



















## 1. I am a...

		Response Percent	Response Count
GP Partner		69.6%	39
Salaried GP		8.9%	5
GP Locum		19.6%	11
Current Rural Fellow		1.8%	1
	Other (please specify)		8
		<b>answered question</b>	<b>56</b>
		<b>skipped question</b>	<b>4</b>






## 2. I am...

		Response Percent	Response Count
Male 25-29 years		0.0%	0
Male 30-39 years		8.6%	5
Male 40-49 years		13.8%	8
Male 50-54 years		12.1%	7
Male 55-59 years		13.8%	8
Male 60-65 years		6.9%	4
Male 66+ years		0.0%	0
Female 25-29 years		0.0%	0
Female 30-39 years		6.9%	4
<b>Female 40-49 years</b>		<b>20.7%</b>	<b>12</b>
Female 50-54 years		6.9%	4
Female 55-59 years		6.9%	4
Female 60-65 years		3.4%	2
Female 66+ years		0.0%	0
	Other (please specify)		0
<b>answered question</b>			<b>58</b>
<b>skipped question</b>			<b>2</b>

### 3. My main area of practice is in the following setting: (examples are a guide, but please select what you think most accurately describes your situation)...

		Response Percent	Response Count
Remote & rural area (most islands, need helicopter/plane to access emergency secondary care facility)		39.0%	23
Rural area (more than 60 minutes to access secondary care facility or M&S)		37.3%	22
Semi-rural area (30-60 minutes to access secondary care facility or M&S)		22.0%	13
Urban area		1.7%	1
	Other (please specify)		2
<b>answered question</b>			<b>59</b>
<b>skipped question</b>			<b>1</b>







### 4. I am a member of...

		Response Percent	Response Count
RCGP		77.6%	45
RPAS		55.2%	32
BASICS Scotland		58.6%	34
Scottish Association for Community Hospitals		5.2%	3
<b>BMA</b>		<b>86.2%</b>	<b>50</b>
Please add any other affiliations that you think are relevant			1
<b>answered question</b>			<b>58</b>
<b>skipped question</b>			<b>2</b>



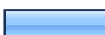




## 5. I do all/most of my GP work in...

		Response Percent	Response Count
Orkney/Shetland		5.2%	3
Outer Hebrides		5.2%	3
Inner Hebrides		10.3%	6
<b>Mainland Highland</b>		<b>36.2%</b>	<b>21</b>
Grampian		5.2%	3
Tayside/Perthshire		1.7%	1
Central belt		1.7%	1
Borders		1.7%	1
Galloway		5.2%	3
Mainland Ayrshire/Dumfries		6.9%	4
Clyde Islands		3.4%	2
Kintyre		1.7%	1
Another area of the UK		12.1%	7
Outside the UK		3.4%	2
Other (please specify)			5
<b>answered question</b>			<b>58</b>
<b>skipped question</b>			<b>2</b>


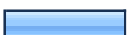

## 6. I work in the following areas...

		Response Percent	Response Count
Daytime GP		94.8%	55
Out of Hours		62.1%	36
Community Hospital		31.0%	18
Dispensing		56.9%	33
Primary Care Research		10.3%	6
Managing Education (e.g. NES, Postgrad Dean)		6.9%	4
Government Department		0.0%	0
	Other (please specify)		6
<b>answered question</b>			<b>58</b>
<b>skipped question</b>			<b>2</b>



## 7. What educational activities have you or your practice provided in the last year?

		Response Percent	Response Count
Medical student teaching placements (not electives)		78.4%	29
Electives for students		40.5%	15
Taster weeks for trainees (FY/GP/other)		16.2%	6
GPST training		27.0%	10
Ongoing mentoring for students/trainees interested in rural practice		10.8%	4
Rural fellowship training		27.0%	10
Highland School Medical Mentor Scheme		8.1%	3
	Other (please specify)		6
<b>answered question</b>			<b>37</b>
<b>skipped question</b>			<b>23</b>

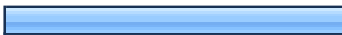





## 8. I would enthusiastically recommend rural practice if speaking to a GP trainee today.

		Response Percent	Response Count
Yes		79.3%	46
Not sure		19.0%	11
No		1.7%	1
<b>answered question</b>			<b>58</b>
<b>skipped question</b>			<b>2</b>

### 9. Are you aware of the Dewar Report of 1912?

		Response Percent	Response Count
Yes		88.1%	52
No		11.9%	7
answered question			59
skipped question			1

### 10. In general, are you interested in providing mentoring support to trainees (GPST or FY) who are interested in rural practice? Please tick all that apply.





