

College of Medical, Veterinary & Life Sciences

40 years of academic general practice  
at the University of Glasgow  
(1974–2014)

Working with general practices in the west of Scotland





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# INTRODUCTION

**F**orty years on from the establishment of a department of general practice at the University of Glasgow, it is a suitable time to reflect on what has been achieved and how we are set for the future.

This brochure describes and lists the very large number of people who have spent time in the department as staff or students or who have worked with the department as general practices taking part in teaching and research (usually both).

There are plenty of achievements to report: the development of undergraduate education in general practice, or involving general practitioners, in every year of the medical course; clinical attachments in general practice for over 5000 medical students; two pioneering master degree courses; over 50% of all higher research degrees by general practitioners in Scotland during the last 40 years; a professorial production line; some brilliant careers; ground breaking research; several “research papers of the year”; big grants, memorable social occasions, and so on.



*Our current home at 1 Horselethill Road*

Departments no longer exist within the structure of the university but, as this document records, they provide a natural focus for many things, including identity, creativity, productivity, collegiality and conviviality. Not least among its many achievements, the department has always been a friendly and supportive place in which to work.



*GPPC House 2, 124 Observatory Road*

Current staff are administratively split, either as researchers belonging to the Institute of Health and Wellbeing or teachers belonging to the School of Medicine, with several colleagues belonging or affiliated to both. The smallest organisational unit to which everyone belongs is the huge College of Medical, Veterinary and Life Sciences. In practice, however, because everyone is based at the same location, we remain an integrated unit and are seen as such by general practices in the west of Scotland.

Our interface with general practice and primary care is crucial. As general practice and primary care become increasingly central to the challenges faced by NHS Scotland, helping an ageing population to live well with multimorbidity, the department has been and continues to be the university’s main point of contact with this outside world. From an initial focus on general practice, the department is now multidisciplinary in nature and engages, via its research and master degree students, with a wide range of disciplines and activities in primary health care.

There have been two phases of development. In the first phase, based at Woodside Health Centre and with never



*4 Lancaster Crescent*

more than about 20 staff, Professor Hamish Barber and his colleagues blazed several trails, establishing bridgeheads in teaching, research and academic career development. In the second phase, moving first to Lancaster Crescent and then to

**The secret of an integrated academic unit is... co-location, co-operation and collegiality.**

Horselethill/Observatory Road, Professor Graham Watt and colleagues led expansion to more than 50 staff, exploiting opportunities to develop undergraduate and postgraduate teaching, higher professional training in general practice and numerous research projects.

Since 2009, with Professor Frances Mair and five other professors at the helm, the

department has entered a third phase, maintaining all previous activities but advancing in two new, complementary, directions. Acting locally, with General Practitioners at the Deep End, we have strengthened our links with local general practitioners, capturing and communicating their experience and views, engaging in service developments and gaining new partners for research. Encouraging for the future, a whole new cadre of primary care researchers has been recruited, with eight clinical fellows at present and nine health researchers registered for PHD study.



*Current head of General Practice and Primary Care, Professor Frances Mair*

Thinking globally, senior staff are increasingly active at international level, with activities and impacts on a world scale. At the forthcoming meeting of the North America Primary Care Research Group (NAPCRG) in New York, 14 colleagues will be making 20 presentations. All of our teaching now places primary care in a global

context. We are thrilled by our colleague Phil Cotton's secondment as Principal of the College of Medical and Health Sciences in Rwanda and are looking forward to ways of working with him there.



The secret of an integrated academic unit, with teaching helping research and vice versa, can be summarised in three words: co-location, co-operation and collegiality. Looking to the future, we hope it will be possible to retain this recipe for success.

**Professor Graham Watt**  
*Norie Miller Professor of General Practice*



# THE DEPARTMENT

## The early years

As a result of the decision to include General Practice as part of the undergraduate medical curriculum in Glasgow, four rooms were “adopted” in Woodside Health Centre in 1971 as the university base for teaching general practice.

A senior lectureship in Primary Medical Care, with an honorary consultant contract, was established in 1972. This was initially supported by a grant from the Nuffield Provincial Hospital Trust, before becoming a University Grants Committee (UGC) funded post. **Dr J.H. Barber** (Hamish) was appointed to the post which was jointly based at the University Department of Medicine, in Glasgow Royal Infirmary, and the Department of Community Medicine.



*Where it all began...*

In 1974, the Norie Miller Chair in General Practice was established. The source of funding was the General Accident Fire and Life Assurance Corporation. **Hamish Barber** was the first appointee to the post.

**David Hannay** was the other initial appointment, as senior lecturer, moving from the University Department of Community Medicine.

One year later, Dr **T.S. Murray** (Stuart) was appointed as a research fellow to the Department, with a grant from the Nuffield Foundation. He became a Senior Lecturer in the Department of General Practice in 1977 and Professor in 1992. From 1982 he developed an interest in postgraduate education and was appointed Regional Adviser in 1985.

**Joyce Watson** was the fourth full-time member of staff to be appointed.

**Dr John Mackay** was appointed as a part-time tutor in 1976.

**Stuart Wood** was appointed later as a lecturer, and then senior lecturer. His MD thesis in 1984 on Hay Fever in General Practice was the first such degree obtained by a Glasgow general practitioner in modern times.



*Department of General Practice logo, in use during the late 1990s and early 2000s.*

**Moya Kelly** was appointed as a part-time Lecturer in 1985 using the five sessions freed up by Stuart Murray's appointment as Regional Advisor.

In 1985, **Frank Sullivan** was appointed to a lecturer's post, remaining in the Department, latterly as a senior lecturer, until he took up a new chair in Primary Care Research and Development in Dundee in 1998.

There were also a number of young GPs appointed to one year Scottish Home and Health Department Research Fellowships including **Tim Usherwood** and **Christine Crawford** in 1985 and **Chris Begg** and **Jill Morrison** in 1986.

Other local GPs attached to the department in the early years included **Charles Langan**, **Barrie Adams Strump**, **Norman Poole** and **Anne Gilmore**.

For a fuller account of the early years, see Hamish Barber's article on The Department of General Practice, University of Glasgow, which appeared in Update in June 1984. Also : Chapter 4 by David Hannay and Graham Watt in *Academic General Practice in the UK Medical Schools 1948-2000. A short history*. Edited by John Howie and Michael Whitfield. Edinburgh University Press, 2011.

In the entrance to House 1 at Horselethill Road there is a panel describing and illustrating the early years at Woodside Health Centre. This was compiled by Graham Smith while a research fellow in the department, who also recorded a series of long interviews with Hamish Barber about his life and career.

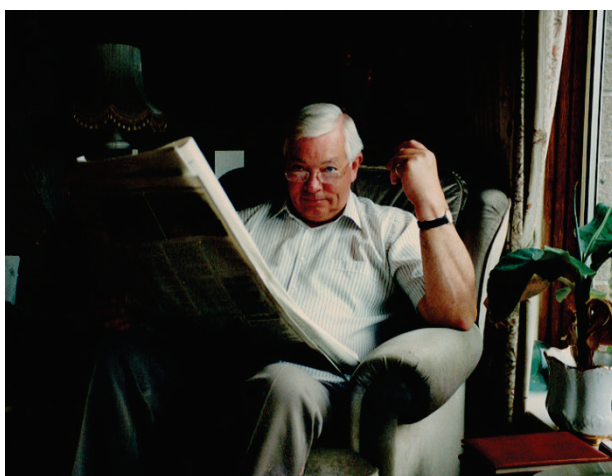


*A slightly later incarnation of our departmental logo*

## Professor Hamish Barber

After general practice posts in Callendar and Livingstone, Hamish Barber was appointed as senior lecturer in the organisation of medical care at the University of Glasgow in 1972. The appointment was a huge challenge. Many colleagues in the University, and in general practice, were sceptical of what a general practitioner could offer in a university setting. Hamish caught the ball running. He had no difficulty in accepting and meeting the unprecedented challenge laid down by the Faculty of Medicine that his course would only be accepted if shown to be effective, as this philosophy underpinned all Hamish's activities.

Although medical students had visited general practices as part of their training in Glasgow, the educational content of these visits tended to be haphazard. Hamish developed new courses, whose clinical content was defined, so that tutors could be briefed and teaching could be evaluated. His purpose was not to teach general practice, but to teach those aspects of clinical medicine, including personal and continuing care, which were best taught in a general practice setting. As there was no textbook covering this ground, he wrote one, *The Textbook of General Practice Medicine*. With no resources for teaching, he had to recruit, maintain and expand a cadre of volunteer GP tutors. His course passed the test and was included in the medical curriculum. Within two years, funds had been obtained to establish a separate university department of general practice and the Norie Miller chair,



endowed by the General Accident Insurance Group, for which Hamish, with his ideas, energy and leadership, was the natural choice.

The hectic pace did not stop. Only those who were there can know just what Hamish achieved in Glasgow in a remarkably short space of time. Hamish was a true academic entrepreneur, building a portfolio of clinical trials funded by pharmaceutical companies, enabling him to increase his core staff to the critical level necessary

for survival. He also maintained a fruitful relationship with General Accident, as it continued to support and be interested in the activities of the department.

General practice teaching expanded to feature in every year of the course. His department was at the forefront of educational developments, such as problem-based learning, computer-assisted learning and a module-based MSc course in general practice, which are now commonplace. Based at Woodside Health Centre, which had opened in 1971 with a suite of rooms set aside for teaching, he was at the forefront of service developments in primary care, pioneering the team approach with health visitors leading programmes of prevention for child care and care of the elderly. At one time, half of the general practices in Scotland were using his Woodside child health record. In a review of changing patterns of primary medical care in 1973, he was advocating all of the key policies included, over 30 years later, in *Delivering for Health*, the Government's current statement of NHS priorities, including expanded nursing roles, integration of health and social care, closer working between general practitioners and hospital consultants and shifting from reactive to preventive patterns of care.

By the time Hamish retired in 1993, after two decades at the helm, he had left a legacy from which new success was assured. Five of his team (David Hannay, Stuart Murray, Frank Sullivan, Tim Usherwood and Jill Morrison) themselves became professors of general practice.

