

The Generalism Project A cure for rural ills?





Junior Doctor



General Practice

Training – 3 years





Medical School



Foundation Program 2 years

Secondary Care Training - 7 years



Consultant



The Generalist Project

Changing the way we train junior doctors

Why do we need to change?

How will we change?

The benefits of change

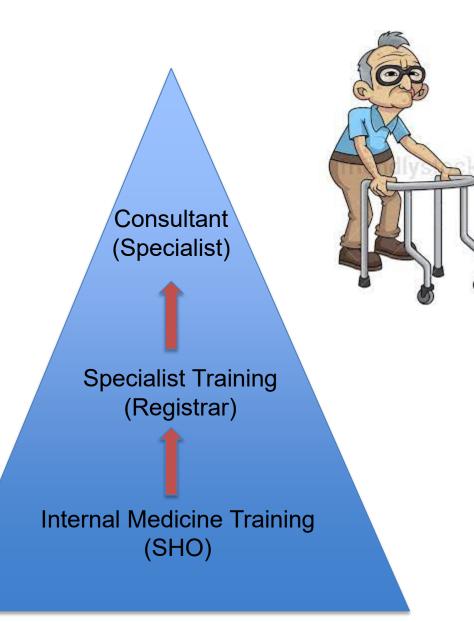
Changing Secondary Care Training











Delivery of care

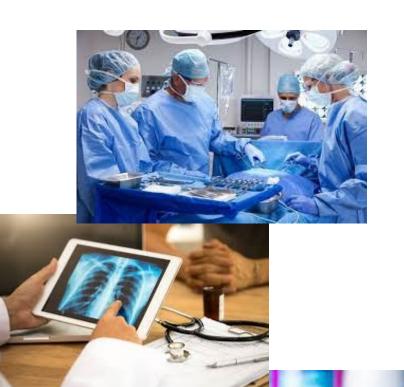
- Inefficient
- Multiple patient visits
- Non- attendance

WHS Health Education England



- Hospital based service
- Limited experience of service delivery models
- Lack of appreciation of how trusts can adapt services
- Lack of role models

Health Education England



- Social determinants of health
- Health inequalities



Rural Healthcare Challenges - Deprivation





The Generalist Program



Training a new type of consultant:

- Broader knowledge of disease
- Broader knowledge of delivery models
- Understanding of the socio-economic challenges that impact on health



Broader, community based care

















The Community Experience

- Healthcare delivered in the community
 - Outreach clinics, community hospitals
- Jointly run by primary and secondary care
- Demonstrate how services can be delivered outside the acute hospital setting.
- Provide role models for rural/outreach work.
- Better understanding of geographical challenges



Socio-economic challenges









The Immersive Experience









The Immersive Experience





The Immersive Experience









Adapting our teaching



Digital exclusion

Reducing health inequalities

– Al and remote communities



Al and the risks of widening inequalities

Developing digital literacy and access amongst patients and carers



Summary

- Transplanting clinical education into a new environment
- Engaging agencies with no previous involvement in medical education
- Promoting community based consultant posts
- Convincing trusts to take on a new type of doctor



