking to better understand how schemes could assist GPs to stay in practice through direct engagement with rural and remote GPs would be beneficial, as would an assessment of current programmes such as the golden handshake, ScotGEM etc., and other current schemes. There is also a need to expand medical school places to make them more available to people from diverse and less academically advantaged backgrounds, and this can often include students from rural and remote areas. An inquiry which investigates how expanding medical school placements in rural areas via innovative placements could help assist with overall recruitment in general practice in Scotland would be welcome.

A further examination of how countries comparative to Scotland recruit into general practice in remote and rural areas would also be beneficial.