		Response Percent	Response Count
Yes - to current GPs		54.7%	29
Yes - to GP trainees		69.8%	37
Yes - to FY trainees		62.3%	33
Yes - to medical students		66.0%	35
Yes - to school pupils		28.3%	15
No, not interested		17.0%	9
answered question			53
skipped question			7

## 11. Under what circumstances would you be willing to offer mentoring support to one or two interested trainees?

	Sounds good - I'm keen to sign up	Think it could be a good idea	I don't think this is a good use of my time	Not interested	Rating Average	Response Count
Occasional email and phone contact for advice/discussion	38.1% (16)	<b>45.2% (19)</b>	7.1% (3)	9.5% (4)	1.88	42
Offer a taster visit for a few days and end the contact at that point	26.3% (10)	<b>55.3% (21)</b>	5.3% (2)	13.2% (5)	2.05	38
I would be flexible depending on the interest/needs of my mentee	<b>53.3% (24)</b>	37.8% (17)	0.0% (0)	8.9% (4)	1.64	45
Without remuneration (altruism!)	30.2% (13)	<b>41.9% (18)</b>	14.0% (6)	14.0% (6)	2.12	43
With a small fee to recognise the work involved	<b>45.0% (18)</b>	42.5% (17)	0.0% (0)	12.5% (5)	1.80	40
For individuals in my local area	27.8% (10)	<b>55.6% (20)</b>	2.8% (1)	13.9% (5)	2.03	36
For any individual	<b>47.6% (20)</b>	35.7% (15)	2.4% (1)	14.3% (6)	1.83	42
				Comments		14
				<b>answered question</b>		<b>49</b>
				<b>skipped question</b>		<b>11</b>



## 12. Would you wish to have mentoring training prior to taking on a trainee?

		Response Percent	Response Count
Yes, absolutely		15.6%	7
<b>Might be helpful, and I'd be happy to attend a half-day event for this</b>		51.1%	23
I would like some written guidance		20.0%	9
Don't think this is necessary, I would be happy to start now		13.3%	6
	Other (please specify)		4
<b>answered question</b>			<b>45</b>
<b>skipped question</b>			<b>15</b>





### 13. What aspects of mentoring would you consider to be important to deliver?

	I would be able to offer this	The programme should offer this	Response Count
Careers advice	44.4% (20)	<b>68.9% (31)</b>	45
Access to work experience/'taster' experience	<b>76.7% (33)</b>	32.6% (14)	43
Potential to form early link for future recruitment to your practice/area	<b>65.9% (29)</b>	43.2% (19)	44
Advice about educational aims (skills, courses, additional qualifications)	<b>58.1% (25)</b>	<b>58.1% (25)</b>	43
Fostering ongoing positive motivation	<b>77.5% (31)</b>	35.0% (14)	40
Acting as a general 'soundboard' for accessible advice	<b>75.6% (34)</b>	31.1% (14)	45
		Comments	0
		<b>answered question</b>	<b>48</b>
		<b>skipped question</b>	<b>12</b>

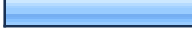




## 14. How do you think mentors/mentees should be matched?

	1	2	3	4	Rating Average	Response Count
Make profiles available on a website and encourage mentees to make contact directly	<b>52.2% (24)</b>	28.3% (13)	10.9% (5)	8.7% (4)	1.76	46
Allocate to geographical area of interest	23.9% (11)	<b>52.2% (24)</b>	17.4% (8)	6.5% (3)	2.07	46
Someone central should try to match mentee needs with mentor characteristics from the outset	19.6% (9)	10.9% (5)	<b>54.3% (25)</b>	15.2% (7)	2.65	46
By random allocation and allocate around mentors equally	4.3% (2)	8.7% (4)	17.4% (8)	<b>69.6% (32)</b>	3.52	46
<b>answered question</b>						<b>46</b>
<b>skipped question</b>						<b>14</b>







