

Executive Summary

South Shropshire Rural Campus – undergraduate medical education in rural South Shropshire

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Background

Internationally there has been an interest in under-graduate medical education in rural areas for several decades prompted by challenges in recruiting and retaining rural doctors. In the UK initiatives to provide rural exposure during under-graduate training are relatively new.

Aim

The aim of this study has been to explore the potential opportunities and barriers to developing a rural element to the new under-graduate medical curriculum at Keele.

Methods

This study has been in four main parts:

- i) A review of the international literature
- ii) Focus groups with under-graduate students (Year 1 and 3) at Keele University
- iii) Visits to practices in South Shropshire
- iv) Telephone interviews with Consultants working in South Shropshire and key representatives of Royal Shrewsbury Hospital and Shropshire PCT

The information from these sources has been compiled to develop a proposal for the development of the South Shropshire Rural Campus.

Findings from the literature

International evidence exists to support the development of a rural element to under-graduate medical education at Keele University. International evaluations of rural initiatives show that rural settings lead to exam scores as good as those from more traditional urban settings (Worley, Esterman and Prideaux, 2004) and that students self-reported clinical exposure and competence equates to those in urban settings (Worley, Strasser and Prideaux, 2004). The qualitative work by Deaville et al (2007) in Wales also identified that students were very happy with their learning experience in rural and urban settings but highlighted that this was related to the quality of the general practice teaching. Evidence also exists that GPs report a positive experience including increased learning and skills from having students on attachment (Walters et al, 2005).

There are several models of rural under-graduate training internationally (Tesson et al, 2005) but little in the literature to identify one particular model as superior to others. Likewise whilst there is strong evidence to support the development of a rural element to the curriculum the emerging evidence from the student perspective suggests that a number of practical solutions will be necessary to ease anxieties felt by students associated with undertaking a rural element to their training (Deaville et al, 2007). These may include:

- i) Shared accommodation
- ii) Internet access in the evenings
- iii) Groups tutorials
- iv) Transport solutions, for example pairing students with and without cars; providing petrol money on placement and back to the academic base.
- v) Short introduction to rural practice prior to placement, for example through a short weekend course, tutorial with a rural GP.

Findings from the focus groups with students

- Students recognised that there is a difference between urban and rural areas and focused on differences between urban and rural practice, with rural practice being quieter but with a broader range of responsibilities.

- Students were positive about the educational aspects of a placement in rural general practice and in particular focused on the breadth of opportunity.

- Students were clear however that the practice needs to know what is expected from the placement and that it is the responsibility of the practice to highlight the rural aspect.

- There was a perception that patients in rural communities are more self-reliant and present later so that consultations will be more appropriate.

- Practical aspects of going on placement to a rural setting featured strongly. This included accommodation and not wishing to pay for accommodation in two settings.

- Students were keen on the idea of sharing accommodation whilst being based at different rural practices.

- A strong theme was being able to keep up other commitments whilst on placement, such as part-time work, medical commitments, family commitments.

- Travelling and transport was a key theme. Students were concerned over how far they would have to travel. Car ownership was raised and it was evident that equity and fairness are important for students.

- The cost of going on rural placement is also deemed to be a challenge for students who suggested they would be more open to the idea if it was not going to cost them anything extra over and above an urban placement.
- Financial and social support were the two key elements that students felt would encourage them to choose a rural placement.

Findings from the practice visits and interviews with consultants

- Thirteen practices were visited and interviews were conducted with eleven consultants.
- All practices and nine consultants were extremely positive and keen to take students on placement
- Eleven out of thirteen practices felt that they were rural with two stating they were semi-rural. Location was the key feature with population size, area covered and proximity to town being important.
- Consultants varied in their perception of whether their work was rural in nature – six responding that it was, four that it was not and one that it was rural in parts. None of the consultants felt that it was the cases which made their work rural, more the locality.
- All practices and all but one consultants felt that students would benefit from a rural placement.
- Respondents also felt that students would benefit from being part of a small team.
- Students would bring benefits to the practice such as “keeping us on our toes”.
- Respondents recognised the challenges to students as being transport, petrol costs and isolation from their peers.
- The main concern for practices is the impact on the time GPs had with patients.
- Most practices felt that accommodation would be available locally.
- Responses varied in relation to extra resources required, some required no extra resources whilst others wanted to equipment such as projectors and interactive whiteboards. Two practices suggested that GP time would be helpful.
- Physical space was a raised by ten practices. Space is a real limitation in four practices although planned new builds and extensions will help ameliorate this.