Hamish had a wide range of interests outside general practice. Following his early ambitions to be a marine architect, he became an expert model boat builder, including the full range of Scottish fishing vessels, ten of which are now on permanent display at the Scottish Fisheries Museum at Anstruther

*From Hamish Barber's obituary in The Herald, August 2007*

## STAFF

### Current staff

#### Research and teaching

Bikker, Annemieke  
Browne, Susan  
Burns, Nicky  
Byrne, Sharon  
Devlin, Alison

Dowie, Al  
Macdonald, Sara  
McIlvenna, Yvonne  
McLean, Gary  
Nicholl, Barbara

O'Donnell, Kate  
Robb, Katie  
Wood, Karen

#### Clinical

Bennie, Alan  
Crawford, Lynsay  
Goldie, John  
Grom, Iain  
Hamilton, Jilly

Mair, Frances  
Mercer, Stewart  
Morrison, Jill  
Noonan, Zoe  
Pope, Lindsey

Smith, Pat  
Taylor, Elaine  
Watt, Graham  
Williamson, Andrea



## Clinical research fellows

Agur, Karolina  
Blane, David  
Gallacher, Katie

Jani, Bhautesh  
Moffat, Keith  
Morrison, Debbie

Saunderson, Kathryn  
Simpson, Robert

## Management and support

Bakr, Isa  
Beaumont, Michere  
Blyth, Christine  
Easton, Linda  
Fitzpatrick, Christine

Goodfellow, Jane  
Ibbotson, Tracy  
Linden, Denise  
McKelvie, Michelle  
McLeod, John

McPhail, Catriona  
Murphy, Arlene  
Reid, Janice  
Urquhart, Sharleen

## Affiliate

Bouamrane, Matt-  
Mouley

Fitzpatrick, Bridie  
Lowrie, Richard

Matthews, Anna

## Former colleagues

Abbotts, Joanne  
Adams-Strump, Barrie  
Anderson, George  
Anderson, June  
Andrews, Lynne  
Armstrong, Iain  
Barbour, Rose  
Barton, Peter  
Chris Begg  
Bidwell, Clare  
Blatchford, Mary  
Boyd, Claire  
Brown, Jane  
Burns, Edwin  
Burrows, Jayne  
Campbell, Louisa  
Campbell, Malcolm  
Carroll, Louise  
Carson, Alastair  
Carson, Karon  
Cavanagh, Catherine  
Cawston, Peter  
Chauhan, Rohan  
Clark, Julia  
Colledge, Malcolm  
Conway, Ellie  
Cooper, Max  
Cowan, Colin  
Christine Crawford

Cumming, Nicola  
Davidson, Claire  
Devlin, Alison  
Donnelly, Cheryl  
Duff, Eileen  
Emslie, Carol  
Farish, Gill  
Ferrell, Catherine  
Fisher, Abi  
Gaffney, David  
Gilmore, Anne  
Gourlay, Glen  
Grant, Suzanne  
Grimes, Hilary  
Guthrie, Eleanor  
Hagan, Margaret  
Hannay, David  
Hawkins, Gillian  
Herman-Smith, Pene  
Higgins, Maria  
Hothersall, Ellie  
Houston, Katherine  
Hubbard, Gill  
Inglis, Leila  
Innes, Joanne  
Johnson, Maureen  
Johnson, Nadia  
Jones, Isabel  
Kane, Karen

Kearney, Catriona  
Kelly, Diane  
Kelly, Moya  
Kemp, Jeremy  
Kuhnert, Matthew  
Lynch, Irene  
MacKay, Daniel  
MacKay, John  
MacKenzie, Victoria  
Macleod, Una  
Macnaughton, Jane  
McConnachie, Alex  
McDougall, Stephen  
McGrattan, Diane  
McGregor, Sandra  
McKenzie, Margaret  
McLean, Alexandra  
McNeill, Catherine  
Mitchell, Liz  
Moffat, Katrina  
Moran, Laura  
Muirhead, Patricia  
Murray, Stuart  
O'Brien, Rosaleen  
O'Mahoney, Sylvia  
Oates, Valerie  
Osbourne, Janice  
Norman Poole  
Quinn, Patrick

Reid, Maggi  
Reid, Marylou  
Richards, Helen  
Richardson, Janice  
Richmond, Linda  
Robertson, Robbie  
Ross, Sue  
Schwartz, Lisa  
Scott, Mairi  
Senok, Abiola  
Sheerin, Alison

Smith, Fiona  
Smith, Graham  
Stewart, Susie  
Sullivan, Frank  
Sutton, Matt  
Taylor, Jean  
Teckle, Pawlos  
Thompson, Joyce  
Thomson, Hilary  
Tomlinson, Joy  
Turner, Fiona

Upton, Mark  
Usherwood, Tim  
Vallance, Gillian  
Vojt, Gaby  
Walker, Simon  
Wang, Yingying  
Watson, Joyce  
Wilson, Phil  
Wirth, Maria  
Wood, Stuart



*Staff photograph from 1997, taken in the foyer at Woodside Health Centre*

## Remembering Stuart Wood

Apart from his talents as a local GP, researcher and teacher, our late colleague Stuart Wood was an indefatigable fixer and organiser on behalf of the department, who took pleasure in imagining and delivering collegiate and convivial activities involving friends, colleagues and guests. Perhaps his highpoint in this respect was the social programme of the annual scientific meeting of the Society for Academic Primary Care which was held in Glasgow in 2004. Stuart not only arranged for 35 heads of department to be bused out to Balmaha, picked up by a Loch Lomond cruiseboat, wined on the afterdeck, transported to Luss and decanted for a dinner at the Lodge on Loch Lomond, he also arranged for a lone piper (the





redoubtable David Hannay) to be playing on Inchcailleach as we passed, so that he could be picked up and join the company.

Putting a piper ashore in the middle of Loch Lomond, so that he could be picked up an hour later, is a logistical challenge, but Stuart Wood was equal to this task. As was his habit, he cased the scene beforehand, timed the journeys, found a boatman and had the piper delivered at the right time, in the right place, for transfer to the island. In these and other intrigues, his wife Valerie was driver and chief assistant. They were a team, with talents which could have been turned to many tasks. Bank robbery would not have been beyond them.



*Stuart Wood, David Hannay and 33 HoDs on Luss pier*

For the conference dinner in the Bute Hall, Stuart introduced a technique forever after known as "The Principal's Friend". Engaging with the University caterers to ensure their best efforts on the night, Stuart let it slip that a very important guest on the night was "a close friend of the Principal". Mission accomplished. The beauty of the technique was that it was not necessary to specify which friend, nor indeed, which Principal.

For the conference dinner in the Bute Hall, Stuart introduced a technique forever after known as "The Principal's Friend". Engaging with the University caterers to



*Colleagues and friends gather on the main campus for Dr Stuart Wood's memorial service and dinner*

09 June 2006 was in all our diaries, as the day out for that year. We used the day instead to celebrate our colleague Stuart Wood, who had died suddenly in March that year. It was a big convivial occasion, involving a symposium, a service and a dinner in the Randolph Hall, the sorts of things Stuart was adept at organising. I could imagine him doing the business with Stuart MacQuarrie, the University Chaplain. "Stuart," he would say, "we are really looking forward to the memorial service in the University Chapel, and if it goes well, there are lots of memorial services we can put your way".

**Graham Watt**

## UNDERGRADUATE TEACHING

Local GPs contributed to teaching in general practice for medical students from Glasgow University for many years but there was no attempt to organise a formal teaching course until 1972. Before this, medical students were able to undertake an attachment to general practice for a one week elective during the summer vacation. Two students did this elective in 1953, 13 in 1954, and 100 in 1957. In addition, in 1954/55, three lectures were introduced during the students' free time and, as they proved successful, they became a formal part of the curriculum in the following year. Teaching continued in this rather ad-hoc way during the 1950s and 1960s.

General practice was finally included as a recognised part of the curriculum in the 1970's at the same time as the curriculum changed from six years to five years. After Hamish Barber was appointed, the first formal teaching course was introduced in October 1972 and involved each fifth year student spending six afternoon sessions with a GP tutor in groups of four or five. The course had four broad objectives:

1. To enable the student to see "diagnoses" and "management" in physical, psychological and social terms
2. To show the student conditions, not frequently seen in hospital, which are responsible for a considerable degree of morbidity
3. To demonstrate what is involved in the long term care of chronic ill health
4. To demonstrate the application of team care to ill health in the community.

The six afternoon sessions were spread out during the first and second terms of fifth year and lasted for two to three hours during what were otherwise free afternoons. A syllabus was introduced detailing the types of medical conditions and illness situations that students should see. Twenty six tutors were involved in the first year and 31 in the second year. At the same time there was also GP involvement in an introductory session in first year, two sessions for the Royal Infirmary group of students in third year, and Hamish Barber was involved in regular, weekly hospital sessions. There was also a pilot study of collaborative teaching with the Departments of Psychiatry and Geriatrics. In the following session - 1973/4 - the fifth year teaching was increased to eight sessions, students in the Western Infirmary Group spent five mornings sitting in with GPs and some students visited patients at home with student health visitors and social workers – an example of inter-professional learning that was way ahead of its time.

In 1975, a pilot study was introduced, to investigate the feasibility of demonstrating the acute presentation of illness in a limited period of time. This was successful and all third year students went on to spend four mornings in general practice. The teaching concentrated on history taking and examination but also demonstrated the unstructured way patients present their symptoms and the early presentation of common conditions.

This early teaching was characterised by careful development, experimentation and evaluation and a comprehensive course in general practice gradually evolved. By 1984, general practice contributed to teaching from second to final year. By this stage, however, the lack of a full-time attachment in general practice was keenly felt, particularly for final year students. In 1989, the Medical School Curriculum Review Committee finally decided to include a four week attachment in general practice during the new final rotation, due to begin in the third term of fourth year in 1992.

The four week attachment introduced the students to a number of innovations including the first examples of both Problem Based Learning and an audit project in Glasgow. One hundred tutors working in 96 practices took students for these initial attachments. Sixty of the tutors were in Greater Glasgow Health Board and the others were practicing elsewhere in the West of Scotland Region. They were also eligible for the first time for a payment of £10.95 per session per student taught. Before this, incentives were generally at the level of the odd book token. Clearly tutors did not become involved in teaching for financial reasons and, indeed, the main reasons they gave when asked were that they enjoyed teaching, they found it stimulating, it encouraged them to keep up to date and they wanted to promote general practice. This attachment was popular with students, had a significantly positive influence on their views of general practice and increased their preference for general practice as a career, although this latter finding was transient.

In 1996, the Medical School introduced a “new” medical curriculum in response to the GMC Recommendations in Tomorrow’s Doctors. The curriculum had a Problem Based Core, modelled on the curriculum in Maastricht University in the Netherlands, and included Special Study Modules and a Clinical Core. It also included Vocational Studies (VS) running horizontally and vertically throughout the curriculum. VS was developed by staff in the Department of General Practice and covered the domains listed in box 1.

Box 1. *The Domains covered in Vocational Studies*

- Early Patient Contact,
- Introduction to Clinical Settings,
- Clinical Skills,
- Computing Skills,
- Evidence Based Medicine,
- Information Skills,
- Communication Skills,
- Right Thing To Do (Ethics and Law),
- Finding Out: Research and Experiment
- Understanding People, Patients and Communities.