## 15. Do you think there is a role for videoconferencing in remote mentoring?

		Response Percent	Response Count
<b>I think this is innovative, and I can access a computer with this facility (Skype/FaceTime etc.)</b>		<b>37.0%</b>	<b>17</b>
I'm interested, but would need advice on how to set this up		26.1%	12
No, it should be limited to phone and email		10.9%	5
If mentor/mentee wanting to do this		26.1%	12
<b>Comments</b>			<b>8</b>
<b>answered question</b>			<b>46</b>
<b>skipped question</b>			<b>14</b>

## 16. Who do you think should take responsibility for any mentoring project?

		Response Percent	Response Count
Needs to be via GP Specialty Training (i.e. NHS Education for Scotland)		30.4%	14
RCGP should organise this at faculty level		10.9%	5
RCGP should organise this at (devolved) national level		2.2%	1
I would like to see one of the interest groups (e.g. RPAS) provide this		28.3%	13
<b>Dont mind who does it, providing initial link is made</b>		<b>56.5%</b>	<b>26</b>
	Other (please specify)		4
		<b>answered question</b>	<b>46</b>
		<b>skipped question</b>	<b>14</b>

**17. If you are a GP Trainer, would you consider participating in a trainee exchange with an urban-based practice?**

		Response Percent	Response Count
Yes - four week exchange		2.0%	1
Yes - two week exchange		4.1%	2
Yes - one week exchange		2.0%	1
Yes - needs to be negotiable		10.2%	5
No - not interested		2.0%	1
<b>I'm not a GP Trainer</b>		<b>79.6%</b>	<b>39</b>
		Comments	6
		<b>answered question</b>	<b>49</b>
		<b>skipped question</b>	<b>11</b>

**18. If you were in charge of a budget of, say, £200,000 to \*improve recruitment\* in Scottish are quite a few answers here, but this is one of the most useful questions.**

	1	2	3	4	5	6	7	8	9	10
Co-ordinate work experience opportunities for school pupils	6.3% (3)	6.3% (3)	10.4% (5)	10.4% (5)	4.2% (2)	<b>14.6%</b> <b>(7)</b>	2.1% (1)	10.4% (5)	0.0% (0)	6.3% (3)
Develop rural scholarships to fund medical student electives in rural areas	14.6% (7)	10.4% (5)	<b>18.8%</b> <b>(9)</b>	12.5% (6)	10.4% (5)	4.2% (2)	14.6% (7)	4.2% (2)	4.2% (2)	4.2% (2)
Increase exposure of rural practice to trainees	22.9% (11)	<b>29.2%</b> <b>(14)</b>	12.5% (6)	14.6% (7)	8.3% (4)	8.3% (4)	2.1% (1)	0.0% (0)	0.0% (0)	0.0% (0)
Develop a mentoring programme to provide support to interested students/trainees	4.2% (2)	6.3% (3)	12.5% (6)	<b>18.8%</b> <b>(9)</b>	14.6% (7)	10.4% (5)	16.7% (8)	8.3% (4)	6.3% (3)	2.1% (1)
Develop a rural recruitment team to help provide videos and other 'innovative' media	0.0% (0)	4.2% (2)	0.0% (0)	2.1% (1)	<b>20.8%</b> <b>(10)</b>	16.7% (8)	4.2% (2)	12.5% (6)	8.3% (4)	8.3% (4)
Encourage older 'urban' GPs to consider moving	2.1% (1)	6.3% (3)	2.1% (1)	4.2% (2)	6.3% (3)	4.2% (2)	<b>16.7%</b> <b>(8)</b>	2.1% (1)	10.4% (5)	8.3% (4)
Develop the golden hello payments for younger GPs	6.3% (3)	2.1% (1)	4.2% (2)	6.3% (3)	0.0% (0)	4.2% (2)	14.6% (7)	<b>20.8%</b> <b>(10)</b>	8.3% (4)	6.3% (3)
Make a TV documentary on rural practice	6.3% (3)	0.0% (0)	2.1% (1)	0.0% (0)	0.0% (0)	4.2% (2)	6.3% (3)	12.5% (6)	8.3% (4)	6.3% (3)
Negotiate a specific GP contract for rural practice	<b>27.1%</b> <b>(13)</b>	4.2% (2)	12.5% (6)	4.2% (2)	2.1% (1)	2.1% (1)	2.1% (1)	6.3% (3)	12.5% (6)	8.3% (4)
Improve support for dispensing practices	0.0% (0)	10.4% (5)	8.3% (4)	6.3% (3)	4.2% (2)	12.5% (6)	4.2% (2)	4.2% (2)	14.6% (7)	<b>16.7%</b> <b>(8)</b>
Support merging of practices e.g. developing federated models	4.2% (2)	0.0% (0)	4.2% (2)	2.1% (1)	6.3% (3)	4.2% (2)	2.1% (1)	4.2% (2)	8.3% (4)	10.4% (5)
Encourage more partnership posts in rural/remote areas	4.2% (2)	2.1% (1)	4.2% (2)	8.3% (4)	6.3% (3)	2.1% (1)	8.3% (4)	0.0% (0)	10.4% (5)	6.3% (3)
Encourage more salaried posts in rural/remote areas	0.0% (0)	10.4% (5)	2.1% (1)	4.2% (2)	6.3% (3)	4.2% (2)	4.2% (2)	6.3% (3)	6.3% (3)	4.2% (2)
Advertise to doctors outside the UK	2.1% (1)	0.0% (0)	0.0% (0)	0.0% (0)	4.2% (2)	0.0% (0)	2.1% (1)	0.0% (0)	0.0% (0)	2.1% (1)
Improve support and training for rural community hospital work	0.0% (0)	8.3% (4)	6.3% (3)	6.3% (3)	6.3% (3)	8.3% (4)	0.0% (0)	8.3% (4)	2.1% (1)	10.4% (5)

