The Scottish Rural Medicine Collaborative
BULLETIN
FEBRUARY 2019

Rural call to GPs: Come and join us

TWO innovative projects to tackle long-standing problems with recruiting and retaining general practitioners are to be put to the test.

Four Scottish health boards operating in some of the country's most remote and rural areas are to trial a programme which will encourage GPs to swap jobs, giving them experience of living and practising in environments that may be new to them.

And, in another initiative supported by the Scottish Rural Medicine Collaborative (SRMC) and the Scottish Government, a recruitment campaign will seek to appoint GPs to what's being called a rural practice support team. The doctors will be contracted for 12-18 weeks a year to provide locum services in rural communities, rotating between practices as and when they are needed.

Boards join forces to boost recruitment and retention

From the Far East to Scotland's north-west: Page 12

Both schemes will be run on a collaborative basis by NHS Shetland, Orkney, Western Isles and Highland, and both have been championed by Dr Charlie Siderfin, an Orkney-based GP who serves as a medical advisor to the Scottish Government and as a member of the SRMC board.

"It's been said that the definition of madness is carrying on doing the same thing and expecting different results," he said. "GP recruitment across the UK is in crisis, and many practices across Scotland are functioning with less than the full complement of GPs.

"To be frank, GPs are at risk of burn-out, and it is often difficult to engage locums to provide backfill for vacant positions and holiday cover. We have to try something new and different – and try it now."

Dr Siderfin explained that the GP exchange scheme, called 'Reflect and Rejuvenate' (see page 5), was based on the premise that a change was as good as a rest. One-to-three week

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Welcome to the Scottish Rural Medicine Collaborative

THE Scottish Rural Medicine Collaborative (SRMC) was set up with Scottish Government funding to look at ways of improving the recruitment and retention of remote and rural general practice in Scotland.

The SRMC works across 10 health boards – Grampian, Highland, Orkney, Shetland, Western Isles, Dumfries & Galloway, Ayrshire & Arran, Fife, Tayside and Borders, all of whom are represented on the programme board, as are NHS Education for Scotland, RCGP Scotland, and the Rural GP Association Scotland.

It is also working with the INTERREG: Making it Work programme (see page 9).

Six closely-linked rural GP projects with distinct objectives were set out for the two-year programme.

These are: Recruitment strategy/good practice guidelines; recruitment yearly wheel; marketing resources; community of practice; recruitment and retention toolkit and recruitment support.

It's hoped that ultimately the SRMC will help to develop a unified recruitment strategy and create a community of rural GPs, health boards and other stakeholders to provide support through education and professional networking.

The programme is now entering its second phase, which aims to build on the six projects in phase one and incorporate them into 'business as usual'.

This second phase is themed into a number of specific retention projects, such as mentoring and support; the 'bureau' and incentives to encourage rural GPs to stay in Scotland.

In 2018, the SRMC's programme board approved the appointment of two additional project managers to increase vital capacity as the scheme continues to expand and deliver more work.

The project managers have been appointed and will commence work in April 2019. There will be more on this the next 'Bulletin'.

The collaborative also has a new webpage, www.srmc.scot.

Meet the SRMC core programme team

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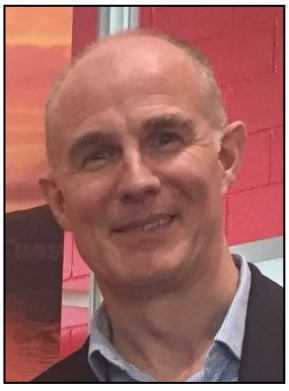

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SRMC chair poised for Borders return

THE chair of the Scottish Rural Medicine Collaborative (SRMC), Ralph Roberts, has been appointed chief executive of NHS Borders.

Mr Roberts, who is currently chief executive of NHS Shetland, will take up his new role in May.

However, the move will not impact on his position as senior responsible officer with the SRMC. NHS Borders is one of the health boards affiliated to the collaborative, and Mr Roberts' commitment to the development of remote and rural healthcare will continue in his SRMC work when he takes up his new position.

Mr Roberts, who will succeed Jane Davidson, had previously worked with NHS Borders between 1995 and 2010, when he took over the NHS Shetland role.

NHS Borders chairman John Raine said Mr Roberts, with his "strong commitment and affinity to the Scottish Borders", had been the unanimous choice of the appointments panel.

And Mr Roberts said he was delighted to have secured the post.

"I recognise that this is a challenging time for health and care across the country and the Scottish Borders is no different," he said.

"However, from my previous experience in the Borders I know that there are excellent staff in place and I look forward to meeting them and the community again.

"I am determined to build on the excellent care that is already in place and make sure we create a health and care service that the whole community is proud of."

Mr Roberts, who succeeded Sandra Laurenson as NHS Shetland chief executive, had undertaken a wide range of roles in the 15 years he previously lived and worked in the Borders. These roles included chief operating officer, director of planning, director of corporate affairs, operations director and general manager.

Prior to this Mr Roberts worked as business manager and a project manager at the Royal Hospital for Sick Children, Edinburgh, having joined the NHS in 1989 as a management trainee in Lothian.

Dual roles a win-win for board and collaborative, maintains SRO Ralph

NHS SHETLAND may be a small health board comparatively speaking, but being its chief executive is nevertheless a full-on job.

How, then, does Ralph Roberts manage to do that job and squeeze in the very important role of senior responsible officer for the Scottish Rural Medicine Collaborative?

"I suppose one answer is that we have a very good team," said Mr Roberts, who in May will take over as chief executive of NHS Borders. "But as chief executive of a health board I have a responsibility to work at both regional and national level.

"There's a quid pro quo here. Some of the work I am involved in at national level I can feed some of that work back to my own board.

"I welcome that aspect of my job. It is stimulating in that it gives my job more intensity and interest."

We're uncertain about Brexit too!

UNCERTAINTY over Brexit may be a national phenomenum but it's also something that been exercising minds in the Scottish Rural Medicine Collaborative.

However, like just about everyone else, chair Ralph Roberts says until the future of Britain's relationship with the European Union becomes clearer, it is difficult to know what impact Brexit will have.

"From a workforce point of view we can say nothing with certainty," he said. "There may be some evidence that we have been getting fewer applicants from EU countries, but whether or not that becomes an ongoing trend is hard to say.

"We are working to reassure staff that if they have concerns or feel frustrated at the situation we are listening and will do all we can to help them. We are all very clear that our international and European workforce are highly valued and will continue to feel welcomed"

Stepping up the pace

THE chair of the Scottish Rural Medicine Collaborative (SRMC) says he is optimistic that work of the organisation will become more evident in the coming months.

Ralph Roberts said that as senior responsible officer he is keen that the pace at which the SRMC delivers positive outcomes increases.

"We have had something of a hiatus in terms of our capacity but, as we get more project management support in place, we are determined to make progress as quickly as possible," he said.

"We know we have a lot to do and have been working hard on a wide range of initiatives. As we move forward in the next few months, I am confident things will be stepped up and our work will be seen to be helpful and meaningful."

Come and join us!

Continued from front page

work exchanges between GPs from urban, rural or small remote practices could provide significant benefit to all GPs involved, he contended.

Similarly, he believes the 18-month trial project to create a rural practice support team could held to rekindle the perhaps waning enthusiasm older GPs have for their work.

At the annual conference of the Royal College of General Practitioners in October, the SRMC asked GPs in their 50s about their views on a proposed scheme to address recruitment and retention issues. Doctors considering retirement were asked, among other things, if they would be receptive to an initiative in which they would be supported to work in rural areas for 12-18 weeks a year and receive BASICS training.

The SRMC found that the idea met with universal enthusiasm – as Dr Siderfin might have predicated. For at around the same time his home health board advertised three island posts for 12 and 16 weeks a year. That attracted 12 applications, 10 of which were from GPs in their 50s and early 60s, and high-quality GPs were recruited to the three posts.

With NHS Orkney having recruited to all GP and advanced nurse practitioner posts using this model, Dr Siderfin is convinced that it could be scaled up and applied by other boards, and indeed could be used nationwide.