VS was facilitated by trained tutors in small groups of 8–10 students for three hours each week in first and second year and involved discussion and experiential learning e.g. clinical visits. The original intention was for 50% of the tutors to be GPs and 50% to be hospital doctors but, in the first year of the new curriculum, 57 of the 60 tutors were GPs and this preponderance of GP tutors has continued to the present day.

The new curriculum also included Clinical Practice in the Community which involved third year students spending a whole day every alternate week in general practice. This focused on learning clinical skills and students undertook a “Signs and Symptoms surgery”. There was also an expanded five week attachment in general practice during the long year four and five rotation through clinical attachments. It was estimated that general practice comprised about 12% of the entire curriculum by this stage. This expansion in GP teaching was greatly helped by a significant injection of funding from Additional Cost of Teaching funding for General Practice (GPACT) which enabled the Department to employ new staff to organise and deliver the teaching as well as to increase the payments to GPs for teaching students.

There have been two smaller curriculum revisions between 1996 and the present day but General Practice has maintained its strong position in the Curriculum. Currently, in year 1, all students spend one half day every week in VS which covers Right Thing to Do, Personal and Professional Development. Clinical/communication



skills and Appraisal of Evidence Based Practice. The 30 tutors (mainly GPs) lead the students in groups of eight in Campus Based sessions and five clinical visits including two to their practice and two projects – Life History and Community Diagnosis. In second year there are 25 sessions with 30 VS tutors and the project is the Family Project.

Ninety GP tutors in 78 practices throughout the West of Scotland Region teach students in third year in Clinical Practice in the Community (CPC). Each group of two or three students attends the practice for seven full days of teaching over the year, for a mix of observation of GPs or appropriate allied health professionals during consultation, student led consulting, and clinical skills teaching. The project work is focussed on chronic illness and students complete a longitudinal portfolio. General Practice is also responsible for co-ordinating five Communication Skills teaching sessions in third year.

Ninety-five GPs provide five week attachments in their practices throughout the West of Scotland for students in either year four or year five. Students participate in teaching surgeries with GPs and other members of the primary health care team. As well as leading consultations in their teaching surgeries, students have their own student led surgeries at least once a week.

General Practice currently provides three group Student Selected Components – five week blocks where students undertake in-depth study in a particular area – on Travel Medicine, Global Health, and Working with Torture Survivors. Students also undertake self-proposed SSCs in general practice settings. Finally, general practice provides a specialist course on Global Health in a Primary Care Context in the Intercalated BSc, which students undertake between third year and fourth year.

Teaching and Learning Event (TALE) is an annual training day for general practitioner tutors and educational supervisors of medical students from years one to five. The event hosts a key note speaker on a topic of current interest as well as year specific sessions and training on relevant educational themes. GPPC has a long history of providing training for its undergraduate tutors which has been delivered in this one day format for the past eight years.

**Jill Morrison**

## Table of teaching practices

Address	Town	Teaching activity			Research
		VS	Year 3 CPC	Year 4/5	
Cairnsmore Medical Practice	Newton Stewart			Y	
Craigmail Health Centre	Dalbeattie			Y	
Sandhead Surgery	Stranraer			Y	
Doune Health Centre	Doune			Y	
Dr Newlands & Partners	Polmont		Y		
Orchard House Health Centre	Stirling			Y	
Park Terrace Medical Practice	Stirling			Y	
Bridge of Allan Health Centre	Bridge of Allan			Y	
Denny Cross Medical Centre	Denny			Y	
Peel Street Medical Centre	Glasgow		Y		Y
Gardner Street Surgery	Glasgow			Y	Y
Buckingham Terrace Medical Practice	Glasgow	Y		Y	Y

Address	Town	Teaching activity			Research
		VS	Year 3 CPC	Year 4/5	
Northcote Surgery	Glasgow			Y	Y
Dr I Cullen	Glasgow			Y	Y
Fulton Street Medical Centre	Glasgow	Y		Y	Y
Knightswood Medical Practice	Glasgow		Y		Y
Anniesland Medical Practice	Glasgow	Y	Y		Y
Drs MacLean & McCrossan	Glasgow		Y	Y	Y
Kelso Street Surgery	Glasgow		Y	Y	Y
Kingsway Medical Practice	Glasgow			Y	Y
Whiteinch Medical Centre	Glasgow		Y		Y
Shaftesbury Medical Practice	Glasgow		Y		Y
Dr Logan & MacDonald	Glasgow		Y		
Kelvin Medical Centre	Glasgow			Y	Y
Drs Gaw and Esler	Glasgow	Y			
Yellow Wing, Maryhill Barclay Medical Practice	Glasgow			Y	Y
Drs O'Driscoll, Watson and McBurnie	Glasgow	Y	Y		Y
Drs Harris, Milburn, Brown, Candy & Gourlay	Glasgow	Y			Y
Dr S J Langridge	Glasgow			Y	Y
Drs Reid, Crawford & Hee	Glasgow	Y			Y
Drs Craig, Douglas, Cherry & McKean	Glasgow	Y	Y		Y
Drs Eardley, Reid & MacLaren	Glasgow		Y		Y
Sandyford Surgery	Glasgow	Y		Y	Y
The Whitevale Medical Group	Glasgow			Y	
Crail Medical Practice	Glasgow		Y		Y
Drs Lafferty, MacPhee & Dames	Glasgow		Y	Y	Y
Drs McKenzie & Burns	Glasgow			Y	Y
Westmuir Medical Centre	Glasgow		Y		Y
The Cairns Practice	Glasgow	Y	Y	Y	Y
Dr Ross	Glasgow		Y		Y
Drs Connell, Groiden, Mercer & Hopkins	Glasgow			Y	Y
Drs Ryan, McAlavey & Orr	Glasgow		Y	Y	Y
Dr Winter, Cheung & Dr Al-Agilly	Glasgow			Y	Y
Dr Wilson, Dr McGinley & Dr Sheppard	Glasgow	Y			Y
Drs Anderson, Dawson, Mutch & Smith	Glasgow			Y	
Newhills Medical Practice	Glasgow		Y		Y
Dr Ali and Dr Mackenzie	Glasgow	Y			Y
Shawlands Surgery	Glasgow	Y		Y	Y
Drs Leonard, Geddes, Turner & O'Brien	Glasgow			Y	
Dr W McKean and Partners	Glasgow	Y			Y
Drs Fellows, O'Neill & Fraser	Glasgow		Y	Y	Y
Toryglen Medical Practice	Glasgow		Y		
Butterbiggins Medical Centre	Glasgow			Y	Y
Wing C, Govan Health Centre	Glasgow	Y			
Dr K.S. Chiah & Partners	Glasgow	Y			Y

Address	Town	Teaching activity			Research
		VS	Year 3 CPC	Year 4/5	
Wellgreen Group Practice	Glasgow	Y	Y	Y	Y
Kings Park Surgery	Glasgow		Y		Y
The Ker Practice	Glasgow			Y	Y
Castlemilk Group Practice	Glasgow			Y	Y
Drs Quigley, Canning, Dorward & Wedlock	Glasgow	Y			Y
Drs Mills & Marshall	Glasgow		Y	Y	Y
Rutland Surgery	Glasgow	Y			Y
Midlock Medical Centre	Glasgow			Y	Y
Govan Health Centre	Glasgow	Y			Y
Dr K.G Hardy & Partners	Glasgow	Y		Y	Y
Drs Gordon, William & Ritchie	Glasgow		Y		Y
Drs Mair & Martin	Glasgow		Y		Y
Drs Semple & Finney	Glasgow			Y	Y
Braidcraft Medical Practice	Glasgow		Y		
Crookston Medical Centre	Glasgow		Y		Y
Old Kilpatrick Medical Practice	Old Kilpatrick			Y	Y
Denbridge Surgery	Bearsden	Y		Y	
The Terrace Medical Practice	Glasgow		Y		Y
Ashfield Medical Practice	Milngavie	Y		Y	Y
Kersland House Surgery	Milngavie			Y	Y
Edenkiln Surgery	Strathblane			Y	
Kenmure Medical Practice	Bishopbriggs	Y			Y
Kilsyth Medical Practice	Kilsyth		Y		Y
Regent Gardens Medical Centre	Glasgow		Y		Y
Peel View Medical Centre	Kirkintilloch		Y	Y	Y
Dr Diane Meek & Partners	Kirkintilloch				Y
Drs M Buchanan, D Murphy & S Ness	Kirkintilloch			Y	Y
Kildrum Health Centre	Cumbernauld	Y			
Abronhill Medical Centre	Cumbernauld			Y	
Muirside Medical Centre	Ballieston			Y	
Dr M V Church & Partners	Blantyre			Y	
Ardoch Medical Centre	Cambuslang		Y		
Craigallan Avenue Practice	Cambuslang			Y	
Huntergreen Medical Practice	East Kilbride			Y	Y
Mavor Medical Practice	East Kilbride		Y		
Greenhills Medical Practice	East Kilbride	Y			Y
Strathmore Surgery	East Kilbride		Y		
Dr Megs and Partners	East Kilbride			Y	Y
The Murray Surgery	East Kilbride			Y	
Carolside Medical Centre	Clarkston, Glasgow	Y	Y	Y	Y
Gleniffer Medical Group Practice	Barrhead	Y		Y	
Green Wing, Dr McDevitt and Partners	Clydebank			Y	
Blue Wing, Dr Miller & Partners	Clydebank	Y	Y		Y
Orange Wing, Dr Moffat & Partners	Clydebank				Y
Dr McMaster & Partners	Dumbarton			Y	
Levenside Medical Practice	Dumbarton		Y		Y