**19. Following on from the last question, do you have any other specific ideas or comments?**

	Response Count
	26
answered question	26
skipped question	34

**20. Do you think there is a role for social media in improving networks for rural practitioners?**

	Yes - and I currently use for this purpose	Yes - tell me how to do this	Yes - but not for me	No - it's not good for this	Not interested	Rating Average	Response Count	
Twitter	9.3% (4)	11.6% (5)	27.9% (12)	14.0% (6)	<b>37.2% (16)</b>	3.58	43	
LinkedIn	5.0% (2)	10.0% (4)	20.0% (8)	22.5% (9)	<b>42.5% (17)</b>	3.88	40	
Facebook	6.8% (3)	13.6% (6)	27.3% (12)	20.5% (9)	<b>31.8% (14)</b>	3.57	44	
Youtube	2.3% (1)	14.0% (6)	30.2% (13)	20.9% (9)	<b>32.6% (14)</b>	3.67	43	
							Comments/other types of social media	17
							answered question	45
							skipped question	15

**Page 2, Q1. I am a...**

1	semi retired	Oct 29, 2012 8:34 PM
2	Clinical Academic Fellow (work one day a week as a GP locum	Oct 28, 2012 9:46 AM
3	Rural Hospital Practitioner (GP)	Oct 25, 2012 3:28 PM
4	retired	Oct 23, 2012 10:17 PM
5	single-handed principal	Oct 23, 2012 4:08 PM
6	Rural practitioner	Oct 23, 2012 2:54 PM
7	Single handed	Oct 23, 2012 12:44 PM
8	Rural hospital practitioner	Oct 23, 2012 10:40 AM

**Page 2, Q3. My main area of practice is in the following setting: (examples are a guide, but please select what you think most accurately describes your situation)...**

1	Remote and rural (Isle of Lewis) however access to emergency secondary care at WIH, Stornoway need not be by helicopter	Oct 28, 2012 9:46 AM
2	Retired	Oct 23, 2012 10:17 PM

**Page 2, Q4. I am a member of...**

1	FRCS (Ed)	Oct 25, 2012 3:28 PM
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**Page 2, Q5. I do all/most of my GP work in...**

1	Galloway - I presume that is that what this means	Oct 23, 2012 10:17 PM
2	Argyll	Oct 23, 2012 5:25 PM
3	Isle of Skye	Oct 23, 2012 2:54 PM
4	The biggest rural bit of D and G is GALLOWAY!	Oct 23, 2012 2:05 PM
5	Galloway	Oct 23, 2012 11:21 AM



