

Choosing a remote and rural career path: Perspectives of Scottish medical programmes on current rural and remote placement provision



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Introduction

Scotland's rural and remote areas face increasing doctor shortages¹. Positive clinical placements can encourage medical students to practice rurally or remotely². Expansion of rural and remote placements is needed with increasing student numbers and limited urban placements³. A national level picture of placement provision is lacking. This study mapped current rural and remote clinical placement provision across all six Scottish medical programmes.

Methods

- Semi-structured interviews with programme representatives
- Pre-populated survey collected additional placement characteristics
- Data analysis using descriptive statistics

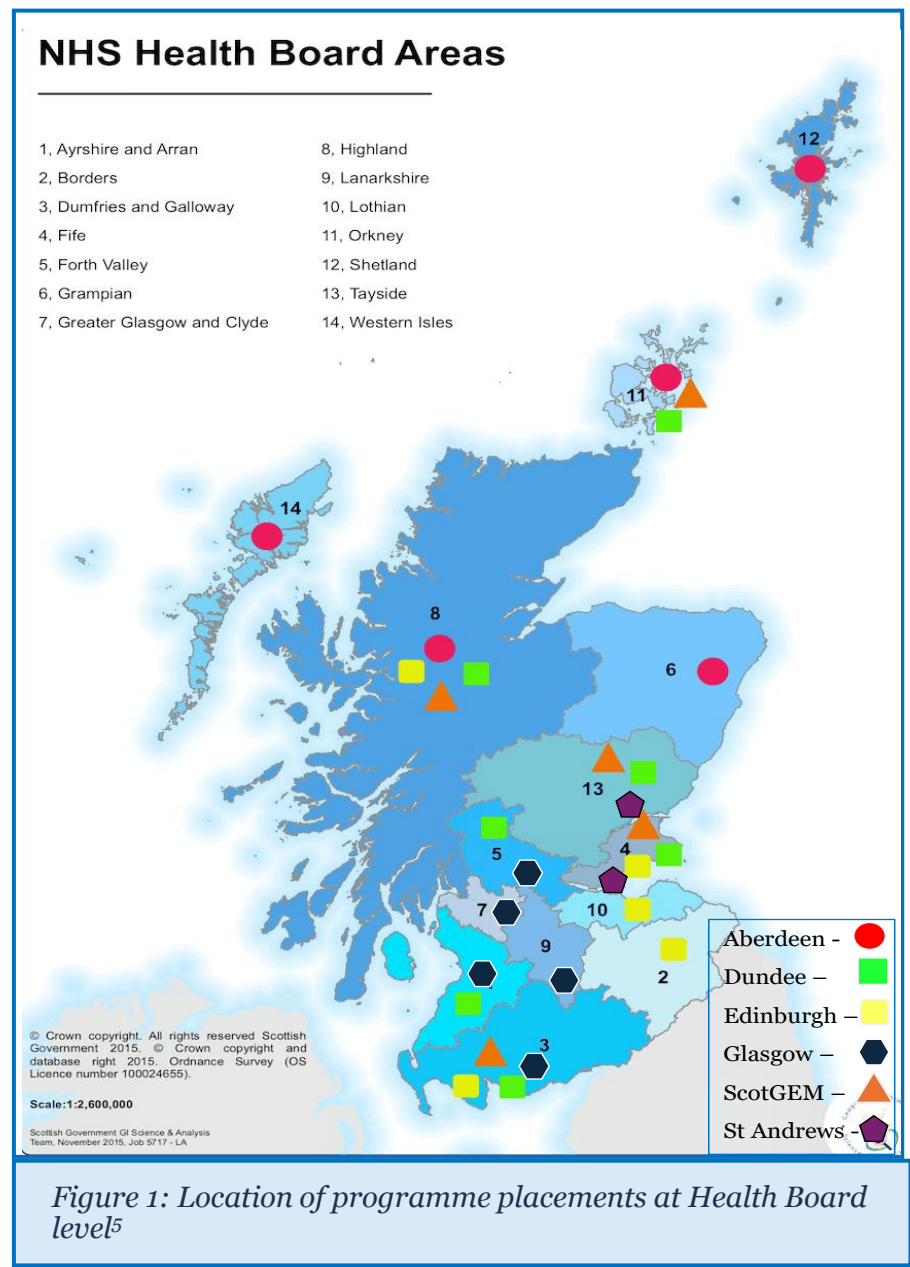


Figure 1: Location of programme placements at Health Board level⁵

Medical programme's definitions of remote and rural:

"I do have now a current definition that I am using, but that has only come about over the last few months...It all ties back into the Scottish Urban Rural Classification...We would accept remote and rural as being in SURC 5 to 8."



"There is a travel and subsistence guidance from NES which talks about when things would be subsidised from a funding perspective that is based more on distance from the main site. But no, I don't think we've got a working definition of remote and rurality."



"We speak much more in terms of out blocks...We don't particularly make a *distinction* between out blocks that are urban and out blocks that are remote and rural."



"We would just use the SIMD definitions. But I suppose we don't really badge them to the students as you know, this is a 'remote and rural' placement, or this is a 'rural small town' placement."

Results

- 13 interviews and programme surveys completed, providing snapshot of Scotland's rural and remote placement provision
- Despite a government classification⁴, programmes have varied and informal definitions of 'rural and remote'
- Placement opportunities and structures differ widely by programme

Table 1: Rural and Remote Placement Characteristics by Programme			
Programme	Student Year	Placement delivery/context	Placement rotation lengths (weeks)
Aberdeen MBChB			
	4	Primary care	6
		Secondary care	6
		Rural and remote strand	45
	5	Primary care	7
		Secondary care	8
Dundee MBChB			
	4	Primary care	4 (GP) + 4 (psychiatry)
		Secondary care	8
	5	Primary care	4 (GP)
		Secondary care	8
Edinburgh MBChB			
	5	Secondary care	5
	6	Primary care	4
		Secondary care	4
	*HCP-Med Year 1	Primary care	½ day/wk/yr
	*HCP-Med Year 2	Primary care	½ day/wk/yr
	*HCP-Med Year 3	Primary care	1 day/week for ½ of yr
		Secondary care	1 day/week for ½ of yr
Glasgow MBChB			
	4	Primary care	5
	5	Primary care	5
ScotGEM			
	1	Primary care	1 day/wk/yr
	2	Community medicine	1 day/wk/yr
		Secondary care	½ day/wk /yr
	3 (LIC)	Community medicine	43 (2.5 days/wk in GP)
	4	Secondary care	4
St Andrews BSc (Hons)			
	1	Community medicine	1 day/yr
	2	Community medicine	10 days/yr
	3	Community medicine	5 days/yr
*Note: MBChB HCP-Med for Healthcare Professionals			

Conclusion

- Understanding current placement provision will help target resources effectively and enable strategic national-level placement development
- Defining and standardising 'rural and remote' definitions across medical programmes could prove useful

References

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