Address	Town	Teaching activity			Research
		VS	Year 3 CPC	Year 4/5	
Dr Logan & Tooke	Dumbarton	Y			
Oak View Medical Practice	Alexandria		Y		
Dr McKay and partners	Alexandria		Y		Y
Oakview Medical Practice	Alexandria		Y		
The Wards Medical Centre	Kilmarnock		Y		
4/6 Old Irvine Road	Kilmarnock		Y		
31 Portland Road	Kilmarnock		Y		
Templehill Surgery	Troon		Y		Y
101 Portland Street	Troon		Y		Y
Bourtrees Hill Medical Practice	Irvine		Y		
Eglinton Medical Practice	Irvine		Y		
The Oxenward Surgery	Kilwinning			Y	
Stevenston Group Practice	Stevenston	Y	Y		Y
Saltcoats Group Practice	Saltcoats		Y		Y
Ballantrae Medical Practice	Ayrshire			Y	
Arran Medical Group	Isle of Arran			Y	
Brooksby Medical and Resource Centre	Largs			Y	Y
Ballochmyle Medical Group	Mauchline		Y		Y
33 Main Street	Dalmellington			Y	
Cathcart Surgery	Ayr		Y		
Barns Practice	Ayr		Y	Y	Y
Dalblair Medical Practice	Ayr		Y	Y	
9 Alloway Place	Ayr			Y	
Kirkhall Surgery	Prestwick		Y		
Blake, Kempson and Hastie	Motherwell		Y		Y
MacInnes Medical Centre	Newarthill		Y	Y	
Strathaven Medical Practice	Strathaven			Y	Y
Douglasdale Medical Practice	Douglas			Y	
The Blackwood Medical Practice	Blackwood			Y	
Dr A M D Goldie & Partners	Biggar			Y	
Calder Valley Surgery	Wishaw		Y		
Dr Logan and Partners	Wishaw	Y		Y	
Dr K E H McKay and Partners	Wishaw		Y		
Dr N P M Dear & Partners	Newmains			Y	Y
Dr S L Russell & Partners	Hamilton			Y	
Dr J M Simpson & Partners	Hamilton		Y	Y	Y
Bellshill Community Health Clinic	Bellshill		Y		
Coatbank Medical Practice	Coatbridge		Y		
Church Street Medical Practice	Coatbridge	Y		Y	
Atrium Medical Practice	Coatbridge			Y	
Dr Brough & Partners	Airdrie		Y	Y	
Gallowhill Medical Centre	Larkhall		Y		
Dr L A Smith & Partners	Paisley		Y		Y
Drs Simpson & Luty	Kilmacolm			Y	
Dr Manasses & Partners	Kilmacolm		Y		Y
Drs McCartney, Smith & Addiscott	Port Glasgow		Y		Y
Dr MacDonald & Partners	Port Glasgow		Y	Y	Y

Address	Town	Teaching activity			Research
		VS	Year 3 CPC	Year 4/5	
Dr Wilkie & Partners	Port Glasgow		Y	Y	Y
Drs Kolhagen & Partners	Greenock	Y			
Dr Gray & Partners	Greenock	Y		Y	Y
The Charleston Surgery	Glasgow			Y	Y
Dr Brandon & Partners	Paisley	Y	Y	Y	Y
Kelburn Practice	Paisley		Y	Y	Y
Barony Practice	Paisley			Y	Y
Greenlaw Practice	Paisley			Y	Y
Ludovic Medical Practice	Johnstone		Y	Y	Y
Dr Harris & Partners	Johnstone		Y		
Dr Smith & Partners	Houston		Y		Y
Bishopton Medical Practice	Bishopton			Y	Y
Dr Griffith and Partners	Erskine	Y			Y

#### NOTE

Bowmore Medical Practice, Islay offers a rural GP Student Selected Component  
Homeless Health and Resource Services, NHS Greater Glasgow and Clyde Health Board offer Student Selected Components.

Some of the above practices also assist with Student Selected Components and electives.

## BSc (Medical Sciences) *Global health in a primary care context*

Now in its third year, the global health in a primary care context course, part of the intercalated clinical medicine BSc, was developed after several years of delivering special study modules on topics such as international health, medical peace work, and global health and travel medicine. There has been increasing demand from students for these learning opportunities. The inspiration for the course has been the context of Glasgow – a city famous for its social and health statistics – increasingly a multicultural and globalised one too, and the central role primary health care has in delivering health care worldwide. Our aim is that students learn global health principles and critical thinking skills that will stand them in good stead no matter where they work and what future careers they choose – be that local in Scotland or globally.

**Andrea Williamson**

#### **BSc students** *Current and former*

- **Emily Cassels** *Graduated 2013*
- **Jennifer Herd** *Graduated 2013*
- **Caitlin Jones** *Graduated 2013*
- **Jennifer Stewart** *Graduated 2013*
- **Beth Thomas** *Graduated 2013*
- **Laura MacDonnell** *Graduated 2014*



- **Claire Nugent** *Graduated 2014*
- **Jamie Stewart** *Graduated 2014*
- **Jason Yeong** *Graduated 2014*
- **Samuel Glass**
- **Ailidh Lang**
- **Harriet Mortimer**
- **Elizabeth Murphy**
- **Liam Sutcliffe**

## The MBChB Graduation Declaration

Perhaps the most long lasting achievement will be the revision in 2003 of the Graduation Declaration, spoken by all newly qualified Glasgow medical graduates. Apart from a change from Latin to English, it had hardly changed in 300 years. After wide consultation, we kept the first three sentences for continuity, and added three more, one suggested by a GP (“I will assist patients to make informed decisions and I will respect these decisions”) and another by medical students (“continued effort to improve and share my knowledge and skills”). Perhaps it will last another 300 years.

**Graham Watt**

## POSTGRADUATE DEGREES

### Higher research degrees by GPs at University of Glasgow 1974–2013

Since 1974, 22 general practitioners have obtained 11 MD degrees and 12 PhDs at the University of Glasgow, comprising 56% of all higher research degrees obtained by general practitioners in Scotland during that time.

#### Doctors of medicine

- **Wood SF**, 1984  
“Hay fever” symptomatology in Glasgow. A general practice view
- **Usherwood T**, 1991  
Consultations within a general practice about illness in children
- **Kelly D**, 1995  
Assessment of vocational training for general practice before and after the 1990 contract
- **Murray TSM**, 1995  
Factors influencing the uptake of continuing medical education in general practice

- **Campbell LM**, 1998  
The development of a system of summative assessment for vocational trainees in general practice
- **Grant J**, 2002  
Intermediate care and community hospitals – factors influencing usage
- **Lough M**, 2003  
The development of integrated audit for the training of general practice registrars
- **Goldie J**, 2005  
A focussed evaluation of ethics education in Glasgow University's new medical curriculum 1996-2001
- **Grosset KA**, 2006  
Therapy concordance and drug adherence in Parkinson's Disease
- **Cotton P**, 2007  
Accounting for accountability in primary care
- **McKay J**, 2009  
Significant events in general practice. Issues involved in grading, reporting, analyses and peer review.

## Doctors of philosophy

- **Hannay DR**, 1975  
Symptoms and referral in Glasgow
- **Murray TSM**, 1977  
Developing methods of evaluation appropriate to undergraduate teaching in general practice at Glasgow University
- **Sullivan FM**, 1991  
A cohort study of new referrals from general practitioners to outpatient clinics to determine why some patients become "continuing attenders"
- **Kelly MH**, 1993  
Evaluation of continuing medical education for general practitioners in the west of Scotland
- **Morrison JM**, 1995  
Development and evaluation of four week attachments in general practice at the University of Glasgow
- **Hussain SM**, 1995  
Factors influencing patient satisfaction in general practice
- **Macnaughton RJ**, 1998  
Evidence and judgement: the scientific and the humane in the good doctor
- **Macleod UM**, 2001  
Patterns of care received by women with breast cancer living in affluent and deprived areas
- **Richards HM**, 2001  
Responses to chest pain: a qualitative study
- **Williamson A**, 2011  
Patients removed repeatedly from GP lists: a mixed methods study of "revolving door" patients in general practice
- **Cunningham D**, 2012  
A grounded theory study of protected learning time

- **Cooper, M** 2014  
Migrants' health beliefs and their impact on general practice encounters: an in-depth interview study of French- and Swahili-speaking Africans and general practitioners working with migrant patients

### Higher research degrees obtained by health researchers and other health professionals

- **Browne S**, 2013  
Colorectal cancer and socio-economic factors: an exploration of the patient experience
- **O'Dowd J**, 2013  
Understanding stakeholder perspectives on the organisation of primary care: the mediating role of the public in community governance
- **Mullen J**, 2013  
The relationship between empathy, self-management support and anticipatory care in primary care consultations in areas of high and low socio-economic deprivation
- **Lowrie R**, 2012  
A cluster randomised controlled trial of pharmacist-led statin outreach support in primary care
- **Macdonald S**, 2011  
An exploration of lay epidemiology and cancer
- **Smith M**, 2010  
"Doing Well": an initiative to improve depression care
- **Maitland J**, 2009  
From persuasion to negotiation in health promoting technology
- **Wang Y**, 2009  
Urban single-handed general practice in Scotland
- **Jabareen H**, 2009  
An exploration of the roles of practice nurses and GPs in delivering primary health care
- **Craig P**, 2008  
An exploratory study of inequalities in mental health in primary care in Scotland
- **Mitchell E**, 2004  
Using electronic data from primary care to inform decision making for hypertension in the elderly
- **Abu-remeileh N**, 2003  
Familial and non-familial factors associated with obesity
- **Schwartz L**, 1996  
Understanding silence

### Currently studying for higher research degrees

16 people are currently study for higher research degrees based wholly or partly in the department:

- **Ruth Agakoba**
- **Lamia Al-Aradi**

- **Azari Alhaleel**
- **Gheed Al-Salem**
- **Breannon Babbel**
- **David Blane**
- **Sharon Byrne**
- **Carl De Wet**
- **Katie Gallacher**
- **Anna Isaacs**
- **Bhautesh Jani**
- **Anna Matthews**
- **Deborah Morrison**
- **Siobhán O'Connor**
- **Hannah Scobie**
- **Robert Simpson**
- **Fiona Smith**

## **Masters degrees**

In 1982 Hamish Barber introduced the first academic postgraduate degree course (Med. Sci.) organised specifically for general practitioners, which attracted practitioners from the UK and abroad. The course fell into abeyance, but several colleagues have since obtained a masters degree by research

There have been 15 master degrees in all, including nine overseas doctors, three UK practitioners and four members of the department. John Goldie also obtained a Masters in Medical Education.

- **James Hepburn, 1983**
- **Tulsidas Shah, 1983**
- **William Symmers, 1983**
- **Nityananda Misra, 1983**
- **Benson Ino-Ekanem, 1984**
- **Kitefre Oboho, 1984**
- **Unniparambath Prabhakaran, 1985**
- **Ram Tiway, 1985**
- **Jillian Morrison, 1987**
- **Abdulrahman Al-Maskati, 1988**
- **Christine Begg, 1988**
- **John Goldie, 1999**
- **Karen Steven, 2000**
- **Trevor Thompson, 2001**
- **Pat Smith, 2001**

## Master of Primary Care

In 2002, the Master of Primary Care degree course was introduced, with support from Dr Graeme Buckley, Director of NHS Education in Scotland (NES) and Mr Tim



*Dr Sandra McGregor*

Davison, general manager of the Greater Glasgow Community and Mental Health Trust. Mr Terry Findlay, GGC Director of Primary Care continued the Health Board's support. Combining taught components with a research project, the course is aimed at primary care professionals, drawing on their experience while equipping them with the knowledge and skills to be leaders in the development of primary care.

By 2014 the course had produced 86 graduates, of whom seven have come from overseas. Dr Sandra McGregor pioneered the development and delivery of the course, assisted by Christine Fitzpatrick and followed, on her retirement, by Dr Barbara Nicholl.