The new initiative, called 'Rediscover the Joy of Holistic Rural General Practice', is the result.

In Orkney, the applicants were flown round the islands in a chartered plane and given the opportunity to meet people in the isolated communities in which they would practise. They were then taken back to Kirkwall for the interview process.

"At the end of the process the individuals had bonded into a team, and that's what we would like to create with this project," said Dr Siderfin, who added that it was planned to hold a residential recruitment event, similar to the one held in Orkney, in March (see page 20).

"We would like the GPs to understand the ethos of what we are trying to achieve and to be part of a strong team with a network of support. And they would all have BASICS training, because emergency training is something people in remote communities are understandably concerned about."

But who does Dr Siderfin believe will be interested in such an initiative?

He explained: "We are looking at GPs in their 50s, who are towards the end of their career and are thinking about retiring perhaps because they feel they cannot continue at the pace they are currently working. They will almost certainly be very experienced GPs working in an urban area.

"There's another demographic who might be interested: GPs who are keen on working abroad, perhaps in a developing country or doing expedition medicine. They tend to be self-reliant individuals – exactly the kind of GP needed in remote communities."

And while some people may consider those appointed to be locums, Dr Siderfin bristles at the word.

"They will be much, much more than locums," he said. "They will be expected to be fully involved in the day-to-day running of the practices they serve, engaging in administrative functions, quality improvement activity and staff and student training, as well as the full range of clinical work required."

How will 'Rediscover the Joy of Holistic Rural General Practice' operate?

MEMBERS of the rural practice support team will be contracted for 12-18 weeks of clinical commitment each year. Longer contracts could be provided if required. The contract will ask for a minimum of two weeks per year of cover to any practice at short notice.

GPs will be provided with placements to rural practices, typically lasting one to three weeks. This could be to a series of different practices across the four health boards or to one of a more limited range of practices, depending on GP preference.

They will get BASICS training at the outset.

Members will be offered support through the Scottish Government-funded mentoring scheme.

Team members will be able to communicate with each other via a WhatsApp group and a weekly video-conference meeting providing a forum for clinical governance, development, mutual education and support.

The test scheme, which has attracted £180,000 of funding from the Scottish Government, will be supported by an HR Hub, consisting of Lorraine Hall, director of HR and support services with NHS Shetland, who will link in with SRMC programme manager Martine Scott. A recruitment/relationship manager, along with a recruitment co-ordinator, will be recruited for the 18-month duration of the pilot.

'We would like the GPs to understand the ethos of what we are trying to achieve and to be part of a strong team with a network of support'

Doctors get chance to Reflect and Rejuvenate

GP practices' exchange scheme to be piloted

GENERAL practitioners working in remote and rural communities face a quite different set of challenges than their colleagues in urban settings encounter.

Urban practices tend to have larger list sizes per GP head and there is therefore greater pressure on GP appointments.

Larger urban practices also tend to have bigger and more effective multi-disciplinary teams to whom patients can be redirected.

Remote and rural practices typically have higher proportions of elderly patients, there are smaller multi-disciplinary teams and, in more isolated settings, GPs also often provide 24/7 on-call cover. Practitioners tend to feel more isolated from colleagues and have fewer opportunities to see different ways of working.

However, there's a very definite plus side to rural practice: GPs often have more time to spend with patients and derive satisfaction from providing holistic care to their communities.

And it's providing the chance to encounter that plus side that's one of the drivers behind 'Reflect and Rejuvenate', a new initiative under the Scottish Rural Medicine Collaborative banner which is designed to provide one to three week work exchanges between GPs from urban, rural and small remote practices.

Dr Charlie Siderfin, the Orkney GP who is championing the initiative with considerable support from Lorraine Hall, director of HR and support services with NHS Shetland, says discussions with primary care leads, individual doctors and others have confirmed that such a scheme would be popular.

"Some GPs find themselves stuck in traditional models of working and would relish the opportunity to experience a different working environment," he said. "That's what this scheme would provide."

Reflect and Rejuvenate is a small pilot project being undertaken by the four health boards of Shetland, Orkney, Western Isles and Highland to facilitate GP exchanges between different practices by providing funding for travel and accommodation.

The exchanges would occur between the predominantly rural boards and other health boards in Scotland.

Dr Siderfin explained: "I believe that supporting GPs to work in different environments will give them the opportunity to 'reflect and rejuvenate', helping them to gain perspective, recuperate and refocus.

"It would be educating and stimulating for them, and I believe all practices involved would benefit."

Engagement varies from board to board

NO fewer than 10 area health boards are members of the Scottish Rural Medicine Collaborative (SRMC) – but their involvement in the body's work varies from board to board.

"That is perfectly understandable," said Ralph Roberts, who chairs the collaborative. "All the boards represented in the SRMC recognise its importance and they all contribute to it in some way, though for good reasons some are more engaged than others. Some may have fewer medical staffing issues than other boards, for example.

"However, we have a job to do to ensure that all the boards involved feel that our work is relevant to them."

Mr Roberts, is currently also chief executive of NHS Shetland, and he says much of the work of the collaborative has been both relevant and useful to his own board.

"My message to all the boards concerned is that if you want to get more engaged we would be very keen to engage with you," he said.

Collaborative raises its profile at various events

Team goes out and about to spread the word

The SMRC stand at the World Extreme Medicine conference

THE Scottish Rural Medicine Collaborative (SRMC) team has once again been out and about at various events over the past few months, spreading the word about the group and promoting the cause of remote and rural health care.

The last issue of 'Bulletin' reported that the SRMC was set to attend BASICS Scotland's annual conference. Project manager Ian Blair represented the collaborative at the event, which was held in Aviemore in September.

The conference attracted around 100 clinicians involved in pre-hospital emergency care, and Ian reported to the SMRC programme board's meeting on 12th February that he found the networking he did to have been beneficial and that good contacts were made.

In October, the Royal College of General Practitioners held its annual conference in Glasgow. A team of 12 people exhibited from the SRMC stand and interacted with the team on the 'Scotland is Now' stand.

The programme board's February meeting was told that the SMRC team had no fewer than 268 conversations, of which 71 were signposted for further action.

Ian Blair, chair Ralph Roberts and Fiona Duff represented the SRMC as part of the 21-person team at the Scotland is Now stand mounted at the BMJ careers fair in London in October. The SRMC led on providing information about GP vacancies at the event, which attracted around 1,700 delegates from the UK and abroad.

The Royal GP Association of Scotland held its two-day conference in Inverness in November, and again the SRMC was represented, this time by Ian Blair and programme manager Martine Scott. They presented a workshop on the 'bureau' concept being developed by the collaborative (see page 11) and, as well as gathering views and identifying new contacts, they used the occasion to raise awareness of the collaborative's work among the 40-50 GPs present.

Ian and Martine also attended the Scottish Rural Parliament, which was held in Stranraer in November. They exhibited with the Scottish Rural Health Partnership at the event, which attracted around 400 delegates.

They were also present on the SRMC's behalf at the Chief Officers' R&R group meeting in Edinburgh in November, convened by Ron Culley, chief officer of Western Isles Health and Social Care Partnership. Both Ian and Martine actively participated in workshops, and made good links with people working in social care.

Martine exhibited at the World Extreme Medicine conference in Edinburgh in November, an event which attracted 900 delegates from around the world with experience in pre-hospital, disaster and humanitarian, expedition, endurance and extreme sport, space and extreme medicine. Again, the SRMC's recent board meeting was told that many contacts were made at the event and that follow-ups were in progress.

The SMRC took networking opportunities at the BMC's Scottish Local Medicine conference in Glasgow in November, and participated in an international inter-regional webinar on 15th January, at which presentations on the work of the collaborative and Making it Work (see page 9) were well received.

The next issue of 'Bulletin' will feature a report on the SRMC's presence at a major conference held in Amsterdam earlier this month (February), and at the National Undergraduate Remote and Rural Medicine Conference which will be held in Orkney on 22nd and 23rd March.

The latter event will be attended by 80 medical students from all Scotland's medical schools and further afield, and there will also be up to 20 local school pupils who are interested in medical careers.