- Most practices would like refresher training on under-graduate training and mentorship and several commented that nursing staff may require training.
- Consultants were less constrained by physical space than the practices although it may be necessary to rent extra room from the hospitals.
- Four consultants commented that time was the main resource required and three required remuneration to undertake teaching sessions for Keele. Four consultants said no extra resources were needed.

The proposal for the development of the South Shropshire Rural Campus

The South Shropshire Rural Campus has one key aim:

To deliver the core learning objectives of the under-graduate medical curriculum through a structured and supported learning programme in a rural setting.

The proposal covers all years of the undergraduate curriculum and recognises that it must integrate with the developing undergraduate curriculum in Keele.

Rural Lecture (Year 1)

During Year 1 an introductory rural lecture will be offered to all students to introduce rural health as a theme and possible future career choice.

Rural Club (Year 1-5)

Based on the success of rural clubs in Australia (eg: <http://www.clubrhino.org.au/>) a small rural group will be developed to encourage and promote an understanding of rural health among students.

Student Selected Component (SSC): research with a rural focus (Years 3 and 4)

An SSC with a rural focus will be available supported by the team at IRH. The SSCs would compliment both the main curriculum and the rural campus aims and objectives.

Rural mentor scheme (Year 2-5)

During the study contact was made with a large number of rural GPs in South Shropshire some of whom are nearing retirement who expressed an interest in being involved in the rural campus after retiring and could provide a mentoring role. This contact will be largely by e-mail or telephone.

Rural day (Year 2)

A rural day (at a weekend) will be offered to students to introduce them to the reality of rural healthcare. The day could include a visit to a node practice (see below), a talk by a rural GP and visits to a community hospital and the surrounding countryside (eg farm visit).

Rural themed lectures (Year 2-4)

During years 2-4 rural themed lectures could be provided for all the students by local experts on topics such as BASICS or zoonoses.

Four week rural practice placement (Year 3)

Under the new curriculum students will spend four weeks in practice at the end of year 3. Rural campus practices taking Year 3 students will follow the standard Keele curriculum and at the same time introduce the students to issues around rural health, access to care etc.

Sixteen week rural practice placement (Year 5)

The most significant rural experience available to students will be a sixteen week placement in year 5. The three major learning aims will be:

- i) Consolidation of skills
- ii) Understanding and experiencing the patient journey
- iii) Teamwork and leadership: working to develop and carryout a group project

The rural campus will have a nodal structure with clusters of practices based around a central base. The node is a focus for training and also for accommodation. Students will be based at an individual practice but they will also be part of the nodal group and have shared teaching, clinics and a group project.

Suggested nodes:

Node	Networked practices
Bridgnorth	Much Wenlock, Alverly, Ditton Priors, Highly
Ludlow	Craven Arms, Cleobury Mortimer, Church Stretton
Bishops Castle	Knighton/Clun, Pontesbury, Westbury, Worthen

- Teaching will be provided in practice by GPs and other practice staff. Students will also receive teaching from GPwSIs, consultants and other professionals in small groups.
- An education afternoon will be held in the node practice once each week.
- Accommodation will be acquired in each of the three nodes. This needs to be self-catering with internet access, telephone, public transport links and walking distance to basic services.
- Transport remains the most challenging issue. Students with cars will use their own transport and be re-imbursed above a certain agreed level. Students without cars will either share lifts, use public transport or taxis.
- The first placements will take place in 2009/10 at two practices in two nodes for year 5. Subsequent years will see an extra node and additional practices being added. All practices will be involved in 2011/12.