**Page 2, Q6. I work in the following areas...**

1	emergency practitioner A&E	Nov 2, 2012 10:47 PM
2	GP appraiser	Oct 28, 2012 9:46 AM
3	BASICS responder OOH	Oct 26, 2012 1:06 PM
4	Full time Community Hospital Practitioner	Oct 25, 2012 3:28 PM
5	gp appraiser	Oct 23, 2012 3:22 PM
6	Medical Student Teaching	Oct 23, 2012 12:04 PM

**Page 2, Q7. What educational activities have you or your practice provided in the last year?**

1	currently hosting GPST taking time out of english training to get taste of remote rural practice	Nov 1, 2012 2:26 PM
2	none	Oct 29, 2012 8:34 PM
3	I am a tutor for undergraduate nursing staff	Oct 28, 2012 9:46 AM
4	fy2 placements	Oct 24, 2012 11:51 AM
5	pre medical experience of practice	Oct 23, 2012 3:22 PM
6	One day visit from Czech doctor	Oct 23, 2012 9:37 AM



**Page 3, Q11. Under what circumstances would you be willing to offer mentoring support to one or two interested trainees?**

1	baring in mind that rural North West Leicestershire is not rural in hte same way as the Highlands and Islands	Nov 3, 2012 3:36 PM
2	For initial contact/content for providing support, theresould be a financial reimbursement esp if the individual spends time within the practice.Too often in rural practice our supporting groups from NHS ar cutting corners in funding all aspects of practice	Nov 3, 2012 3:17 PM
3	I'd be happy to do occasional mentoring work with no significant ongoing commitment.	Nov 2, 2012 9:20 AM
4	mentoring isn't just a few day thing , need to be available for contact after that, so the taster idea with no contact after is not sufficient I think	Nov 1, 2012 2:33 PM
5	no longer have a practice so I am unable to offer any practical experience	Oct 29, 2012 8:39 PM
6	Not able as a locum to accommodate this.	Oct 28, 2012 7:03 PM
7	Renumeration is important. I have had students all summer and haven't seen much at all for it.	Oct 28, 2012 3:55 PM
8	It's not that I'm disinterested, I'm just not in a position to offer mentoring about rural practice	Oct 28, 2012 3:17 PM
9	q. 10 and q.11 Is not that I am not interested per se I just do not have sufficient time at the moment!	Oct 28, 2012 9:51 AM
10	'Mentee' ?? :-)	Oct 26, 2012 12:44 PM
11	We are in a strong position to offer a two-to-four-week attachment for final year medical students as part of their course, to teach medicine in a non-specialist hospital environment, and also to offer 6-12 month trainee attachments for GP trainees wanting to learn some extended role skills for use in R&R practice as part of their GP practice training attachment. For both we offer a fantastic resource and experienced staff keen on teaching. We also take Rural Fellows in a R&R-hospital-based environment, which is appreciated.	Oct 25, 2012 3:37 PM
12	I do not have space in the present practice buildings.	Oct 23, 2012 2:46 PM
13	Too busy with our existing trainees.	Oct 23, 2012 11:24 AM
14	Accomodation is a problem here as it is expensive. One week attachments have been adequate. The one to one nature can be unremitting	Oct 23, 2012 8:04 AM

**Page 3, Q12. Would you wish to have mentoring training prior to taking on a trainee?**

1	I would like to meet the people championing this	Nov 3, 2012 3:17 PM
2	I have had mentoring and training training	Nov 1, 2012 2:33 PM
3	n/a	Oct 28, 2012 9:51 AM
4	We already do this work, and have on-going training, but half-day (or whole-day?) training days are always appreciated.	Oct 25, 2012 3:37 PM

**Page 3, Q15. Do you think there is a role for videoconferencing in remote mentoring?**

1	I think this is innovative but I cannot access a computer with this facility	Nov 1, 2012 2:33 PM
2	No videoconferencing facilities within my practice area. 25 miles to nearest facility.	Oct 28, 2012 10:48 AM
3	we do this already with students and Fellows. It works well with a few provisos.	Oct 25, 2012 3:37 PM
4	FAce to Face ALWAYS best	Oct 23, 2012 10:21 PM
5	already involved in network group via VC and co-mentoring via webex	Oct 23, 2012 4:12 PM
6	Don't have broadband with speed to make this possible in my home location	Oct 23, 2012 2:56 PM
7	Videoconferencing in remote areas is usually a technical disaster	Oct 23, 2012 8:59 AM
8	VC on the whole has proved useless here	Oct 23, 2012 8:04 AM