Looking further to the future, the collaborative also plans to have a presence at Scotland's Emergency Medical Retrieval Service conference in Glasgow on 2nd and 3rd May. It will feature a wide range of international speakers and topics will include life after retrieval medicine, high-pressure performance, pre-hospital care in difficult access environments, technological support for retrieval medicine and lessons from special forces operations.

New editorial board to manage recruitment site

THE new dedicated GP recruitment website (https://gpjobs.scot/) for Scotland is attracting between 30 and 40 users a day.

Gavin Venters, web services manager at NHS National Services Scotland, says the busy website has been attracting "steady but growing interest" since it was formally launched at the Royal College of General Practitioners' 2018 conference in Glasgow in October.

Mr Venters, who is also head of the SHOW (Scotland's Health on the Web) team, told 'Bulletin' in January: "Since the site was launched it has had between 10,000 and 11,000 page views, and a total of 4,500 user sessions across the piece.

"These volumes are not too bad – more or less what are to be expected at this stage. Obviously, there was a dip in usage over Christmas and New Year but numbers improved pretty quickly after that.

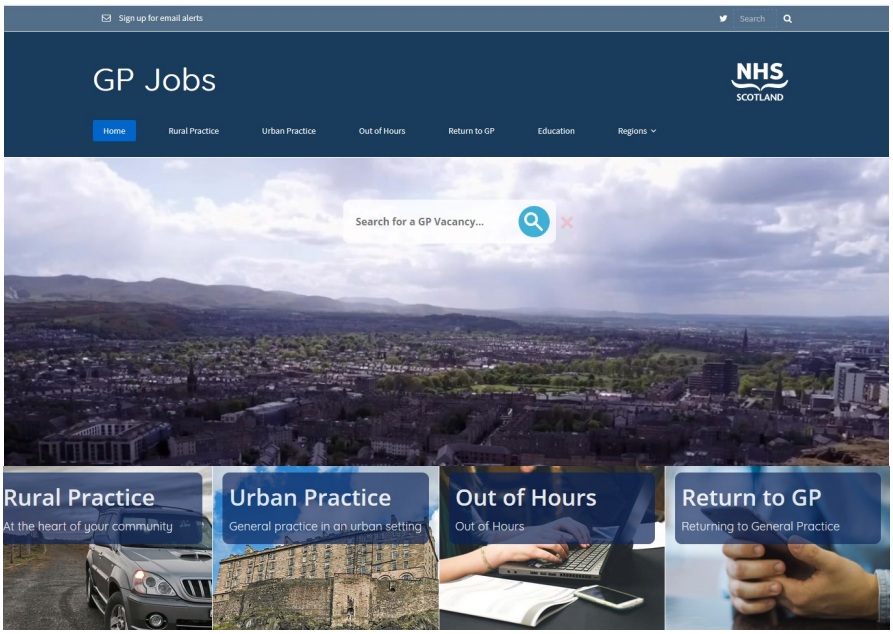
"We actually had 75 users on 10th January, considerably more than the daily average the website has been getting."

The website was still in development but nevertheless active prior to its October launch, and Mr Venters explained that it will always be a work in progress.

Recent additions to the site, for example, have included new videos from Visit Scotland, which serve to underline why general practitioners should consider moving to this country to work.

"Videos like this have given us a great avenue for refreshing how the website looks," said Mr Venters.

The website's development is getting a further boost with the establishment of an editorial board for it. With responsibility for its content and governance, the board includes representatives of a range of organisations with a stake in GP recruitment and retention, including the Scottish Rural Medicine Collaborative (SRMC), NHS Education for Scotland, the Royal College of General Practitioners and NHS National Services Scotland.



> 'I'm delighted interest in the website is growing'

The board's work will include the development of an editorial content planner, ensuring that the website will have updated material relevant to key dates in the year.

It will also consider how best the website can adapt to use changing technologies.

Martine Scott, programme manager with the SRMC, said: "I am convinced that this website will soon begin to realise its potential as the 'go-to' place for GP recruitment in Scotland.

"It's already impressively comprehensive and makes the business of linking GPs to the career opportunities out there a much simpler process than has been possible in the past.

"I'm delighted that interest in the website among the GP community across Scotland, but particularly in our remote and rural communities, is growing and I'm certain it will make a significant contribution to our efforts to meet our recruitment and retention challenges."

The website includes video testimonials by GPs, information on the various agencies working in the field of GP recruitment, including each of Scotland's regional health boards, and comprehensive sections on vacancies and training opportunities.

An email has been sent to all practice managers to raise awareness of the website and to promote usage, share guidance and seek feedback.

At the 12th February meeting of the SRMC programme board, it was reported that there had been talks with the British Medical Journal about some work to further raise awareness of the website.

It's hoped to see the fruits of this in the next couple of months.

Training sights on new rural training pathway

MOVES are in hand to develop the training available to rural practitioners in Scotland.

With the new GP contract recognising the increasingly important role multi-disciplinary teams have in the country's remote and rural communities, it is accepted that there is a clear need to develop appropriate education models for the wide range of professionals who make up these teams.

Now, the Remote and Rural Healthcare Education Alliance (RRHEAL) is working to identify an affordable, standardised education and training pathway for multi-disciplinary rural practitioners at advanced practice level.

RRHEAL programme director Pam Nicoll (pictured) said: "Multi-disciplinary teams in remote and rural areas need ongoing access to affordable and high-quality education and training to deliver high-quality, safe and sustainable healthcare.

"The current situation places the burden on each health board to source and fund a range of additional training and education from different providers to equip staff to undertake their roles as rural practitioners.

"However, there are no standard, accredited under-graduate or post-graduate rural practitioners' education programmes offered at advanced practice level across Scotland or indeed the UK."

Now, RRHEAL is working in partnership with the Scottish Rural Medicine Collaborative (SRMC) to identify a rural practitioner advanced-level education pathway.

It's planned to conclude this work in March 2020, in line with the wider SRMC programme of work.

In the meantime, work has begun to identify key stakeholders who will work alongside RRHEAL and the SRMC to ensure that this project takes cognisance of all the core education needs of multi-disciplinary teams in remote and rural areas. This work will also seek to ensure that the education pathway that evolves compliments the role of GPs in these areas.

In the first stage of the education pathway project, which will be completed by next month (March), a working group is being established to give advice on project development, and gaps in current education and training provision are being identified.

Work in the first phase also includes identifying the core set of additional skills and competencies for inclusion within a multi-disciplinary rural advanced practitioner education pathway at post-graduation level.

As part of the project, it's hoped to learn lessons from rural education and training pathways that exist in rural communities in other parts of the world.

Pam Nicoll added that it was also hoped that, in developing a training pathway for rural advanced practitioners, the project wold look to bring into play existing resources, such as the NES mobile skills unit, and to involve BASICS Scotland (see page 16).

RRHEAL and the SRMC are providing project management, administration and senior project leadership for this work.

It was around six years ago that a specific rural pathway for general practitioners – the Acute Care Competencies Programme for GPs – was developed. This subsequently developed into the GP rural fellowship programme (see page 12). It's now hoped to develop a similar initiative for rural advanced practitioners.

Martine Scott, programme manager with the SRMC, said: "It's now widely accepted that multi-disciplinary teams have a vital role to play in the delivery of safe and sustainable healthcare in our remote and rural communities. It's therefore important that ways be developed to ensure that members of these teams have the skills required to deliver the healthcare that people in our more isolated communities deserve."

And Pam Nicoll added: "Working with partners including the SRMC, RRHEAL hopes to help develop the kind of education that will enable area boards confidently to redesign services and develop new roles that will ensure safe and sustainable remote and rural services."

Centre of excellence on the cards

WORK is ongoing – though still at a very early stage – on proposals to develop a centre of excellence for rural training in Scotland.

The establishment such a centre was one of the recommendations made in the 2015 report by Sir Lewis Ritchie into a review of primary care out-of-hours services.

"A centre of excellence would allow training to develop in a way that I am sure would really help us to address the challenges faced in remote and rural communities," said Scottish Rural Medicine Collaborative programme manager Martine Scott.

