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THE RCGP'S RURAL FORUM

It was once said of Glasgow, that it's greatest asset was the speed with which you could reach open countryside. It was therefore appropriate that the RCGP Rural Forum was officially launched at the 2009 RCGP Annual Conference, held in Glasgow. Over the years, the profession and the College have gained from research originating from rural and remote general practice, yet the organisational need to centralise has had the unfortunate effect of marginalising remote and rural practice from faculty and council involvement. The College recognised this deficiency in 1993 and set up a Rural Practice Group under the chairmanship of Jim Cox which had the stated aims: to raise the profile of rural practice; to stimulate research and education in rural general practice; to disseminate good practice; and to function as a 'virtual faculty'.

Despite these aims, and the formation of links with other organisations, the group failed to achieve widespread engagement within the rural general practice community. Some of this relates to structures within the College that are defined by statute.

The aim of the new Rural Forum, under the chairmanship of Dr Malcolm Ward, is to represent rural and remote GPs in a more structured, democratic way and ensure that the needs of rural patients are considered on the College agenda. This will be achieved by promoting rural issues inside and outside the College; encouraging rural GPs to engage with the College; advancing the College's objectives in rural practice; facilitating communication and networking of rural doctors in the UK; and supporting the professional development of rural GPs.

Rural practice provides some of the best examples of the essence of general practice: personal care, true family doctoring, a feeling of community, and the ability to remain at the heart of generalism. While larger practices increasingly rely on GP specialism, rural practitioners must remain general to continue serving their patient populations. Rural practitioners need to develop additional skills, including dispensing, pre-hospital care and balancing the effects of poor access to secondary and tertiary care, for example, by providing services within community hospitals.

If rural patients are to be adequately served in an increasingly centralised medical system it is important to address the needs of present and future rural GPs. GP training has developed over the last few years, with further substantial change predicted with the introduction of 5-year training. Defining rural competencies for training and revalidation is an imminent challenge for the Forum.

During the conference we were joined by Professor Richard Hayes by videolink. He described Australia's journey towards rural representation, and his message was to avoid partition and work jointly to develop equitable solutions to the challenges of representation within the College that appraisal and revalidation will exacerbate.

Disseminating critical reviews and research on what makes rural practice different has not yet convinced UK Council that a democratically constituted rural faculty would progress matters. By international standards, the UK has a significant rural population; for example, 20% of Australia's population of 21 million is regarded as rural while England,[1] Scotland,[2] Wales,[1] and Northern Ireland[3] (with three times the inhabitants) classify their population as rural at 19%, 31%, 36% and 42% respectively. It is clear that the UK has a rural and remote population that is large both in actual numbers and as a proportion of the total population. Such a large population base deserves representation in decisions relating to the provision of primary and secondary care. Clearly, a spectrum of rurality exists, but some remote Scottish islands come very close to the logistic problems faced in rural Australia.

The forum is open to all who have an interest in rural medicine; there is no restriction and all RCGP members are welcome. To join, please contact: ruralforum@rcgp.org.uk

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