Developing doctors for rural areas: the Scottish experience











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Scottish Graduate Entry Medicine

ScotGEM to date







Successful bid 2016

First cohort 2018

First graduates 2022

What is ScotGEM?

Four years

Graduate entry

Remote and rural agenda

Generalist focus

Dispersed

Partnership

Bursary

What is ScotGEM?

GENERALIST CLINICAL MENTORS (GCMs)

CLINICAL INTERACTIONS COURSE (CLIC)

AGENTS OF CHANGE: QI, Prescribing, Informatics, Service Learning, Public Health

LONGITUDINAL INTEGRATED CLERKSHIP (LIC)

ScotGEM across
Scotland

University of Dundee

University of St Andrews

NHS Fife

NHS Highland

NHS Dumfries and Galloway

NHS Tayside





ScotGEM Agents of Change





ScotGEM Foundation Placements 2022

	Total 52
NHS Ayrshire and Arran	3
NHS Borders	2
NHS Dumfries and Galloway	11
NHS Forth Valley	1
NHS Grampian	3
NHS Greater Glasgow and Clyde	5
NHS Highland	1
NHS Lanarkshire	7
NHS Lothian	4
NHS Tayside	8
rUK	7

CAREER INTENTIONS

AIMS

- To measure the success of the ScotGEM programme as defined in its initial mission (generalism, Scotland, remote/rural)
- To explore which independent variables (e.g. admissions data, assessment data, personal information, values) are associated with generalist/Scottish/remote/rural career intention and, ultimately, destination

METHOD

- A questionnaire was developed using validated items from elsewhere in the literature
- Ethical approval March 2021
- 163 students invited to complete the questionnaire; response rate 77% (n=126)
- Descriptive analysis completed

RESULTS: GP

How likely do you think you are to choose GP after medical school?

(Students who responded ≥6, were Least likely = 0; Most likely = 10)

ScotGEM Study (n=126)	Destination GP (n=3680)
80% (n=101)	56%

How likely do you think you are to choose GP after medical school?

Students who put GP in their top 3

ScotGEM	Y1 Students:	Y5 Students:
Study	Cleland et al	Cleland et al
(n=126)	(n=1329)	(n=1001)
72.2% (n=91)	45.3% (n=603)	55.3% (n=559)

Pull factors

Holistic care, continuity of care and flexibility with a career in GP Positive experiences with their own current/previous GP, GP tutors and placements at University

Push factors

Positive experiences of other tutors at University,
Medical school culture
Work experience outside of the programme

Not choosing a GP career

Personal aptitude for other roles (n=10)

Emotional toll of primary care (n=9)

RESULTS: SCOTLAND

83% plan to remain in Scotland

Lifestyle plans and family reasons influence choice of preferred location

55% currently intend to stay in Scotland long term



RESULTS: REMOTE & RURAL

- Half of students intend to practice in remote and rural areas
- Definition of rural included any settlement with a population of below 10,000
- If preference for rural invited to identify where:



89% GP, RURAL, SCOTLAND



REFLECTIONS

Some evidence ScotGEM mission is working

Graduates are effective foundation doctors

Currently choosing training paths

Ongoing evaluation and research

Admissions criteria

Impact of current situation in primary care

Facilities and services in rural areas

Irish Times August 2023

- A shortage of GPs is posing a significant risk to the Irish health system, the Irish College of General (ICGP) practitioners warned recently
- A growing population with longer life expectancy is resulting in increased demand for primary care at a time when many older doctors are due to retire
- The problem is most acute in rural areas, where it is increasingly hard to find qualified GPs willing to live outside urban areas



THANK YOU

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- Destination GP: Shaping general practice (rcgp.org.uk)
- Cleland, JA et al (2014) A survey of factors influencing career preference in new-entrant and exiting medical students from four UK medical schools. BMC Med Educ, 14:151
- O'Malley, A. S. (2023). A qualitative perspective on what factors influence ScotGEM students' career intentions. Rural and Remote Health, 23, 8152
- Bartlett, M et al (2019) Dundee's Longitudinal Integrated Clerkship: drivers, implementation and early evaluation. Education for Primary Care, 30(2), 72-79