And Pam Nicoll, of the Remote and Rural Healthcare Education Alliance, added: "The Ritchie report envisages that a centre of excellence should foster future workforce capability for remote and rural areas throughout Scotland. Such a centre could be an excellent way of attracting a range of health and care professionals to live and work in a rural setting and indeed perhaps address the issue of GP burn-out that seems to be a feature of urban areas."

She added: "International research confirms that local training provision encourages the recruitment and retention of remote and rural healthcare workers."

Scottish Making it Work team sets out progress

Group outlines role in meeting remote recruitment challenges

AN international project with the ultimate goal of meeting the ongoing challenge of recruiting healthcare professionals in rural areas is continuing its work in Scotland.

At their meeting on 12th February, members of the Scottish Rural Medicine Collaborative (SRMC) programme board considered a detailed report on progress made by the Scottish Making it Work group, which has been liaising closely with the collaborative.

The work forms part of a European-funded Recruit and Retain Northern Peripheries Project and seeks to identify and try out ways of addressing recruitment and retention issues in remote, rural and island communities.

The project has involved partners from Scotland, Sweden, Greenland, Iceland, Ireland, Norway and Canada, with each of them working on case studies.

The case study being undertaken by the Scottish Making it Work group has been aimed specifically at improving the recruitment and retention of multi-disciplinary teams.

It's been gathering information on the key issues involved, exploring the role rural communities can play in the recruitment process, developing and piloting innovative ways of advertising vacancies and finding ways of improving access to learning, professional support and team building.

The report to the SRMC programme board set out the key lessons learned so far.

In seeking better to understand the issues, the Making it Work group interviewed 22 members of staff and members of the public, as well as community members actively involved in the recruitment process. Among the issues raised were the need for more "robust and imaginative" advertising; the importance of communities being welcoming to recruits and their families; the importance of team work to lone workers and a recognition that the particular demands of remote and rural posts are often not captured in standard job descriptions.

On community engagement, it was felt it was important to involve communities from the beginning of the recruitment process and that communities could promote themselves as attractive places in which to work. The team visited Westray in Orkney to meet community members who worked with primary care staff to improve the recruitment of GPs and nurses over the past eight years – with a 100 per cent recruitment success. The team also looked at the brochure produced by the community in Ullapool which gave information for potential and succesful candidates.

On information sharing, the team studied the development by NHS Highland of a rural support team which is supporting the delivery of primary and urgent care in West Highland. That resulted in the development of a professional information brochure featuring information on what it's like to live and work in the area.

The Making it Work team also looked at various aspects of professional development and team cohesion. Consequently, joint training sessions with rural advanced practitioners and rural fellows were piloted, and the framework for a buddying scheme was developed, as was an e-learning platform for support workers.

Some recommendations for future ongoing activities were also put to the SRMC programme board. These included, for example, continuing to develop creative advertising and marketing, and continuing to work up community engagement strategies that would include supporting community welcoming activities for candidates and targeting rural school pupils to consider rural careers in healthcare.

We reflect all GPs' voices, says SRMC chair

Senior government adviser says 'myths' must be scotched

THE chair of the Scottish Rural Medicine Collaborative (SRMC) has underlined the body's neutral stance on the new GP contract.

Ralph Roberts said that he acknowledged the issues some people had with the contract and that it was important that the SRMC listened and understood these perspectives. However, the contract was agreed between the BMA and the Scottish Government and he said it would therefore be inappropriate for the collaborative to take a formal view on the contract.

"It is important that we understand GPs' views on the new contract," he said. "Of course, I recognise that it's an issue in some quarters but the SRMC should not take sides in the debate.

"However, we should understand the views of GPs on the contract and make sure that wherever the SRMC interacts with other stakeholders we make sure that the range of views is heard. We ultimately must focus on the overall objective of the SRMC, which is to put in place specific actions that will support recruitment and retention. I am determined to ensure that, as the contract rolls out, the collaborative helps to make sure that the rural voice is heard."

Mr Roberts serves on the Remote and Rural Short Life Working Group which was established by the Scottish Government to consider how the contract can be fairly applied to the country's more isolated communities.

Fiona Duff, senior adviser to the Primary Care Division, Scottish Government, says that as work goes on to support the implementation of the contract in rural areas, there continue to be concerns raised by rural GPs.

"With colleagues from the short-life working group, Sir Lewis Ritchie and Dr Charlie Siderfin, we are visiting rural practices and health and social care partnerships to discuss their issues and concerns, and see and hear about the positive solutions that are starting to be implemented.

"We are hearing concerns such as a perceived lack of flexibility in the contract, difficulties recruiting members of multi-disciplinary teams to rural areas, and concerns regarding fragmentation of care which could impact on continuity of care. But we are also starting to see positive examples of where it is working well and starting to make a difference.

"Some of the concerns are based on the fact that in some rural areas, GPs and their teams haven't yet seen the benefit of the contract in the way of new staff coming to work with them. It will take time to develop the locally agreed priorities and recruit the staff that will be required and GPs are bound to be frustrated at the perceived lack of progress in some areas, but we would ask them to be patient in the meantime. As my colleague Sir Lewis regularly states: 'Transformation is neither easy nor quick'.

"There is also a perception about a lack of flexibility in the contract. However, the principles set out in the Memorandum of Understanding (MoU), which are "safe, person-centred, equitable, outcomes focused, effective, sustainable and value for money", allow for local flexibility when HSCPs and GP subs are agreeing their primary care improvement plans.

"Recently a GP asked me why vaccination services and community treatment and care services couldn't be developed together? My response was that of course they could be if that was what was agreed as being the most sensible local solution based on the principles above. It was the perception that it wasn't allowed under the contract and MoU which is a concern that we need to address."

It is in part to help address some of these misunderstandings that a series of case studies are being developed for publication.It's intended that these case studies will share good practice, highlighting innovative ways of working and flexible models.

It's hoped that the first phase of the case studies initiative will be completed by the end of May or beginning of June.

Examples of innovative ways of working were to be found throughout the country.

In Highland, for example, the 'NHS Near Me' service allows patients to access their own health or care provider via a video call from the comfort of their own home or local healthcare facility, and there are opportunities for this to be extended into primary care to support the implementation of the contract.

Fiona added: "In the Western Isles, which we recently visited, there are great examples of developing pharmacotherapy using remote working and they plan to launch their vaccination and community treatment room services, utilising their integrated community nursing teams, from 1st April."

Another example is in NHS Dumfries and Galloway, which is doing what Fiona described as "great work" developing an initiative in which Scottish Ambulance Service paramedics to do some home visits for GPs.

"These are all good examples of where the contract is being implement in innovative ways allowing patients to access services other than their GP," said Fiona.

The short-life group has so far produced two newsletters setting out the work it's done to date, and a third bulletin will be published soon.

Rediscover the Joy a 'significant step forward'

Paving the way for new remote and rural bureau

THE innovative 'Rediscover the Joy of Holistic Rural General Practice' initiative (see page 1), which is being trialled in four health board areas in the north of Scotland, is helping to pave the way for the establishment of something akin to a recruitment bureau for GPs in remote and rural areas.

Ralph Roberts, the chair of the Scottish Rural Medicine Collaborative (SRMC), says the project, which is being tested in Orkney, Shetland, the Western Isles and Highland, represents "a significant step forward" in moves to set up a bureau.

The last issue of the SRMC Bulletin reported on progress that had been made in establishing a bureau, which would match GPs to vacancies, support health boards and individual practices in GP recruitment and retention issues and run orientation services for potential GP candidates.

Importantly, the bureau would also play a key role in selling rural Scotland as *the* place to be a general practitioner.

Having a one-stop shop' for rural Scotland would help to ensure that there is a consistent approach to GP recruitment and retention.

"There has been a great deal of discussion about this 'recruitment bureau' idea and people are for good reasons quite excited about it," said Mr Roberts.

"The idea of there being a dedicated agency which can hand-hold people – and I mean GPs and, if necessary, their families – through the recruitment process is very appealing, and it makes sense to test it on a small scale first.

"I see 'Rediscover the Joy' as a helpful step towards establishing a bureau. We are all keen to learn lessons from it and find out what can be made to work on a larger scale.