**Page 3, Q16. Who do you think should take responsibility for any mentoring project?**

1	Individuals providing overview could be in need of extra time/resources/funding to provide this	Nov 3, 2012 3:17 PM
2	Above applies to GP rains. Students need to have Med Sch involvement as well.	Oct 25, 2012 3:37 PM
3	I most certainly would not want the RCGP be involved in yet further empire building	Oct 23, 2012 10:12 AM
4	NES has so far done little for remote practice. RCGP is worse RPAS is too small and lacks cohesion or mandate or officers with time	Oct 23, 2012 8:04 AM

**Page 3, Q17. If you are a GP Trainer, would you consider participating in a trainee exchange with an urban-based practice?**

1	there are issues around contracts etc if an STR is to work in another practice and these would need to be resolved	Nov 3, 2012 3:36 PM
2	4, 2, or 1 week	Oct 26, 2012 12:44 PM
3	lapsed trainer - may get reinvolved if something like this is ongoing	Oct 23, 2012 11:46 AM
4	Although I have been	Oct 23, 2012 11:42 AM
5	I don't think our trainees would be interested in seeing a more rural practice.	Oct 23, 2012 11:24 AM
6	I am on the trainers list but never had a trainee for this very reason but uptake is low.	Oct 23, 2012 8:04 AM



**Page 4, Q19. Following on from the last question, do you have any other specific ideas or comments?**

1	couldnt get the last box to work they are all important except golden hellos think we need to woek all the way through from school to older GPs with opportunity and celebration of rural practice	Nov 3, 2012 5:58 PM
2	Don't know and wouldn't presume to offer suggestions	Nov 3, 2012 3:37 PM
3	I feel school pupils want to spread their wings and dont see rural practice as part of the big picture, students enjoy the novelty of rural practice,older GPs have a lifestyle and family commitments and have the privilege of OOH cover and no on-call if the opt out.I dont see how we can generalise with these groups.Golden hellos for young GPs alienate GPs who have provided care rurally and reeks of the system in the past when new partners took home less money than established partners until they had served a 2-3 yr period doing same job but for less money the the established partners(golden hello in reverse).Surgical and medical consultants are often encouraged to travel for research and maybe a similar scheme could be suggested for all GPs who wanted to have the FRCGP after their name!!Funding and a more up to date approach to OOH care are essential questions to answer eg longer holiday allowed for rural/remote GPs or a travelling GP who circulated at set intervals between islands close together	Nov 3, 2012 3:29 PM
4	This website is not working - the ranking numbers 1-15 defaulted to this order and could not be switched back, even when the page was reloaded. I do not think that getting school kids in is important at all. I had several opportunities to get full time jobs in remote practices but turned them down because there is not enough support for training and networking- you get stuck in the small practice with minimal opportunities to network with other GPs and go slowly crazy over 10 years. A 2 day residential course four times a year to get together, socialise, have lectures and network with other GPs in a similar situation would be good. However, there would need to be a pot of money to pay for locums to cover the time and it would need to be subsidised to a certain extent. Also, you'd need the admin support to coordinate it. In addition to this, weekly clinical lunchtime lectures streamed on line from central locations would be good e.g. a gastroenterologist talks to 10 GPs in Aberdeen, but the talk is streamed live online for GPs all over Scotland to watch from their computers and ask questions. Then, even though you are isolated, you feel less so and can stay up to date. Linked in with this, centralised training should be offered for practice staff. One of the problems with small rural practices is the demands on you as a GP to be available, immediately, all of the time. Often this demand comes initially from the public who have got used to this way of working, but over time the practice staff become so used to it that they perpetuate the problem. Having regular training of the rural practice staff with their urban counterparts would allow callibration of their own expectations for what the GP should be providing. Lastly, you should get paid a little more to be isolated so that you are compensated for your increased costs of petrol, increased food prices and having to go on these residential courses.	Nov 3, 2012 9:14 AM
5	sort out accommodation	Nov 2, 2012 10:55 PM
6	More funding will always be necessary to support and sustain services in rural areas.Until central government accepts this, ther is no way ahead for rural practices	Nov 2, 2012 9:53 PM
7	should have specific bursaries for students who sign up to work in rural areas/remote areas when they graduate ( ie not in the cities where the sponsoring health boards might be based)	Nov 1, 2012 2:37 PM