In 2014, the name of the degree was changed to MSc in Primary Care.

**University of Glasgow** | General Practice & Primary Care

### Riding the changes in primary care

## Master of Primary Care

A multi-professional postgraduate degree located in the west of Scotland and suitable for GPs, nurses, managers, AHPs, social workers etc. Available part-time or as stand alone CPD.

For further information visit our website:  
[www.glasgow.ac.uk/masterofprimarycare](http://www.glasgow.ac.uk/masterofprimarycare)

Or contact the MPC administrator:  
**Christine Fitzpatrick**  
Telephone: 0141 330 8300  
Email: [C.Fitzpatrick@clinmed.gla.ac.uk](mailto:C.Fitzpatrick@clinmed.gla.ac.uk)

*A recruitment poster from the early days of the Master of Primary Care*



## Master of Primary Care graduates

Title	First name	Last name	Career background	Country of origin	Graduated
Ms	Jennifer	Ackland	Podiatrist	UK	2008
Dr	Mahmood	Al Salmi	General Practitioner	Oman	2010
Dr	Hatim	Al-Faleet	General Practitioner	Saudi Arabia	2011
Mrs	Diane	Allcock	Practice Development Nurse	UK	2009
Ms	Mandy	Allen	Practice Development Nurse	UK	2006
Mrs	Nawal	Alnazawi	Pharmacist	Saudi Arabia	2013
Ms	Marianne	Arnott	Health Visitor	UK	2010
Ms	Sandra	Barber	Research Nurse	UK	2011
Ms	Lorna	Barr	Public Health Practitioner	UK	2009
Ms	Kirsteen	Begg	Health Visitor	UK	2008
Mrs	Catherine	Benson	Nurse Manager	UK	2009
Mrs	Jean	Blackwood	Manager	UK	2006
Dr	Matt-Mouley	Bouamrane	Researcher	UK	2011
Dr	Graeme	Brown	General Practitioner	UK	2005
Mr	Thomas	Bryce	Manager	UK	2004
Ms	Anne	Burns	Public Health Practitioner	UK	2010
Dr	Michael	Cameron	General Practitioner	UK	2008
Mrs	Margaret	Cameron	Public Health Practitioner	UK	2010
Mrs	Jane	Camp	Nurse Manager	UK	2009
Mrs	Kim	Campbell	Manager	UK	2009
Mrs	Bernadette	Campbell	Practice Nurse	UK	2009
Mr	Paul	Canning	Community Nurse	UK	2011
Ms	Anne Marie	Carr	Nurse Manager	UK	2009
Mrs	Eileen	Carroll	Manager	UK	2010
Ms	Shuk Ting	Chung	Nurse	Hong Kong	2011
Ms	Maureen	Cochrane	Physiotherapist	UK	2006
Ms	Sally	Collingwood	Manager	UK	2005
Dr	Maxwell	Cooper	General Practitioner	UK	2004
Mrs	Emma	Cummings	District Nurse	UK	2012
Ms	Una	Cuthbert	Dietitian	UK	2012
Ms	Susan	Dawson	Health Visitor	UK	2008
Ms	Caroline	Donnelly	Nurse	UK	2014
Ms	Catherine	Eunson	Nurse Manager	UK	2011
Dr	Andrew	Finucane	General Practitioner	UK	2005
Mr	Alex	Fleming	Practice Development Nurse	UK	2006

<b>Title</b>	<b>First name</b>	<b>Last name</b>	<b>Career background</b>	<b>Country of origin</b>	<b>Graduated</b>
Mrs	Lorna	Forde	Dietitian	UK	2006
Mrs	Lorraine	Forster	Practice Development Nurse	UK	2008
Ms	Alia	Gilani	Pharmacist	UK	2012
Mrs	Clair	Graham	Health Visitor	UK	2006
Mrs	Alison	Gray	Speech and language Therapist	UK	2008
Mrs	Elaine	Gray	Dietitian	UK	2009
Mrs	Alison	Guest	Health Visitor	UK	2005
Ms	Andrina	Hunter	Senior Manager	UK	2010
Dr	Robert	Johnston	General Practitioner	UK	2004
Mrs	Anne	Joice	Occupational Therapist	UK	2007
Ms	Ailsa	King	Community Nurse	UK	2012
Ms	Lynn	King	Pharmacist	UK	2011
Mrs	Susan	Love	Pharmacist	UK	2013
Mr	Richard	Lowrie	Pharmacist	UK	2005
Ms	Carolyn	MacInnes	District Nurse	UK	2007
Ms	Helen	Maitland	Nurse Manager	UK	2008
Ms	Suzanne	Marshall	Physiotherapist	UK	2008
Dr	Pamela	Martin	General Practitioner	UK	2013
Mrs	Jacqui	McGinn	Public Health Practitioner	UK	2010
Mrs	Isla	McGlade	Community Nurse	UK	2010
Ms	Irene	McGonnigle	District Nurse	UK	2006
Mrs	Wendy	McGregor	Practice Nurse	UK	2006
Mrs	Mary Angela	McKenna	Nurse	UK	2008
Dr	James	McKinlay	General Practitioner	UK	2008
Mrs	Marion	McMahon	Mental Health Nurse	UK	2012
Mr	John	McMillan	Podiatrist	UK	2010
Mrs	Fiona	Middler	Manager	UK	2007
Ms	Sylvia	Morrison	Manager	UK	2008
Mrs	Margaret	Murray	Health Visitor	UK	2010
Dr	John	Nugent	General Practitioner	UK	2010
Mrs	Cecilia	Park	Community Nurse	UK	2012
Ms	Kathryn	Paton	Pharmacist	UK	2012
Ms	Sharon	Pettigrew	Mental Health Nurse	UK	2014
Ms	Uzma	Rehman	Health Promotion Worker	UK	2007
Ms	Janice	Richardson	Nurse	UK	2013
Mrs	Rosemary	Robertson	Nurse Manager	UK	2008

Title	First name	Last name	Career background	Country of origin	Graduated
Ms	Leanne	Robson	Podiatrist	UK	2014
Mrs	Fiona	Rogan	Nurse	UK	2006
Mr	Brian	Rowan	Mental Health Nurse	UK	2012
Ms	Bridie	Russell	Health Visitor	UK	2008
Mrs	Margaret	Ryan	Pharmacist	UK	2005
Mrs	Caroline	Sime	District Nurse	UK	2008
Ms	Vasinee	Singsa	Nurse	Thailand	2011
Dr	Santiago	Soler Perez-Salazar	General Practitioner	Mexico	2110
Mrs	Patricia	Spencer	Mental Health Nurse	UK	2010
Mrs	Michelle	Sutherland	Manager	UK	2007
Dr	Keith	Taylor	General Practitioner	UK	2008
Mr	Ian	Towle	Pharmacist	UK	2007
Ms	Yasuko	Tsurumi	Pharmacist	Japan	2013
Mrs	Louise	Watson	Occupational Therapist	UK	2010
Mrs	Carole	Whitelaw	Public Health Practitioner	UK	2009

## MPC graduate overview

Number of Graduates 86.

MPC started 2002

Graduation year	Number of graduates
2004	3
2005	6
2006	9
2007	6
2008	15
2009	9
2010	14
2011	8
2012	8
2013	5
2014	3



# Changing lives everyday

Low income countries (40%)

% OF NONCOMMUNICABLE DISEASE DEATHS UNDER 60 YEARS, BY INCOME GROUP COUNTRIES

Noncommunicable diseases, country profiles 2011, WHO  
(Figures are approximately taken)

High income countries (12%)



## MSc in Primary Care

Study full-time over 12 months or part-time over 24–36 months

Our programme will equip you with the skills required to make a difference to primary health care in the 21st century

### Core courses

- Primary care principles and systems
- Epidemiology, evidence and statistics in primary care
- Research methods
- Research project

### Elective courses (choose 3)

- Access, equity and health
- Cardiovascular disease management in primary care
- Effective leadership and management in healthcare
- International primary care
- Management of long term conditions in primary care
- Primary care mental health

[www.glasgow.ac.uk/mscprimarycare](http://www.glasgow.ac.uk/mscprimarycare)

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Current recruitment poster

## Interested in the MSc in Primary Care?

- Visit our website <http://www.gla.ac.uk/postgraduate/taught/primarycare/>
- Email us [mscprimarycare@glasgow.ac.uk](mailto:mscprimarycare@glasgow.ac.uk)

# ACADEMIC CAREERS

## Higher Professional Fellowships in General Practice

In the decade from 1996 the department hosted 18 higher professional fellowships in general practice, comprising about half of all such fellowships awarded by NES on an all Scotland, competitive basis. Introduced by Dr Graeme Buckley, Director of NES, the scheme was unusually valuable and productive in lasting two years, giving fellows a substantial amount of time to plan their project work. As intended, the scheme enabled fellows to follow a wide range of career trajectories. Sixteen fellows now work as GPs in the NHS, one is a minister of religion, one is a consultant in public health and six are working in academic general practice, of whom three are still based in the department (Jilly Hamilton, Stewart Mercer and Andrea Williamson) and three are working elsewhere (Max Cooper, Trevor Thompson and Karen Steven). Within the department, the scheme was coordinated by Dr Malcolm Campbell, Senior Lecturer.

- **Jayne Barnes**
- **Peter Cawston**
- **Max Cooper**
- **Nick Doherty**
- **Andy Finucane**
- **Barry Gibson-Smith**
- **Jilly Hamilton**
- **Rob Johnston**
- **Jim McKinlay**
- **Saul Miller**
- **John O'Dowd**
- **Joan Scott**
- **Stewart Mercer**
- **Karen Steven**
- **Mark Stirling**
- **Trevor Thompson**
- **Andrea Williamson**
- **Jenny Wainwright**

## Professors *Following the Jock Stein approach*

In the early 1990s, Hamish Barber had retired, David Hannay had moved to a chair at Sheffield, Tim Usherwood had emigrated to Australia, where he obtained a chair and Professor Stuart Murray moved to Postgraduate Medicine.

When Graham Watt was appointed as the second holder of the Norie Miller chair of general practice at the University of Glasgow in 1994, and with no funding or prospect of attracting senior academics from elsewhere, there was no option but to follow the Jock Stein approach. In 1967 he had won the European Cup with a team

of eleven players, all born within 30 miles of Parkhead. We set out to do so same, supporting our own local talent.

Twenty years later, we have produced our own team of 11 professors plus a couple of substitutes, who obtained university chairs either in the department or after leaving the department. In this arrangement, they are playing 4-2-4.