> 'We will continue working to influence national initiatives such as this to ensure that any progress that's made is fit for purpose as far as remote and rural Scotland is'

"There's quite a bit of work still to do. For example, we have to understand and deal with practicalities such as the different ways some boards pay expenses. But I am hopeful that we can overcome challenges like that and that a bureau can be set up to make a difference in the way GP recruitment is dealt with in our remote and rural areas."

Key to the success of a bureau, Mr Robert feels, is that it be "flexible and light on its feet".

"It needs to be able to adapt to individual needs," he said. "And we need to find ways of making the recruitment process pleasurable, rather than what it often can be just now. Looking to get a job in remote and rural Scotland shouldn't involve a typical application process – it needs to be much more than that."

Mr Roberts sees 'Rediscover the Joy', and a possible bureau, as initiatives that can dovetail easily into the marketing campaign the Scottish Government launched last year to attract GPs from the rest of the UK and overseas.

The government set out the goal of boosting numbers by 800 over the next 10 years, and decided to expand the number of 'golden hello' £10,000 bursaries from 44 to 160 practices in remote and rural areas.

The SRMC chair said: "We will continue working to influence national initiatives such as this to ensure that any progress that's made is fit for purpose as far as remote and rural Scotland is concerned."

A report on the primary care GP recruitment campaign was presented to the SMRC programme board on 12th February.

It pointed out that interviews had been carried out with practice managers and general practitioners who were working in Scotland but were not from this country to understand the recruitment process better and what attracted them to Scotland.

On the suggestion of establishing a GP recruitment agency, the report from Fiona Duff, senior adviser to the Scottish Government's Primary Care Division, pointed out that it was felt that such an initiative would not yield value for money due to a shortage of EU general practitioners who would meet the criteria to work in the UK.

However, there have been discussions with colleagues NHS Greater Glasgow and Clyde, who are setting up a national recruitment agency for Health Workforce. The SMRC programme board was told that their initial focus was on acute specialities but it was felt that there was capacity to build in GPs as well.

The programme board was also told that the Scotland is Now campaign was pressing ahead with fresh video materials to sell the GP story.

From the Far East to Scotland's far west...

IT'S a long way from Hong Kong to Skye but Dr Pak Yin Chung probably doesn't measure the journey from the Far East to Scotland's far north west in miles.

For his journey has been one of a youthful ambition to be a doctor to getting a practical, on-the-job education in remote and rural medicine.

Billy, as he likes to be known, is one of the latest batch of rural fellows, recently-qualified doctors who are being given a year's experience in remote and rural parts of the country.

Promoted by NHS Education for Scotland, the rural fellowship scheme was set up with the hope that medics might be encouraged to practise in some of Scotland's more far-flung communities – places where the recruitment and retention of GPs is a challenge.

Billy's been an acute rural fellow since August, and though at times he feels as if his work has put him outside his comfort zone, he would have no hesitation in recommending the scheme to others.

"The hours are long and it's been a steep learning curve for me," said the 29-year-old.

"It's been a challenge and I sometimes feel as if I've been put in the deep end. But I've been seeing and doing things that I have not faced in my GP training. It's been enjoyable for the most part because everything is so new to me.

"I would definitely recommend it. If you are a young doctor and do not have any attachments in your life, by all means give it a try. Rural Scotland is a great place to live and bring up kids."

While rural Scotland may be new to Billy – his only visit to the Highlands before taking up his rural fellowship was a road trip to Skye five years ago, when he set out to drive as far north as he could – life in Britain is not.

Billy, whose family are all in Hong Kong, moved to the UK to attend boarding school in England when he was 10. He went on to study Medicine in Manchester and finished his GP training in the "fairly rural" setting of Saddleworth, on the edge of Greater Manchester.

"I really enjoyed it there," he said. "There were lots of single-track roads and muddy fields!"

Just like Skye, then?

Well, not quite. For since Billy moved to the Highlands he and Dr Gill Clarke, the Forres-based GP who is also remote and rural fellowship co-ordinator, have been bagging Munros together.

"I've always liked hillwalking, even when I was in Manchester," said Billy. "But here it's a bit different. We did three Munros next to Glen Shiel in one day recently. We got a bit lost, but I enjoyed it. I really would like to explore the Highlands properly."

But it's not only Scotland's mountains that Billy's come to love.

Dr Clarke explained: "Billy was a terrible cook so we had a go at baking together. He's now been baking cakes for his colleagues, which is great."

Billy spent his first three months in the Highlands working in anaesthesia at Raigmore Hospital in Inverness. He then moved to the Dr Mackinnon Memorial Hospital in Broadford, Skye, and was attached to the Dunvegan Medical Practice.

As an acute rural practitioner (see next page), Billy he believes he is getting a considerably wider range of experiences than he might otherwise have encountered.

"I've been doing lots of things I've never had to do before – things like dealing with plaster casts, booking ambulances and so on. I'm on call sometimes (when 'Bulletin' first caught up with Billy he was driving back to Skye having done a house call in Torridon) and I also work in a 20-bedded hospital.

"There's a quite a high workload but there are lots of advantages to working here. Things were a bit rushed in Manchester by comparison. There's not as much pressure here. You get more times with patients – we have 15-minute appointments here, which is great."

Billy, who once drove from Manchester to Munich in one go, says he also enjoys the many miles of motoring that's very much part and parcel of practising in the Highlands.

"My work is full-on but it's a beautiful place to work and live," he said.

As for the future, Billy says he has "no idea" where his career will take him.

"I honestly don't know where I'll go when I finish the fellowship," he said. "But I do like the Highlands and I am open to the idea of sticking around and putting my roots down here."

Dr Clarke added: "It was always going to be difficult, moving from Manchester to Skye, and there is no doubt that Billy has taken on a challenging job, having only just finished his GP training.

"We were concerned that he would be on a steep learning curve but is coping well with it and is enjoying it."

New role is just what this doctor ordered!

PERSUADING doctors to work in Caithness has been an ongoing problem in recent years – but NHS Highland believes it may have hit on a solution.

And one medic regularly commutes from her home near London to work in Wick to be part of that solution.

Dr Gina Chana believes a new role being developed by NHS Highland in part to address a staffing crisis faced by Caithness General Hospital offers her everything she is looking for in her career.

Dr Chana (41) has a particular interest in remote and rural medicine and says the introduction of rural practitioner role at Caithness ticks every box for her.

"Although the work can be challenging, I find it very enjoyable," she said. "It's very hands-on and, most importantly, I have to do a bit of everything.

"It's like being a traditional GP. Generally, if you come to hospital with a heart problem you see a cardiologist, or if you have a lung problem you see a respiratory specialist. In this job, I have to deal with whatever comes through the door."

In 2015, the resignation of a long-term locum consultant and the failure to recruit consultants prepared to work in Caithness created what was described at the time as an "extremely fragile" situation at the Wick hospital. NHS Education for Scotland and NHS Highland had to suspend junior doctor training there and the board had to come up with a radical solution to ensure that the hospital continued to provide safe and effective care.

The answer it came up with was rotating consultants to Wick from Raigmore Hospital in Inverness and developing a new role – an experienced medic who could turn his or hand to just about anything, including supporting junior doctors.

There are now five people at Caithness General who do that job. They are known as rural practitioners, although the role has evolved so quickly that Dr Chana believes there's a case for giving it a new name.

"We are trying to get us rebranded as rural emergency physicians, which more accurately describes what we do," she said.

"Besides, the term 'rural practitioner' isn't generally understood, both by the public and even within the medical profession. I think most people think I am a nurse."

In essence, the role is that of a GP-plus – and it's the sort of job Dr Chana has experience of when she worked in Australia, where she qualified. There, GPs get the opportunity to sub-specialise in different disciplines, such as anaesthesia or emergency medicine, and Dr Chana took the opportunity to work in some "very remote" parts of the country.

She explained: "In Australia, there is a Royal College of Rural Medicine, which provides an accredited pathway into that line of work. Rural medicine is much more established there, and it is something thing we are trying to get established in Scotland. Our work in Caithness is very much part of that."

