

Chapter 4.1.4

DEVELOPING RURAL UNDERGRADUATE MEDICAL EDUCATION IN WALES

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Introduction

All undergraduate medical education in the United Kingdom is delivered through the framework prescribed by Tomorrow's Doctors (1). Paragraph 104 recommends that 'the students must have opportunities to interact with people from a range of social, cultural and ethnic backgrounds'. Furthermore paragraph 106 recommends 'experience in a variety of environments including hospitals, general practices and community medical services'. As Welsh Centre for Health figures for 2004 suggest that 35,1% of Welsh residents should be considered as rural dwellers (2), the conclusion can only be that a considerable part of medical training in Wales should take place in rural locations or with rural patients.

Developing 'country practice'

An early sign of a rural element in our medical training was seen in 1949 when Dr William Pickles delivered his lecture 'Epidemiology in Country Practice' to the students in Cardiff. In the early 1980s another important milestone was achieved with the establishment of a network of training practices throughout Wales under the guidance of Professor Nigel Stott. Many of the placements were centred on practices with community hospitals and consequently in more rural locations.

Our most rural county, Powys, currently provides more than double the student placements than it should, taking into account the population numbers. Initially the placements were for one week in the fifth year of training but were gradually extended to the current six and a half weeks.

The Institute of Rural Health

The 1998 constitution of the Institute of Rural Health in Mid-Wales, some 150 kilometres north of Cardiff, has enabled further rural educational activities to be developed in conjunction with Cardiff University. They are as follows:

1. Year 1: introductory lecture to the whole class and a weekend student selected component (SSC) for 15-20 students.
2. Year 3: small numbers of nine-week SSCs.
3. Year 5: small numbers of elective provision and placements.

While this means that all students are aware that the medical challenges in the countryside are different, not enough rurally-based education is available.

Expanding rural education

The factors that have historically facilitated expansion in rural educational activity are as follows:

1. The high quality of the education provided.
2. The co-operative working relationships between rural enthusiasts and university-based academics. Apart from the year 5 placements, all the developments have come about through a bottom-up approach.
3. The doubling of student numbers over recent years to over 300 clinical students, leading to the recruitment of more rural clinical teachers. These numbers have stabilised more recently.

There are a number of barriers which need to be overcome to facilitate the expansion of rurally-based undergraduate education, however. General issues will be considered first.

Practicing in the Welsh countryside

Wales is a small country of just over 20 000 square kilometres with few inhabitants living more than 60km from secondary care and 120km from tertiary care. Health outcomes are better in the Welsh countryside than for the urban areas of Wales. General practice list sizes are smaller – and there are no apparent recruitment issues for appointment of doctors.

Urban-based planners of all disciplines largely pay scant regard to rural issues, as the problems are less overt in the rural parts of our small and developed part of Western Europe. There has recently been evidence of this in the political sphere when the new Welsh Assembly Government removed the post of rural affairs minister from its cabinet. It is within this context that the rural profile must be kept high as part of ensuring a vibrant undergraduate education sector.

Teaching and research in rural areas

Secondly there is a need to enhance teaching and research capacity in our country practices. There is some financial support available to gain teaching qualifications and attend teaching courses through Cardiff University for the general practice teachers. This is essential to improve standards – and the established teacher should also not forget their duty to inspire the next generation.

As busy clinicians have limited time to devote to academic activities, there is a need for academic posts to be developed with rural bases to increase research and teaching capacity. There will also be a need for further significant financial support to achieve this.

Student issues

Thirdly we need to be aware of student-based issues as students learn best in a happy and supported environment. While the clinical experience and teaching in our practices is paramount, this is not generally a problem given the enthusiasm and quality of our teachers. The effects of relative isolation must be minimised whilst the students are placed with us and this can be (and is often being) achieved as follows:

1. provision of high-quality IT equipment for academic work and social interaction;
2. placement in joint accommodation;
3. bringing groups of students together for joint tutorials; and
4. hospitality within our rural communities.

The medical school grapevine is a powerful force; if the students hear that education is of high quality in rural Wales they will ask to be placed in our practices.

Finally in Wales the Cardiff curriculum is being completely re-organised through the C21 project. As any large-scale re-organisation is a time of opportunity, now is the time to engage to extend our role in the education of the Welsh undergraduate.

Conclusion

Significant rural undergraduate educational activity is being undertaken in Wales at present but there is definitely scope for expansion. This can be achieved by maintaining a high profile for rural health issues, enhancing rural educational standards and capacity as well as ensuring a high quality student experience.

References

1. General Medical Council. *Tomorrow's Doctors. Outcomes and standards for undergraduate medical education*. United Kingdom: General Medical Council; 2009.
2. Wales Centre for Health *A Profile of Rural Health in Wales*. Cardiff: Wales Centre for Health; 2007.

This article is a chapter from the **WONCA Rural Medical Education Guidebook**.
It is available from www.globalfamilydoctor.com.

Published by:
WONCA Working Party on Rural Practice
World Organization of Family Doctors (WONCA)
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Suggested citation: Green M. Developing rural medical undergraduate medical education in Wales. In Chater AB, Rourke J, Couper ID, Strasser RP, Reid S (eds.) *WONCA Rural Medical Education Guidebook*. World Organization of Family Doctors (WONCA): WONCA Working Party on Rural Practice, 2014. www.globalfamilydoctor.com (accessed [date]).