**Frank Sullivan**  
Dundee, now Toronto



**Jill Morrison**  
Glasgow



**Rose Barbour**  
Dundee, then Open



**Una Macleod**  
Hull/York



**Lisa Schwartz**  
McMaster



**Jane Macnaughton**  
Durham



**Phil Cotton**  
Glasgow, then Rwanda



**Phil Wilson**  
Inverness



**Matt Sutton**  
Aberdeen, then Manchester



**Kate O'Donnell**  
Glasgow



**Stewart Mercer**  
Glasgow

**Mairi Scott**  
Dundee

**Sue Ross**  
Alberta

#### **NOTE**

**Moya Kelly** also obtained a chair on appointment as Director of Postgraduate General Practice Education for the West of Scotland. **Frances Mair** arrived with a chair from the University of Liverpool.



## Where are they now?

- **Tim Usherwood** is Professor of General Practice at the University of Sydney
- **Frank Sullivan** became Professor of General Practice at the University of Dundee. He is currently Professor of Primary Care Research at the University of Toronto.
- **Lisa Schwartz** is Professor of Health Care Ethics at the University of McMaster
- **Phil Cotton** is Principal of the College of Medicine and Health Sciences at the University of Rwanda
- **Una Macleod** is Professor of Primary Care Medicine at the University of Hull/York
- **Jane Macnaughton** is Professor of Medical Humanities at the University of Durham
- **Matt Sutton** is Professor of Health Economics at the University of Manchester
- **Rose Barbour** is Professor of Health Care at the Open University
- **Phil Wilson** is Professor and Director of the Centre for Rural Health at the University of Aberdeen, based in Inverness
- **Sue Ross** is Professor of Mature Women's Health Research at the University of Alberta
- **Mairi Scott** is Professor of General Practice and Medical Education at the University of Dundee
- **Alex McConnachie** is Reader in Biostatistics at the University of Glasgow
- **Gill Hubbard** is Reader at the Cancer Care Research Centre at Stirling University
- **Danny Mackay** is Reader in Public Health at the University of Glasgow
- **Trevor Thompson** is Reader in Health Care Education at the University of Bristol
- **Max Cooper** is Senior Lecturer in General Practice at Brighton and Sussex Medical School
- **Carol Emslie** is Senior Lecturer in Applied Health Research at Glasgow Caledonian University
- **Peter Barton** is Senior Lecturer in General Practice at Monash University, Australia
- **Graham Smith** is Senior Lecturer in History at Royal Holloway, University of London
- **Liz Mitchell** is Senior Research Fellow at the University of Leeds
- **Niveen Abu-Rmeileh** is Director of the Institute of Community and Public Health at the University of Birzeit
- **Hussein Jabareen** is Dean of Nursing at the University of Hebron

## Climbing high

Success is not necessarily measured by how high one climbs but there have been some notable ascents involving time in the department.

- **Jill Morrison** was the first GP in Scotland to be Head of an Undergraduate Medical School and has gone on to be Dean for Learning and Teaching in the College of Medical, Veterinary and Life Sciences at the University of Glasgow. She is the only member of the department to have been awarded an honorary degree, by the University of Orebro in Sweden.
- **Frank Sullivan** was, and **Stewart Mercer** is, Director of the Scottish School of Primary Care.
- **Graham Watt** is the only academic GP in Scotland to have been elected in competition as a Fellow of the UK Academy of Medical Sciences.
- **Frank Sullivan** and **Graham Watt** are the first academic GPs to be elected Fellows of the Royal Society of Edinburgh. Both have also been elected by colleagues to chair the Heads of Department group for UK university departments of general practice and primary care.
- **Phil Cotton** was seconded as Principal of the College of Medical and Life Sciences at the University of Rwanda, with the task of setting up medical, nursing, dental and physiotherapy schools.
- The most meteoric ascent was by **Lisa Schwartz**, who, within seven years, went from being an actress and PhD student in philosophy at Glasgow University, helping Stuart Wood with communications skills sessions in the old undergraduate curriculum, to the chair of health care ethics at McMaster University in Canada. Her springboard was a lectureship in medical philosophy, created in the department to provide specialist input for teaching on health care ethics delivered by 60 Vocational Studies, mostly GPs, establishing an important precedent of cooperation between specialists and generalists in teaching.

## Honorary degree for Dr Julian Tudor Hart



Dr Julian Tudor Hart is only general practitioner to have been awarded an honorary degree by the University of Glasgow, and the first in Scotland since Sir James Mackenzie was honoured by the University of Aberdeen in 1910. A nephew of Anne Macbeth, one of the Glasgow Girls at Glasgow School of Art, he spent most of his career in London and South Wales, and was honoured by the University as a pioneering and visionary general practitioner with an outstanding record in the UK National Health Service. In the promotion statement which was read out on the day, Professor Graham Watt said,

"Dr Hart and his team have shown that the Inverse Care Law is not immutable and that much can be achieved in areas affected by severe deprivation, not only in terms of clinical effectiveness but also the harnessing of human resources for activities, such as research, which serve the common good.

Dr Hart has been a prominent advocate and defender of the National Health Service, not as a business, or as a public utility, but as a social institution based on mutuality and trust. His book *A New Kind of Doctor* provides a vision for further development of the NHS, as a model for society at large, with greater accountability of the Service to local populations and greater partnership between doctors, nurses and patients.

He is seen variously as a researcher and expert on high blood pressure, an epidemiologist, a scientist and social advocate, but at heart he has always been a practising family doctor. Many are eminent in some of these fields but few manage it while looking after the primary care needs of 2000 people. His life-long commitment to the daily tasks of general practice has always given his work and views a salience and credibility with fellow general practitioners.

Dr Hart is a socialist for whom politics is a practical business requiring expression in everyday activities. His is a powerful and charismatic example, combining clinical medicine, scientific method and social purpose in a single community and communicating his results and ideas to the wider world via 160 original papers, five books and over 25 first author papers in the *British Medical Journal* and *Lancet*. Julian Tudor Hart has been and will remain an inspiration to health practitioners and the communities they serve".

16th June 1999

## RESEARCH

### Research practice summary

Health boards and CHPs	Research practices	% of all practices
Ayrshire and Arran	23	62%
Dumfries and Galloway	8	24%
Lanarkshire	20	21%
Greater Glasgow and Clyde	184	53%
Glasgow City	129	84%
Renfrewshire	18	58%
Inverclyde	12	75%
East Dunbartonshire	12	63%
West Dunbartonshire	13	52%

These data are based on practice participation in research studies during the last decade, as recorded by the West of Scotland Primary Care Research Network.

## Research highlights

- In the 1970/80s, **Hamish Barber** led large scale evaluations of the role of health visitors in the surveillance of children and elderly people.
- **David Hannay's** book *The Symptom Iceberg* described the prevalence of symptoms in general practice populations, including the proportion which were not presented for medical attention.
- **Stuart Murray** pioneered Computer-Assisted Learning in the 1970s and early 1980s. He then led a high profile research programme on Vocational Training, particularly around assessment, which was extremely influential in the development of the MRCGP examination.
- **Frank Sullivan's** work in Glasgow was mainly around the contribution of computers to patient care. He also worked with **Phil Wilson** on WestNet and took the idea across to Tayside where the East of Scotland Research Network (EastRen) was formed and the Scottish School of Primary care developed.
- **Philip Wilson** led the randomised controlled trial of Babycheck, an information booklet for parents, involving a local network of 13 general practices, which led to the founding of WESTNET, a practice research network, which evolved via SPIRE to become the West of Scotland Primary Care Research Network.
- **Una Macleod** was the first primary care oncology research fellow funded by the UK Cancer Research Campaign.
- **Mark Upton, Claire Bidwell, Catherine Ferrell, Jane Goodfellow and Alex McConnachie** all worked on FASTCARD, the Midspan Family Study, which screened 2298 adult offspring in 1996, all of whose parents had taken part in the Renfrew and Paisley general population survey in 1972-76
- **Helen Richards** used her Wellcome HSR fellowship to compare patient responses to chest pain in affluent and deprived areas, highlighting patient fatalism as an explanation for lower rates of cardiological investigation and treatment in deprived areas.
- **Phil Wilson** was co-author of a study on GP views on sick line certification which won the RCGP Research Paper of the Year Award in 2004
- **Stuart Wood** was GP lead for the STEPDOWN Study, a RCT of reducing steroid therapy for asthmatic patients, which at the time recruited the largest ever number of general practices for a study in the West of Scotland, without pharmaceutical company support
- The Platform Study (**Matt Sutton, Gary Mclean, Danny Mackay, Graham Watt**) and the Primary Care Observatory Study (**Danny Mackay, Graham Watt**) pioneered studies of the epidemiology of primary care, based on general practice list denominators, dividing 1000 Scottish general practices into tenths from most to least affluent.
- **Stewart Mercer** developed the CARE measure, capturing patient views of practitioner empathy in consultations, which has been very widely used, including in professional appraisal, and has been translated into several languages
- **Stewart Mercer** studied 3000 patient encounters in 26 affluent and deprived general practices, describing the operation of the inverse care law in everyday practice activity. This study also showed that patients could report empathy without enablement, but never enablement without empathy

- **Bridie Fitzpatrick** masterminded the recruitment and logistics for Generation Scotland from the department, recruiting over 21,000 people from the West of Scotland, comprising 85% of all participants in this study.
- **Jill Morrison** led the Infertility Guidelines Study which involved **Graham Watt, Louise Carroll** and **MaryLou Reid**. It was published in the *British Medical Journal*, involved 214 out of 221 general practices, and all acute hospitals in Glasgow, and was the first randomised controlled trial involving almost every general practice in the city.
- **Jill Morrison** led the west of Scotland component of the RCT of steroid treatment for Bell's palsy, contributing 244 of the 551 cases for a study which was published in the *New England Journal of Medicine* and won the RCGP Research Paper of the Year Award in 2007
- **Stewart Mercer, Gary McLean** and **Graham Watt** were co-authors for a ground breaking study of the epidemiology of multimorbidity in Scotland, which was published in the *Lancet* and won the RCGP Research Paper of the Year Award in 2013
- **Jill Morrison** was co-investigator for the CoBaIT Study, a multi-centre (Glasgow, Bristol and Exeter) randomised controlled trial of Cognitive Behavioural Therapy (CBT) plus usual care versus usual care for 469 patients with treatment resistant depression that demonstrated that CBT is effective and cost-effective in these patients for four years after treatment.
- **Kate O'Donnell** led the SDO GMS Study which involved general practices, enhanced services and out of hours services and is the only study to have done comparative work on the GMS contract in England and Scotland.
- **Frances Mair** was lead GP for the HOOPS Trial (Heart Failure Optimal Outcomes from Pharmacy Study) which recruited 174 practices in Glasgow, randomised 2164 patients with heart failure and was presented as a late breaking trial at the American Heart Association in 2011.
- **Kate O'Donnell** led the £1.5 million evaluation of the first wave of Keep Well sites, which informed the development of Scottish Government policy on anticipatory care.
- In 2009 **Frances Mair** co-authored a paper in the *BMJ* titled: "We Need Minimally Disruptive Medicine" and co-leads an international group looking at how to lessen patient treatment burden and make health care delivery more person centred.