Dr Chana doesn't work full-time in Caithness. After working in Wick as a rural practitioner on a locum basis for six months, she took a permanent post in Caithness General in November 2017, and is contracted to put in 40 hours a month. This means she works in five or six-day stints at Caithness General, and provides on-call cover for the rotating consultants.

She flies back to her home near Luton Airport when she can and then takes on her other role, that of a self-employed general practitioner in London.

She explained: "My partner has a corporate job and couldn't work in Caithness. Travelling between London and Wick isn't ideal but it's what I chose to do. I can manoeuvre my jobs around and my role in Caithness allows me to continue to practise rural medicine, which I find hugely rewarding.

"I love Caithness General because it's small it isn't bureaucratic and I get to spend more time with patients than I would in a busy London hospital, for example."

'The term 'rural practitioner' isn't understood, both by the public and even within the medical profession'

SPOTLIGHT ON...

Dumfries and Galloway

'Forgotten area' looks to boost its visibility

ASK any of the 150,000-odd people who live in Dumfries and Galloway about their home region and there's a good chance that their response will be imbued with pride and passion.

After all, theirs is an attractive part of the country where there's an enviable sense of community and self-reliance.

But there's also a good chance that their response will come with a caveat: that they live in an often-bypassed region that's to an extent ignored by the rest of the country. Sometimes, they may well insist, Dumfries and Galloway doesn't always get the credit it deserves.

And so in terms of economics there's a feeling that the region isn't exactly a magnet for inward investment. Similarly, the tourism industry that's so important to the region battles hard to make its voice heard above some of Scotland's better recognised attractions.

Being somehow peripheral to the mainstream in Scotland has also had an impact on the medical profession – or so Dr Grecy Bell, the region's associate medical director for primary care, contends.

Dr Bell, who also practises as a GP in Annan, on the region's eastern edge, believes that Dumfries and Galloway may suffer from being overlooked by doctors considering a move or career change.

"There's a strong feeling that this is a forgotten area," said Dr Bell. "Recruitment is a major issue for us and we as a board are now looking at how we can increase our visibility. We have to find ways of raising our profile – and I think working through the collaborative will help us do that."

> 'Recruitment is a major issue for us and we as a board are looking at how we can increase our visibility. We have to find ways of raising our profile, and I think working through the collaborative will help us do that.'

Dumfries and Galloway is one of 10 health board areas affiliated to the Scottish Rural Medicine Collaborative (SRMC), which is working to develop ways of improving the recruitment and retention of general practitioners working in rural Scotland.

And yet the collaborative's early work appears to have gone unseen many of Dumfries and Galloway's GPs.

In November, Dr Bell helped to organise a protected learning time event for GPs in the region. Of the 115 full-time and part-time GPs in Dumfries and Galloway's 33 practices (according to figures collated in April 2017), around 80 attended the event in Dumfries.

SRMC programme manager Martine Scott was also present, giving GPs an insight into the collaborative's aims and work.

Dr Bell, who opened the half-day event, said: "Generally, we discussed what was working well and what was working not so well. And, generally, GPs indicated that they did not know about the SRMC – but were keen to find out about how it could get more involved in Dumfries and Galloway.

"We got some very positive feedback. They were interested to learn

Continued on next page

SPOTLIGHT ON... Dumfries and Galloway

Continued from previous page

how the collaborative can help the rural GP, and they were very keen to hear about the website (https://gpjobs.scot/, which provides information and resources on working as a general practitioner in Scotland, and provides an online shop window for GP vacancies)."

These are changing times for primary care in Scotland. The integration of health and social care is being bedded in and the new GP contract, which Dr Bell has described as "the vision for the future", is helping to transform general practice.

For Dr Bell, the work of the SRMC can be part of that change, and she is keen to maximise its potential for sharing experiences and learning from other parts of the country. For example, she was particularly keen to learn of the joint initiatives being promoted through the collaborative by Orkney GP D Charlie Siderfin. 'Rediscover the Joy of Holistic Rural General Practice' and 'Reflect and Rejuvenate' (see pages 1, 4 & 5) are designed to help tackle recruitment and retention challenges, and Dr Bell wants to see if they, or other such initiatives, can be applied to Dumfries and Galloway.

> **'Lone working can be very isolating for a general practitioner, and we have to find ways of working together and developing resilience within practices'**

Key to the changing face of general practice in the region, she added, was encouraging collaboration between practices.

"We are looking closely at finding ways of enabling small practices to get together to work together," she said. "It's already happening. We are talking about practices sharing admin staff, for example. And in Wigtownshire, practices in Newton Stewart and Whithorn are sharing paramedics. Things like that can make a big difference"

The GP workforce in Dumfries and Galloway is getting older (around a quarter of GPs in the region are aged over 55 and could retire soon). The population is also aging, adding to the GP workload. And nationally there's a trend whereby fewer medical trainees are choosing to go into general practice. It's a perfect storm, and Dr Bell believes strongly that a solution can lie in working together.

That's why one of the items on the agenda at the November event in Dumfries was GP clusters, and another was health and wellbeing.

"We have a few single-handed practices in Dumfries and Galloway," said Dr Bell.

"Lone working can be very isolating for a general practitioner, and we have to find ways of working together and developing resilience within practices.

"Hopefully, working with the collaborative will help with that."

Follow the Scottish Rural Medicine Collaborative on Twitter @NHS_SRMC

Thanks, Colville!

THE ENTIRE medical profession – and countless patients – owe a "massive debt of gratitude" to the man who virtually single-handedly transformed emergency medicine training in Scotland.

Professor Colville Laird retired from his various roles with BASICS Scotland at Christmas, having dedicated a quarter of a century to the organisation. In that time, he helped to make BASICS (British Association for Immediate Care, Scotland) a crucial player in the education of GPs and others.

Reflecting on what he called Professor Laird's "remarkable dedication and drive", Ralph Roberts, senior responsible officer for the Scottish Rural Medicine Collaborative, said: "I can think of few people who have had a greater impact in this field.

"Colville's passion for helping to better equip healthcare professionals for the challenges of work in Scotland's remote and rural areas has been second to none.

"We all owe a huge debt of gratitude to him, as I am sure do those people who have received emergency care from a doctor or nurse who has received BASICS training. He will be hard act to follow."

Professor Laird, who was medical director and chief executive of BASICS Scotland, retired a couple of years ago as a GP in Auchterarder in Perthshire after 32 years' service.

While he has now also retired from BASICS, he will not be lost to the medical profession; far from it.

He remains active in the development of a new diploma in urgent medical care by the Royal College of Surgeons in Edinburgh and has retained his position as Honorary Professor at the University of Central Lancashire. He has also just taken on a role in the Army, as an Honorary Colonel in 225 Medical Regiment based in Dundee.

"I am looking forward to helping with the liaison between the Army and the medical profession," Professor Laird explained a few days before setting off for Florida for a well-earned holiday in the sun.

"It's an appointment that came completely out of the blue, not least as I don't have a military background, but I'm looking forward to helping in any way I can."

It's an attitude that's typical of Professor Laird, who has steered significant changes in emergency care education in recent years – changes that have included the introduction last year of BASICS Scotland's innovative portfolio project.

The project has been running for almost a year now, and has seen bespoke training being delivered on site to general practitioners, nurses and others in remote and rural communities throughout Scotland.

The project, Professor Laird said, was important because it took training

Continued on next page

Professor Colville Laird and BASICS Scotland's new chief executive, Lucy Aitchison

Huge shoes to fill, says new chief executive

THE woman who has taken over the reins of BASICS Scotland says she is looking forward to the challenge of taking over where Professor Colville Laird left off.

"Colville has left enormous shoes to fill," said new chief executive Lucy Aitchison. "He has created an incredible legacy of providing first-class support to pre-hospital care in Scotland.

"He has been hugely innovative and I hope this organisation will continue to innovate and adapt to changes in technology."

Only a few days after settling into her new job, Lucy watched virtual reality headsets being used to help deliver BASICS training, and she said she was "hugely impressed and excited" at the potential offered by such technology.