**Page 4, Q19. Following on from the last question, do you have any other specific ideas or comments?**

8	recruitment to medical school needs to be changed away from emphasis on academic qualifications to attempting to identify qualities which make a competent caring doctor. To staff rural practice I believe it is necessary to recruit a proportion of students from rural backgrounds.	Oct 29, 2012 8:52 PM
9	Use of facebook social media..see our FB page <a href="https://www.facebook.com/GPTrainingInShetland">https://www.facebook.com/GPTrainingInShetland</a>	Oct 28, 2012 3:59 PM
10	questions 14 and 18 dont allow me to allocate a number - keeps changing it	Oct 28, 2012 2:18 PM
11	I spent a bit of time putting those in order. Please DO look at the RARARI "Solutions group" report. It contains many good ideas --- but very few were ever piloted. (The plan had been to get ideas, produce an outline report AND THEN PILOT SOME OR MOST OF THE IDEAS. We expected only a few to bear fruit -- but that was the plan. Sadly the Scottish Office Health Dept. withdrew funding half way through the project -- We still had, from memory, about £4.5million when the plug was pulled.	Oct 28, 2012 11:02 AM
12	I'm not sure the buttons on the last question were working as they kept defaulting. I would increase training in rural areas. To be honest I think the primary problem I see with this survey and the recent discussions of the RCGP rural forum is that realistically remote and rural health care is that there is limited discussion of MDT working and inter-professional learning - see Delivering for Remote and Rural Health (2008). We are focusing too much on GPs from a medical perspective and not enough on primary care from an MDT perspective.	Oct 28, 2012 10:06 AM
13	rural general practice is completely undervalued - look at initiatives like in Western Australia where it is clear how much the government values and supports rural practice and is prepared to put the money in.	Oct 26, 2012 1:12 PM
14	Sorry, no idea how to get these ranking numbers to work. Please ignore my submission on this question.	Oct 26, 2012 12:47 PM
15	Medical schools must be encouraged to see rural practice, and especially R&R Hospital practice, as a fantastic resource for training in real medicine, away from specialists. We are fighting an uphill battle with this, as what we offer is seen as a peripheral luxury and is withdrawn when money is tight. GP trainee training time can also be spent partly in R&R hospitals, and the training we give would be time well spent out of trainees' training time as we can expose them to a large volume of the problems they will meet sporadically in R&R GP and give competence in handling them. In the process of training them in a more interesting environment than primary care (Whoops!) we can also instil enthusiasm for R&R practice, both hospital and primary care based. We need a presence in the Medical Schools, teaching R&R medicine, and a presence in the RCGP, advocating it, as well as recognition by NHSES of the value of the training we offer in creating the next generation of generalists.	Oct 25, 2012 4:03 PM
16	not enough time to answer the above!	Oct 24, 2012 11:54 AM
17	rural recruitment could offer more than just video - have defined peer support for new rural GPs, and help in finding accommodation , work for spouse, schools for kids etc	Oct 24, 2012 8:27 AM
18	The first four answers I have a view on, but otherwise not really.	Oct 23, 2012 4:16 PM
19	Funding needs to be addressed. I have been unable to recruit and retain a	Oct 23, 2012 12:17 PM