## Ongoing research

- **Frances Mair** leads the West of Scotland component of the ongoing ECLS (Early Cancer Detection Test – Lung Cancer Scotland) study which aims to recruit 10,000 patients, 7,500 from GGC, to assess the effectiveness of the EarlyCDTLung test (a blood test which detects autoantibodies to tumour antigens) and inform decision making around lung cancer screening.
- **Frances Mair** leads the evaluation of the UK wide £37M DALLAS (delivering assistive living lifestyles technologies at scale) programme.
- **Kate O'Donnell** and **Frances Mair** are part of the 5 nation Consortium which secured 3 million Euros from EU FP7 Programme to examine ways of enhancing cross-cultural communication in European Primary Care.
- **Kate O'Donnell** is part of the 4 nation Consortium funded by EU FP7 Programme, worth 3 million euros, to assess the effectiveness on on-line support in primary prevention of dementia risk factors.

- **Stewart Mercer** has completed the Care Plus Study, involving a 4 year programme grant from the Scottish Chief Scientist Office, in which 8 general practices in very deprived areas took part in a randomised controlled trial of extra time for consultations, plus support for practitioners and patients, which achieved 90% follow up after 6 and 12 months.
- **Sara Macdonald** uses qualitative research methods to study understandings of cancer risk, perceptions of cancer screening and appraisal of symptoms, focusing on patient experiences of treatment burden and the health care access of marginalised groups such as migrants and adults with learning disabilities.

## Working locally and globally

### *Current international links*

#### Australia

- **Professor Jane Gunn** of the University of Melbourne is currently a visiting Professor to Glasgow University. In 2010-2012, **Stewart Mercer** hosted Professor Gunn as a Visiting Professor to Glasgow under the Scottish School of Primary Care scheme. **Stewart Mercer** was Visiting Professor at the University of Melbourne in 2012.
- **Stewart Mercer** and **Frances Mair** continue to collaborate with Professor Gunn in relation to work on multimorbidity, treatment burden and implementation issues.
- **Graham Watt** organised a primary care Satellite Symposium on Bridging the Gaps in Cardiovascular Care at the International Society of Hypertension Biennial Scientific Meeting at Sydney in 2012

#### Canada

- **Jill Morrison** collaborates on medical education research with colleagues at McMaster University
- **Stewart Mercer** is international expert advisor on the PACE Trial (2013-2016) led by Professor Moira Stewart, University of Ontario and Professor Martin Fortin, Sherbrooke University, Quebec; and also collaborates with Professor Renee Lyons and colleagues at University of Toronto.
- **Graham Watt** gave an invited symposium in 2013 on General Practitioners at the Deep End at the Li Ka Shing Knowledge Institute of St Michael's Hospital, University of Toronto, where he collaborates with Professor Sanjeev Sridharan

#### France

- **Kate O'Donnell** collaborates with the CoBTek (COgnition Behaviour Technology Group) Universite de Nice, Sophia Antipolis, on the EU funded In-MINDD study.



## Germany

- **Stewart Mercer** works on physician empathy with Dr Melanie Neumann of University of Cologne, who visited GPPC in 2011.

## Greece

- **Frances Mair** and **Kate O'Donnell** have ongoing research links with Professor Christos Lionis at the University of Crete, who is a co-investigator on the EU Funded RESTORE project and has a shared interest in multimorbidity and migrant health issues.

## Hong Kong

- **Stewart Mercer** was visiting Professor and Acting Head of Department of Primary Care, Chinese University of Hong Kong (2007-2008), and is now Adjunct Professor 2008-2016;
- **Stewart Mercer** and **Graham Watt** are International Expert Reviewers for the Hong Kong Government Research Bureau;
- **Stewart Mercer** was external reviewer of mock RAE 2014 University of Hong Kong; **Graham Watt** was a member of the Health Sciences Panel for the Hong Kong Higher Education Funding Council RAE 2014
- **Stewart Mercer** has ongoing research collaboration with CUHK and HKU, including with mainland China. Dr Harry Wang of CUHK visited GPPC in 2013 as part of a HK-Scotland British Council Fellowship
- **Graham Watt** has been external examiner at the University of Hong Kong (MPH degree) and Chinese University of Hong Kong (PhD vivas).

## Ireland

- **Kate O'Donnell** and **Frances Mair** have had research links over the last decade with Professor Anne MacFarlane, University of Limerick, a co-investigator on the EU Funded RESTORE project on migrant health, with a joint interest in the use of Normalisation Process Theory in complex interventions.
- **Professor Macfarlane** is currently external examiner for the MSc in Primary Care at Glasgow University; previously, this role was carried out by **Professor Tom O'Dowd**, Trinity College Dublin.
- **Jill Morrison** was a Member of Peer Review Group, for Quality Improvement/Quality Assurance at University College Cork Medical School; **Graham Watt** is the disciplinary vice chair for primary care for the University College Cork Research Review 2015.
- **Stewart Mercer** is International PhD Advisor for Dr Carol Sinnot, Department of General Practice, University College Cork.
- **Graham Watt** and **Stewart Mercer** are past and current external examiners in primary care and public health for the undergraduate medical course at Trinity College Dublin.

- **Kate O'Donnell** collaborates with Dr Kate Irving, Dublin City University, on EU funded In-MINDD project focusing on the prevention of dementia in 30 European general practices/family practices.
- **Graham Watt** chaired the Irish Research Board Clinical Research Fellowship Interview Panel and is a regular advisor to the Irish Health Research Board.

## Italy

- **Frances Mair** and **Kate O'Donnell** have ongoing research collaboration with Dr Luciana Ballini, Head of the Regional Innovation Observatory, Bologna, Italy regarding the use of Normalisation Process Theory to address implementation issues.

## Japan

- **Stewart Mercer** has an ongoing research collaboration with Prof Noboru Ban, Head of General Medicine, University of Nagoya on the measurement of consultation quality in primary care in Japan

## Malaysia

- **Jill Morrison** is a Member of International Quality Assurance Board, KDU University College, Penang.

## Netherlands

- **Frances Mair** and **Kate O'Donnell** have an ongoing research collaboration with Professor Evelyn van Weel-Baumgarten and Dr Maria E.T.C. van den Muijsenbergh, who are co-investigators on the EU RESTORE project.
- **Kate O'Donnell** has an on-going collaboration with Drs Martin van Boxtel, Seb Kohler and Prof Franz Verhey, Maastricht University, on the In-MINDD project.

## Palestine

- **Graham Watt** has long standing academic links with the Institute of Community and Public Health at Birzeit University in the West Bank; he chairs the Lancet Palestinian Health Alliance (LPHA) Steering Group and the Programme Advisory Panel of the UK charity Medical Aid for Palestinians

## Rwanda

- **Phil Cotton** has been seconded for three years to be Principal of the National College of Medical and Health Sciences, University of Rwanda, Kigali. **Pat Smith** visited Rwanda in May 2014 to establish collaborative links.

## Spain

- **Stewart Mercer** has an ongoing collaboration on multimorbidity with Dr Bosca Baron, Valencia who visited GPPC in Feb 2013 for two months, and was invited to speak at national conference on multimorbidity in Glasgow in 2014

## Sweden

- **Jill Morrison** was awarded an Honorary Doctorate by the University of Orebro in recognition of helping to set up their new Medical School. Involved in ongoing exchange arrangements between Glasgow and Orebro.

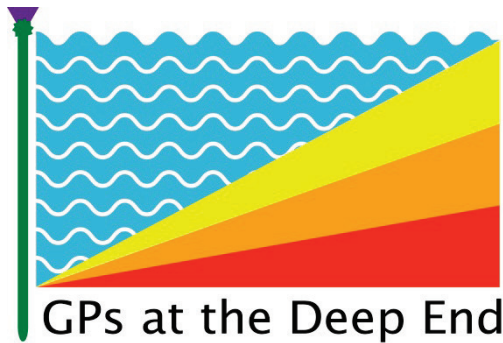
## United States

- **Frances Mair** has an ongoing research collaboration with Professors Victor Montori and Veronique Roger at the Mayo Clinic. Together with Professor Victor Montori she co-leads a programme of work on “Minimally Disruptive Medicine” and was invited to give a talk on “Treatment Burden – A New Target For Quality Improvement Initiatives?” at Mayo Clinic Grand Rounds, Mayo Clinic, Rochester, Minnesota, in October 2012, the first UK general practitioner to do so. She also collaborates with Prof Roger in research relating to heart failure. This collaborative research includes promoting visiting fellowships from Glasgow to the Mayo Clinic to build capacity within our research group. **Kate O'Donnell** also has research links with Professor Victor Montori and Dr David Eton at the Mayo Clinic.
- **Stewart Mercer** has an ongoing collaboration on the use of the CARE Measure in the Mayo Clinic (since 2013); invited speaker Mayo-Arizona 2015. Research collaboration (since 2014) on improving physician empathy in Hispanic speaking patients, with John Hopkins University.
- **Graham Watt** is an external advisor on UK Primary Care for Sarah Simpson and Rene Loewenstein in their project “Learning from promising primary care practice for the USA, funded by the Robert Woods Johnson Foundation, 2014/2015.

## International MPC graduates

Santiago Soler-Perez Salazar	Mexico	General Practitioner
Mahmood Al Salmi	Oman	General Practitioner
Hatim al-Faleet	Saudi Arabia	General Practitioner
Vasinee Thang	Thailand	Administrator
Ashley Chung	Hong Kong	Nurse
Yasuko Tsurumi	Japan	Pharmacist
Nawal Alnazawi	Saudi Arabia	Pharmacist

# GENERAL PRACTICE



The first meeting of General Practitioners at the Deep End at Erskine in September 2009 was the first time in the history of the NHS that practices serving very deprived areas had ever been convened or consulted. With locum funding to cover attendance, two thirds of the 100 most deprived practices in Scotland were represented. Their experience and views were recorded.