She added: "I have also been very impressed by the sense of commitment shown by everyone involved – the staff team, the course instructors and the responders.

"They're doing a great job to help make communities in Scotland's remote and rural areas more resilient, and they are helping to add great value to the NHS."

Looking ahead, Lucy said her priorities were ensuring the continued smooth running of BASICS Scotland and helping to set the strategic direction of the organisation.

Lucy, who has an MSc in Environmental Science, has a career in charity leadership and management. She was previously Scotland manager of the Meningitis Research Organisation and for the past 10 years was manager of the Broomhouse Health Strategy Group, which provides a range of health and wellbeing services in that part of Edinburgh.

BASICS chief calls it a day

Continued from previous page

to the professional, rather than the other way round.

He explained: "At the moment, most education has to be done face-to-face, which isn't ideal in remote and rural places. It's costly and it can take people away from their jobs for long periods of time, meaning their roles have to be back-filled, which is neither easy nor cheap.

"That's why the portfolio project is in such demand, and not just from GPs. In remote and rural areas other professionals, such as nurses, are taking on additional responsibilities and they welcome the opportunity to get BASICS training.

"Of course, virtually all nurses are employed, and the challenge is to find the relevant manager to arrange their attendance. That's something Al (McLean, BASICS Scotland's clinical lead for remote educational development) has been working on, knocking on doors to ask who the go-to person is in each area.

Another challenge the organisation faced, Professor Colville suggested, was continuing to find new ways to deliver BASICS training effectively and efficiently.

"The more accessible we can make education the better," he said. "One of the things I became particularly interested in was seeing how greater use could be made of technology in delivering education.

"It shouldn't be necessary to travel hundreds of miles to access education when you can do so from your own office or home. I believe it's important to keep up with changes in technology and find new ways of making training easy to access."

One possibility, he added, was applying video games technology to emergency care training.

"I am convinced that advanced computer simulation, similar to flight simulation, has a role to play. We have been looking at using 360-degree video technology, whereby people can view on a headset simulated incidents such as road traffic accidents. The video would be interactive, and doctors or nurses would therefore get something like hands-on training in dealing with emergencies.

"I know of one company that has something like 120 medical video games, which could be acquired on licence. It's certainly an area that could be looked at."

For details of portfolio courses, check out the BASICS Scotland website.

Board gets briefing on portfolio project

THE new chief executive of BASICS Scotland has given her first report to the Scottish Rural Medicine Collaborative's board.

And Lucy Aitchison's report, delivered earlier this month (February), makes clear that BASICS is continuing to develop its portfolio project, which delivers a new educational training programme in pre-hospital emergency medicine.

The project is aimed at addressing the needs of rural practitioners from multi-professional backgrounds who are providing urgent or unscheduled care.

The chief executive's report showed that, as of 4th February, nine portfolio project events had been completed, and three more visits were planned in the first year of the two-year project. These would be on Arran and in both Huntly and the Western Isles.

Events were planned for year two in Mull, Shetland, Islay, Orkney, Barra, Benbecula, Campbeltown, Lochgilphead, Ullapool, Wick, Skye, Invergordon and Dumfries.

Events held so far had 221 delegate places, attracting 108 unique delegates, and the four paid instructors has delivered 44 days of teaching. In addition, 10 volunteer instructors delivered a total of 38 days teaching and SMMDP (maternity and neonatal emergencies) 11 days of teaching.

No fewer than 330 individuals had registered on the portfolio project, and feedback had been "very positive and consistent". Training pods had been left at a number of venues.

The report added that BASICS Scotland was working with Argyll and Bute Health and Social Care Partnership to provide teaching from the portfolio project on its intermediate care courses, to run in Lochgilphead in November this year and in Dunoon next January.

ON THE SPOT

'Bulletin' quizzes Scottish Rural Medicine Collaborative chair and senior responsible officer Ralph Roberts

Q: You probably won't want to do this but, please, how would you describe your personality?
A: This is a question that would probably be better answered by others, but I like to think I am generally easy going and relaxed and I will always try and see the best in others. While I am happy to be in leadership roles at work and determined to see services improve, in my personal life I am much quieter and very happy to spend time quietly and be in the background.

Q: As well as being SRMC chair, you are chief executive of NHS Shetland. How on earth do you find the time?
A: First and foremost through the work and support of others. NHS Shetland has a very hard working and dedicated management team and staff, as does the SRMC. My job is very much to provide leadership and direction but the hard work and detail is certainly done by others. As with anyone in a demanding role, as our clinical colleagues will be well aware, none of us would be able to do this without the support of our family and friends. I am lucky to have an extremely supportive family who put up with me being at the office late and spending regular time away from Shetland for work.

Q: Assuming you have spare time, what do you do with it?
A: My first priority outside work is giving time back to the family. Mostly as a taxi driver, it seems, for our two teenage daughters still at home.

Q: Do you have any particular interests and past-times?
A: Since I have reduced the amount of sport I now take part in, I have increasingly got involved in amateur dramatics. In Shetland this has included being in the local panto and small roles in musicals (most recently Fiddler on the Roof) and the drama festival. With both my daughters also enjoying drama and ballet I have been very fortunate to share these experiences with them. Yes, in the last few months I have even taken up adult ballet classes and found a whole new respect for the athletic ability of ballet dancers, even if I accept I will never be a natural dancer.

Q: What are your tastes in music?
A: The answer to this one always seems to be eclectic and I am no different. The simple answer is almost anything as long as it has a strong melody and is well performed. As a child of the '70 and early '80s I mostly listened to groups such as Genesis, Supertramp, Eagles, ELO and even Status Quo. However, I am equally happy listening to musical and film soundtracks and classical music.

Q: Let's imagine you are hosting a dinner part and you can call on any three guests you want. Who would they be – and what's for dinner?
A: Assuming this wasn't our best friends with a Chinese takeaway, then it would probably have to be Billy Connelly, Barack Obama and, assuming I can't bring back Nelson Mandela, then perhaps David Attenborough. Hopefully a night of laughter and putting the world to right. It certainly needs it! The menu would have to be Shetland Scallops, Shetland Roast Lamb, Trifle, finished off by Cheese and Biscuits with their after-dinner drink of choice (a good Port for me).

Q: Is there one particular thing that irks you more than anything else?
A: Other than today's politics, but let's not go there. More than anything it is people who jump to conclusions and make black and white judgements about other people. As a society we have become increasingly judgemental and unwilling to tolerate difference and I think that is incredibly sad and damaging to society.

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"As with anyone in a demanding role, as our clinical colleagues will be well aware, none of us would be able to do this without the support of our family and friends. I am lucky to have an extremely supportive family who put up with me being at the office late and spending regular time away from"

ON THE SPOT

Continued from previous page

Q: What are the best and worst things about living in Shetland?
A: That's a very topical question, since I am about to move to become CEO in NHS Borders and will therefore have to leave Shetland after eight amazing years. The best thing has to be the community, which has such a strong sense of itself and passion and pride in Shetland. However, it was also perhaps the easiest place I have ever moved to, with a real welcome and willingness to embrace "Southmoothers" (that's someone who comes up from the mainland – the ferry enters though the harbours South Mouth!). It has been so easy to bring our daughters up here with great cultural and sporting opportunities and a real sense of freedom – don't tell anyone but we haven't locked our front door in about six years now. Honestly, the only downside, has been the distance from our wider family and the extra time and cost whenever we wanted to get away. Obviously, the weather is different but I certainly love the wild and windy weather as much as the sunny, calm days in summer (did you know Shetland had more sun than Cornwall last summer!)