**Page 4, Q19. Following on from the last question, do you have any other specific ideas or comments?**

	<p>P/T Associate GP with OOH responsibility as salary that is funded is unattractive vs a 9-5 urban GP post. The job would, I feel, be suited to many GP's keen to keep up A&amp;E/General Medical/Emergency Care skills that are rarely used in urban practice and locums that come enjoy the work. Remuneration is unattractive and accomodation costs are high although not reimbursable as an expense.</p>	
20	<p>Regarding Community hospital training this has to be kept separate from service delivery posts. In the Galloway Community Hospital in Stranraer the hospital trainees are very poorly supported educationally. This obviously leads to unhappiness &amp; poor retention.</p>	Oct 23, 2012 12:04 PM
21	<p>poor rural housing is a major problem</p>	Oct 23, 2012 10:13 AM
22	<p>The main issue is not recruitment, but retention, which is largely due to lack of Healthboard support to remote GPs. For years, Healthboards have regarded isolated single handers as a nuisance, this is now coming back to bite them.</p>	Oct 23, 2012 9:04 AM
23	<p>I don't think developing partner exchanges between town and rural practices would appeal to me because I was a town GP and came here for the change.</p>	Oct 23, 2012 8:44 AM
24	<p>The Golden Hello is already substantial for taking up a permanent post in a rural area - how did the author plan to "develop this further"? In our area it is the experience of GPs working for the local health board within the hospital and as locums in board administered practices that is putting other GPs off applying to GMS/PMS practices. There is such "bad press" coming from the negative experiences of health board locum GPs that the GMS and PMS practices are now having significant problems recruiting. The local health board has also cut GP trainee numbers in the local hospital. The remaining trainees are working to illegal contracts and are having a poor rural experience which inevitably feeds back to their peers. The rural health boards have to open their eyes and see the effect that their behaviour is having on wider recruitment.</p>	Oct 23, 2012 8:33 AM
25	<p>Restrict entry on to a metropolitan prescribers list until you've worked e.g. a year in a non-metropolitan area.</p>	Oct 23, 2012 8:32 AM
26	<p>NES and MMC changed the quality of our area trainees from those who chose to come here to those who don't really want to be here. Our remote DGH used to be staffed by HO and SHO choosing the area because of the breadth of training and close contact with senior staff as well as lifestyle. They often went on to apply for local GP training. FY1 and 2 are now farmed out here where they don't really want to be. Federation of the tiny practices is the only sensible way forward. You could choose a minimum size of population of 1000 to 5000. Below 1000 managing the practice in isolation to a decent standard is becoming impossible and with dispensing, VAT, CQC having a centralised management will become essential. The split between remote and rural is widening and despite Dewar I think that remote's time is up.</p>	Oct 23, 2012 8:21 AM



**Page 4, Q20. Do you think there is a role for social media in improving networks for rural practitioners?**

1	The more people reading an entry, the less likely I am to write anything and even less likely to be honest and say what I really think.	Nov 3, 2012 9:14 AM
2	I think Facebook would work very well, as long as proper private settings were used, and the users understood the limited security and its implications.	Nov 2, 2012 9:24 AM
3	yawn	Nov 1, 2012 2:37 PM
4	I think the current chatlines fulfil this function reasonably well except that people often post personal messages inappropriately forgetting that they are broadcast to all the members of the group	Oct 29, 2012 8:52 PM
5	RPAS chatline (secure email) offers support and networking	Oct 28, 2012 10:26 PM
6	Not sure about this. The use of essentially public fora for medical communications risks bringing the profession into disrepute.	Oct 28, 2012 11:02 AM
7	One approach you could use which would save time and resources for GPs is to have a resource web which has a series of podcasts on life in remote and rural practice for students/trainees to view prior to contacting mentors. I also think within this you should interview paramedics, nurse practitioners, midwives, AHPs etc asking them what they regard as qualities needed to be a remote and rural GP. I also think it's imperative that we strive to improve our inter-professional learning	Oct 28, 2012 10:06 AM
8	I'm really not competent to answer this question as I do not yet know enough about it. What would be very useful for students and trainees would a way for them to communicate with each other and to make contact, as we hear from them that they get a bit lonely.	Oct 25, 2012 4:03 PM
9	not used Twitter or LinkedIn yet	Oct 24, 2012 8:27 AM
10	I use DNUK, also RPAS and ruralGP.com chatlines	Oct 23, 2012 8:40 PM
11	Probably. I would say Yes - tell me how to do this, except that I don't want to know how to set it up. I would be happy to be part of such a network.	Oct 23, 2012 4:16 PM
12	chat rooms or email groups like RPAS are very useful for this	Oct 23, 2012 11:49 AM
13	DNUK is the only network which counts for doctors	Oct 23, 2012 10:13 AM
14	too difficult as a member in a small rural population so I have generally avoided using social media thus far except for email groups	Oct 23, 2012 9:32 AM
15	DNUK forums very useful	Oct 23, 2012 9:04 AM
16	No, just join RPAS.	Oct 23, 2012 8:44 AM
17	GPs working in R&R tend to have chosen isolation. This is probably not a good thing. I just signed up for twitter so don't really know if it will work for me and may drop it if it doesn't	Oct 23, 2012 8:21 AM