There followed a series of smaller roundtable meetings, capturing, recording and then communicating the views and experience of Deep End practitioners on a series of topics. There have now been 24 Deep End Reports, with one page summaries and full reports on the General Practice and Primary Care departmental website ([www.gla.ac.uk/deepend](http://www.gla.ac.uk/deepend))

1. General practitioners at the Deep End
2. Coping with needs, demands and resources
3. The GP role in working with vulnerable families
4. Experience and views of Keep Well and ASSIGN
5. Single-handed general practice
6. Patient encounters in very deprived areas: what can be achieved?
7. General practitioner training in very deprived areas
8. Social prescribing
9. Learning journeys
10. Care of elderly patients
11. Alcohol problems in adults under 40
12. Working together for vulnerable children and families
13. The Access Toolkit: views of Deep End GPs
14. Reviewing progress in 2010 and plans for 2011
15. Palliative care in the deep end
16. GPs at the Deep End Austerity Report
17. Detecting cancer early
18. Integrated care
19. Access to specialists
20. What can NHS Scotland do to prevent and reduce health inequalities?
21. GP experience of welfare reform in very deprived areas
22. Mental health issues in the Deep End
23. The contribution of general practice to improving the health of vulnerable children and families
24. What are the CPD needs of GPs working in Deep End practices?

Report 20 summaries Deep End proposals for addressing the inverse care law, building long term relationships with patients, developing local health systems around general practice hubs, improving links between practices, supporting the

front line of general practices in very deprived areas and building capacity and leadership.

RCGP Occasional Paper 89 includes 15 Deep End articles which were published in the *British Journal of General Practice*, with forewords by Dr Julian Tudor Hart and Dr Richard Horton, Editor of the *Lancet*.

The role of the department in the Deep End Project is:

- Coordination (Graham Watt)
- Writing reports (David Blane, Andrea Williamson, Graham Watt)
- Research and evaluation (Stewart Mercer)
- Lobbying (Graham Watt, Andrea Williamson)

## **An oral history of everyday general practice in Paisley, Scotland: giving voice to general practice**

In this unique project, Graham Smith, oral historian and research fellow in the department, interviewed at length general practitioners working in every general practice in Paisley – the first and only time that such a comprehensive picture had been built up of general practice in a whole town.

Initially, it was felt unlikely that practitioners would agree to lengthy interviews – one and three quarter hours was requested – but in the actual study, the average interview time per GP was just less than four hours.

The interviews were analysed by themes and published in a monthly series of 12 articles in the back pages of the *British Journal of General Practice*.

June	2002	Speaking for a change
July	2002	Why do GPs become GPs? Family, education and vocation
August	2002	Partnerships
September	2002	Changing practice
October	2002	Gender and narratives of profession
November	2002	Beyond the practice : changing relationships with secondary care
December	2002	Outside interests
January	2003	Patients and populations
February	2003	Record keepers
March	2003	Diagnosis and therapeutics
April	2003	Teaching and training
May	2003	Reflections and the history of disappointment

Short excerpts of interviews are available at:

<http://personal.rhul.ac.uk/usjd/135/indexgp.htm>

# SOCIAL

## Days out

Once upon a time, before “team building” and “strategy days”, it was possible to organise days out for the whole department. After a couple of hotel-based events, with syndicate rooms and flip charts, we abandoned convention for a simple formula. Dr Stuart Wood was given a budget and asked to arrange something for us collectively that we could not or were unlikely to do individually. To begin with, only the departure and return times were known. There followed a sequence of imaginative excursions.



A good rule was to cross water early in the day, not only for the calming effect but also to leave evil spirits behind. In this way, we visited Mount Stuart on Bute, the Lake Isle of Mentith, and Inchholm Abbey on the Firth of Forth, sailing from Queensferry under the Forth Railway Bridge to get there. Hiring a cruise boat gave us the freedom of Loch Lomond. On one occasion, after a morning walk round Inchcailleach,

and lunch on Inchmurrin, over half of the company went water skiing from Cameron House. We cycled round the great Cumbrae, circumnavigated the Bass Rock, walked from Irvine to Troon and from Crail to Anstruther (to see the model fishing boats Professor Hamish Barber had donated to the Scottish Fisheries Museum), climbed the Cobbler and the Whangie, perambulated the McEwan Gardens at Dunoon explored subterranean tunnels under the Royal Mile and, starting in the Balmoral Hotel, set out to find the best dry martini in Edinburgh. History does not record the outcome of that quest.

The zenith was undoubtedly the away day to Barcelona. Conceived at a Christmas night out and planned after scouring the Ryanair schedules, we undercut the 24 hour conference rate at the Buchanan Arms, Drymen, by £1.50. Most of the party stayed in shared backpacker accommodation in the red light district. A room was booked in a Ramblas hotel, where we spent conscientious daylight hours, exactly as we had done years earlier at the Stirling Highland Hotel, but with Barcelona at our disposal in the evening. Most paid an extra night. Arriving home, we were both exhilarated, and relieved, not to find ourselves on the front page of a tabloid newspaper.

Those days are gone. The concept of an “awayday” has narrowed, but has not been improved. In those carefree days, we often left the west of Scotland without academic general practitioners for 24 hours at a time. No one would dare such a thing now.

**Graham Watt**



## Highlights

*We asked the department's current "old-timers", whose time in the department has spanned two centuries, to pick out some personal highlights...*



The overall organisation and participating in the SAPC conference was a highlight for me. I thoroughly enjoyed all the racing around the venue ensuring everyone and everything was how it should be and running smoothly (I also had a walkie talkie for the occasion!!). It also brings back fond memories of Stuart and his love of fine wine, food and entertaining (staff volunteering for night time entertaining assistance were to stand at strategic points with umbrellas...if required!!!!) On the final day of the event I was asked to come onto the stage to receive a gift (a bottle of Bollinger champagne) as a thank you - I honestly

hope that nobody noticed I wasn't wearing any shoes but was in fact wearing Jane's walking/hiking socks due to extremely sore feet.

**Michere Beaumont**

The department meeting in Barcelona in 2004. The camaraderie achieved through staying in a very basic hostel off the Ramblas next door to a house of ill repute. The bizarre nature of watching Celtic play Barcelona in Glasgow in the UEFA cup with Graham and Andy Finucane. We watched the game in the Michael Collins pub, opposite the Sagrada Famillia, via an Irish TV station where the commentary was in Gaelic.

**John Goldie**

For me, the on-going highlight is being part of the growth and development of the department. We have moved from the Department of General Practice to General Practice and Primary Care and become a key member of the Institute of Health and Wellbeing. We have developed a strong local, national and international presence and supported many primary care professionals obtain their masters degree, including international students. We have developed a strong research presence, without using pharmaceutical funding. We have done this while nurturing and maintaining both clinical and non-clinical researchers and seen many go on to develop vibrant careers in many other places. I would also like to use this an opportunity for us to thank all our admin staff, for their essential support in helping us achieve all these things. I'm sure we continue to grow and develop in the coming years.

**Kate O'Donnell**

One of the most memorable days out for me was the trip to the island of Inchholm on the Forth where we were dive-bombed by seagulls nesting on the rocks. We then enjoyed a magnificent picnic in front of the ancient abbey. Janice Reid organized for us. I think we had everything M&S had to offer that day and Phil Cotton was still distributing food on the bus on the way home to try to use it up. I remember Leila nearly had heart failure when she found out how much it cost!

**Christine Fitzpatrick**

Graham's demonstration of coffee-making, using an original Cona percolator (like Rex Harrison in the film of Blithe Spirit) and Phil Cotton's home-made cakes – definitely highlights!



*Phil Wilson always aimed high*

### **Christine Blyth**

The department “days out” were very special events – from champagne at the Whangie to Barcelona – amazing.

### **Pat Smith**

Working alongside my remarkable colleagues – Mark Upton, Catherine Ferrell, Alex McConnachie and Claire Bidwell – as part of the Midspan Family Health Study team in the late 1990s was a wonderful learning experience, a source of friendship and fun, and teamwork at its absolute best.

### **Jane Goodfellow**

During the early 2000s, we held annual “Dogs at Work” days to raise funds for animal welfare charity, The Blue Cross, where canine family members were welcomed into the department for the day and joined us as we went about our daily business. All pooches did us proud, behaved impeccably, brought smiles to many faces, and – I like to think! – helped to foster a relaxed, convivial working environment.

### **Jane Goodfellow**

The academic highlights for me would have to be the publication of the Inverse Care Law paper in the US journal the Annals of Family Medicine and the fact that Graham Watt ended up on Newsnight Scotland as I was in Hong Kong....and of course the Lancet paper on Multimorbidity with the Press release in London...

### **Stewart Mercer**

My highlight is a very early and personal highlight. In 1986, I gave a lecture jointly with Mary Gilhooly to a full class of medical students on Communication. I was very nervous because I had never given a lecture before and had to face around 200 students. It was a revelation to me as I didn't realise that large lectures could be so interactive but Mary was an expert at drawing the students in. I still remember some of the things she said at that lecture and the experience has encouraged me to champion interactive teaching throughout my career.

### **Jill Morrison**

Cruising on Loch Lomond, walking round Inchcailleach, lunch on Inchmurrin, boules on the beach, water-skiing, small groups being towed by a speedboat round the loch, clinging on to a giant inflated banana.

### **Alan Bennie**

For the final part of the final session at the SAPC conference in the SECC, Robbie had taken photographs of every aspect of the conference. Jane put together a sequence of about a hundred shots, including some on the last morning. We had a fifteen minute break to set it up. The file was too big. Another laptop had to be found. We had three run throughs, getting the timing right. Finally, adrenaline in full flow, everything worked. The slides were shown to “Going Home”, the closing track from the film Local Hero. The conference graphics dissolved to “Goodbye” – a poignant, thrilling, brilliant end to a great meeting.

**Graham Watt**

As a Higher Professional Training Fellow (HPTF) I really valued the departmental environment. We were made to feel welcome, encouraged to try all sorts of professional experiences and take off in our own directions. The freedom and confidence that enabled is certainly what gave me the boost to imagine an academic career.

**Andrea Williamson**

## SAPC 2004

Dear Graham Watt, Oh Dear Graham Watt  
What a flair for designing a meeting you've got  
Our thanks for a truly superb ASM  
And your colleagues, of course, our thanks too to them

I've travelled to Glasgow for meetings before  
But never had time to walk on the shore  
Of Loch Lomond, or visit the Ubiquitous Chip  
Tho' your speech in Bute Hall was the peak of my trip

Dear Graham Watt, Oh Dear Graham Watt  
When we get to the airport we'll miss you a lot  
We've been treated to posters and papers galore  
And to workshops and plenaries and oh so much more

Our colleagues back home missed a great ASM  
And Sue Stewart, of course will be writing to them  
And our new Chair and Executive promise to be  
A most glittering future for the SAPC

Oh Dear Graham Watt, Oh Dear Graham Watt  
What lovely congenial colleagues we've got  
And although the Minister of Health had to dash  
It was good that he mentioned a shed load of cash

So before the final tartan curtain must fall  
Thank you again on behalf of us all  
For a wonderful time at the SECC  
At the thirty third ASM of SAPC

**Professor Roger Jones**  
*SAPC Chair (2001–2003)*





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