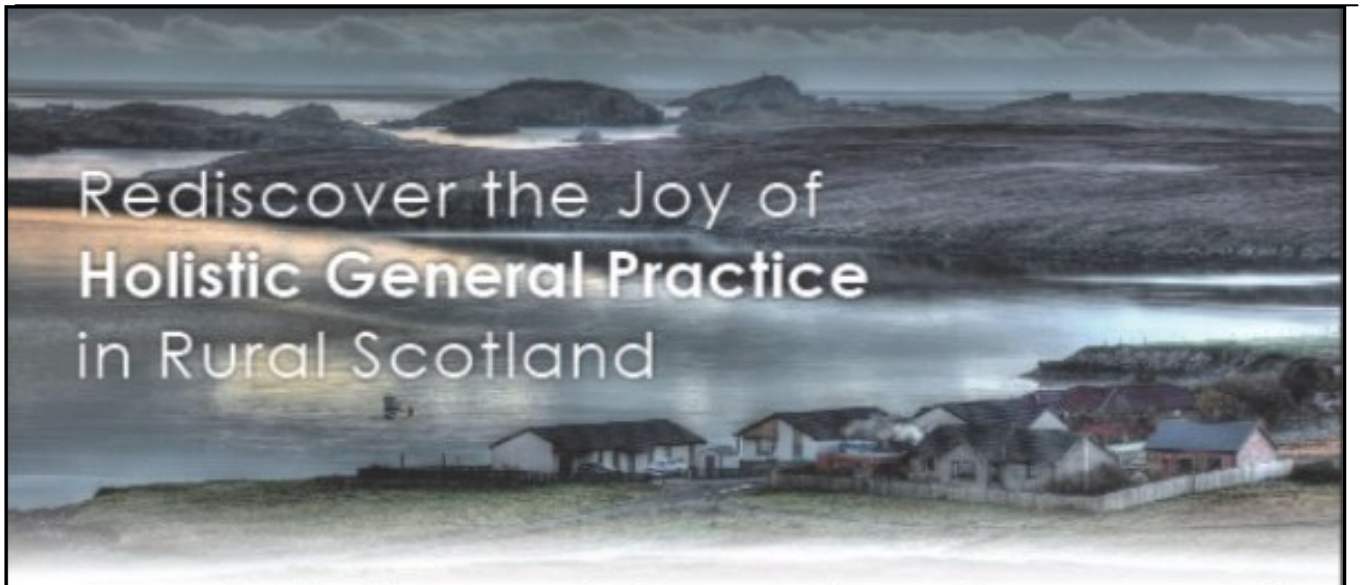
Q: Do you have a favourite walk or drive?
A: In Shetland my favourite walk would be on "our beach". We are lucky to live above St Ninian's tombola beach which joins the Shetland mainland to St Ninian's Isle … a truly magical spot. My favourite drives are actually in the Borders. Firstly from Penicuik to Moffat (on the A701) that takes you through rolling Border country, past the source of the Tweed, the Devil's Beef Tub and into Moffat. Then turn east on the A708 and head into wilder Border country, past the Carrifran Wild Wood, Grey Mare's Tail falls and St Mary's Loch ending up in Sir Walter Scott country in Selkirk.

The best thing has to be the community, which has such a strong sense of itself and passion

Q: Any sporting interests?
A: In my younger days I was a football and rugby player or enthusiast is perhaps a better description, but I haven't played for years. I am still a keen supporter, however, and when we previously lived in Selkirk would very happily spend a Saturday afternoon at the local rugby club. As a boy I was a committed Ipswich Town fan ("Tractor Boy") and unfortunately, once a fan always a fan even if it is much harder watching them now, not only because of the distance, but because their glory days seem a long time ago.

Q: What is your favourite book, film and TV programme?
A: This is one of those almost impossible questions, because it really depends on my mood. However, if I could really only have one book it would have to be Winnie-the-Pooh and House at Pooh Corner by AA Milne. This takes me back to my youth and the pleasure of listening to my dad reading stories.
A film would be either The Shawshank Redemption or Out of Africa, both of which I can watch over and over again. A TV programme is really unfair because there are so many different kinds. Factual would be something like Planet Earth, drama would be almost any Detective series (at the moment, Shetland, Death on Paradise or the French drama Spiral) and for comedy you would have to go a long way to beat Fawlty Towers. Finally, I will always try to watch Match of the Day, preferably without knowing the scores in advance, with the hope, that one day, my beloved "Tractor Boys" will be back on the programme on a regular basis, when they rise from the ashes and make it back to the Premier League.

Q: Finally, if you could time-travel, where – or should that be when? – would you go and why?
A: Again, I am going to be indecisive. Firstly I would love to go forward about 50 years, because as with any parent, I suspect I would love to meet my kids again and find out what they are up to and get to know their later selves. Alternatively, and this seems very self-indulgent, why not go back perhaps 40 years as long as I could retain everything I have already learnt? I wonder what different choices I would make, and how much better I could be. I might even be able to influence some of the health policy and choices that were made previously and then perhaps, we wouldn't need the SRMC!



Are you looking for a new challenge, a change from your current routine? We are looking for **experienced GPs** to help us achieve excellence in remote and rural healthcare. ***Salary: £85,000***

Would you like to have the time to address your patients' needs, providing holistic care within a team which knows their patients and community well? Are you interested in delivering modern, high quality, evidence based, Realistic Medicine in the context of traditional family General Practice values? Would you relish the challenges of delivering primary care in the Western Isles, Orkney, Shetland or Highland Board areas, where specialist help may be hours away, but where you have a network of local and remote support to help you manage your patients effectively?

We have a mixture of posts available ranging from 12-18 weeks per year or longer, plus substantive full time positions, in practices ranging in size from small single handed practices to larger group practices.

Salary scale will be dependent on experience, location and service model. Salary would typically be £85,000 for in hours work, with additional payments being made for OOHs, accommodation and travel are provided. (OOH Payments and travel are negotiated locally within each Board area). Your work will be covered by the CNORIS indemnity scheme, meaning low MDU/MDDUS/MPS fees. Some of the posts will require 24/7 cover and provision of emergency care cover. We will arrange BASICS Scotland Pre-Hospital Care training and enrol you on their ongoing portfolio training programme. Although you will be working in geographical isolation, you will be part of a team established through a recruitment weekend and a BASICS training course; linking you through a WhatsApp group and weekly videoconference meetings for mutual learning and support. Study and annual leave allocations are built in to allow you to maintain your skills and you will be offered mentoring.

This is a collaborative of 4 Health Boards to develop a Rural GP Support Team of highly motivated GPs with a passion for clinical care and strong team-working track records. The team will provide care to rural, often remote, communities across Highland, Western Isles, Shetland and Orkney. We are recruiting to three categories of GP posts:

- Substantive posts in a variety of settings across the four Boards.
- To provide leave cover to just 1 practice, or a small group of practices, for both planned and short notice absences.
- To provide locum support to practices across the four Boards

These posts will appeal to practitioners wishing to establish a healthier work life balance and rediscover the joy of true general practice. You might have recently retired but would like one last challenge, or you might have a portfolio career working overseas or doing other interesting things in the UK. If needed, we can arrange annual appraisal and ensure you can collect the necessary evidence whilst working with us.

HOW TO APPLY

To find out more about the jobs, the communities and the areas go to https://gpjobs.scot Please feel free to email: shet-hb.hrhub@nhs.net or call 01595 743024 to discuss what you are looking for, the opportunities we can provide and the ways we can support you to make a change.

Those interested in applying should forward their CV, along with a covering letter outlining the type of role you are looking for, marked for the attention of Lorraine Hall to shet-hb.hrhub@nhs.net

Closing date for applications midnight 3/3/2019.

Shortlisted applicants will be invited to a selection weekend on 16/17 March 2019, in Inverness. If you are unable to attend, videoconference interviews can be arranged at other times.

These posts are subject to a PVG Scheme Record check and Occupational Health clearance

NHS Highland · NHS Shetland · NHS Orkney · NHS Eileanan Siar Western Isles · SRMC

● **This advert for vacancies under the 'Rediscover the Joy' initiative was placed in the British Medical Journal, on 25th January and has appeared on SHOW, Global Medical Careers, Twitter, Facebook and the GP Jobs website (see page 7). By 20th February it had attracted 24 CVs and a number of other serious expressions of interest. What's more, there had been a total of 39 hours of conversations resulting from the advert. It is planned to invite those applicants who have been shortlisted to a selection weekend to be held in Strathpeffer from 15th- 17th March. It's hoped the event will give applicants a feel for the role and the locations involved, and allow them to share experience and expectations.**