

# The Scottish Rural Medicine Collaborative BULLETIN



AUGUST 2019

## Bundle of Joy

### 28 GPs appointed in ground-breaking new initiative

**A** PIONEERING new initiative designed to resolve the chronic problem of GP recruitment in some of Scotland's more remote and rural areas has been met with an "excellent" response.

No fewer than 28 general practitioners from throughout the UK have been recruited through the scheme for fixed-term placements to practices in the areas covered by four boards: NHS Shetland, Orkney, Western Isles and Highland.

The project, 'Rediscover the Joy of Holistic Rural General Practice', or 'The Joy' for short, is very much in its infancy but it's hoped that it may be extended to other parts of the country.

"We hear too often that you can't recruit GPs, but we have shown that it is possible," said Dr Charlie Siderfin, who has helped to get the initiative up and running. "I am delighted at the number we have been able to take on."

Dr Siderfin, a GP based in Orkney, a medical advisor to the Scottish Government and a member of the Scottish Rural Medicine Collaborative (SRMC) board, added: "I think the response has been excellent in part because



**The hub team leaving the recruitment event for 'The Joy' with Dr Tim Alexander, who came along to say goodbye at the end of the weekend**

GPs see this as a collaboration and as a systematic way to solve issues rather than a sticking-plaster approach."

The aim of 'The Joy' is to ease difficulties covering short-notice leave and absence as well as providing opportunities for participating GPs to reconnect with a more rewarding, hands-on experience of rural medicine and communities.

It was felt that this would be particularly attractive to later-career GPs who wanted a refreshing change and

who could bring significant skills and a positive attitude with them, and Dr Siderfin said that's how it's worked out, describing those in the newly-appointed team as "exceptional, high-calibre GPs".

The idea of recruiting a flexible team was put to some of those who attended last year's annual conference of the Royal College of General Practitioners, when it was met with what

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# Welcome to the Scottish Rural Medicine Collaborative

## Working together to boost recruitment and retention of GPs

**T**HE 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 which are represented on the programme board, as are NHS Education for Scotland, the Royal College of General Practitioners Scotland, the Scottish Rural Health Partnership, the British Medical Association and the Rural GP Association Scotland RGPAS.

Working in a rural location offers unique opportunities and challenges. As such, recruitment and support services for medical professionals in these regions need to reflect this.

Current services are fragmented and sometimes difficult to coordinate or even identify.

The Scottish Rural Medicine Collaborative has worked together with 10 NHS boards to identify the barriers seen to diminish the GP workforce in rural Scotland.

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 SRMC has appointed two additional project managers (see page 6) to increase vital capacity as the scheme continues to expand and deliver more work.

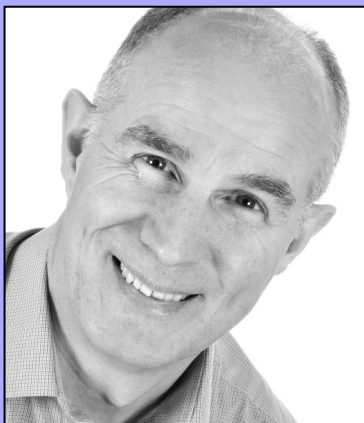
The collaborative also has a new website, [srmc.scot](http://srmc.scot)



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# INSIDE STORIES

## An at-a-glance preview of the articles in this issue

### **PAGE 5: Exchange scheme can be a 'win-win' for practices**

A new scheme is being put together under the Scottish Rural Medicine Collaborative banner to allow GPs in small, remote practices to swap jobs with those in large practices. The idea is to allow both parties to gain different, beneficial experiences from those they usually encounter. It is hoped that in time the scheme, known as 'Reflect and Rejuvenate', will lead to the collaborative producing a GP exchange good practice guide.

### **PAGE 6: New project managers join SMRC team**

We catch up with Shirley Feaks and David Priest, who have joined Ian Blair as the SRMC's project managers.

### **PAGE 7: GP Hannah gets the right balance in gaining experience**

We continue our series on the NES rural fellowship scheme by speaking to a young GP from Belgium who is currently experiencing life and work in Shetland.

### **PAGE 8: Collaborative's active online presence grows**

Work is continuing to ensure that the Scottish Rural Medicine Collaborative has a meaningful online presence. And interest in the GP recruitment website for Scotland ([gpjobs.scot](http://gpjobs.scot)) is growing with, at the last count, more than 33,700 page views recorded.

### **PAGE 9: Conference to feature trauma care scenario**

One of the highlights of this year's BASICS Scotland annual conference, to be held in Aviemore on 6th and 7th September, will be a simulated road-traffic accident, a large-scale scenario which will feature all the disciplines required to deal with such incidents. It should be of interest to all involved in remote and rural healthcare.

### **PAGE 10: Benbecula GP produces video on her experience in inner-city practice**

Dr Kate Dawson swapped life in the Western Isles for a taste of general practice in Glasgow.

## New member will be 'real asset' to board

**T**HE Scottish Rural Medicine Collaborative (SRMC) is delighted that Professor Alan Denison has agreed to join its board.

Professor Denison joins having been appointed earlier this year as post-graduate medical dean within the Scottish Deanery at NES Education for Scotland (NES). Professor Denison became one of four post-graduate deans occupying key leadership positions within medical education in Scotland.

Deputy director of the Institute of Education in Medical and Dental Services and MBChB programme lead with the University of Aberdeen, Professor Denison is an honorary consultant radiologist with NHS Grampian. In his role as post-graduate medical dean he is working closely with

colleagues in the University of Aberdeen and in NHS Grampian, Highland, Shetland, Orkney and the Western Isles.

Professor Denison is an Education Associate for the General Medical Council and holds leadership roles in several Scottish and UK radiology and education committees.

Ralph Roberts, the SRMC's senior responsible officer, said: "Having someone with Professor Denison's interests and skill-set will be hugely valuable to our board. Everyone who has an interest in remote and rural healthcare will recognise the importance of medical education and I am sure Professor Denison's input will be a real asset to us."

Professor Denison said he was greatly looking forward to working with the SRMC and to helping to

strengthen connections between it and the medical education sector.

"I see myself as an enabler," he said. "The SRMC, with NES input, is going to be a key stakeholder in this field and I think I have a role in linking it was the Scottish under-graduate teaching sector, making and nurturing relationships."

Professor Denison said he was "very impressed" at the range of work the SRMC was involved in and thought 'The Joy' project and the concept of the holistic GP "messages that can connect with a lot of people".

He added: "By the time doctors have graduated they have already set their values and beliefs. We need to help them understand that remote and rural general practice can provide them with an aspirational and challenging career."

# Rediscover the Joy

*Continued from front page*

Dr Siderfin called “unanimous enthusiasm”.

Following advertising, 51 people applied for positions, 31 of whom were shortlisted. For various reasons, 16 people were unable to attend a recruitment event held in Strathpeffer in March. Fifteen did, however, and were offered and accepted positions. More appointments were later made, bringing the team’s number to 28. Furthermore, by the middle of June a further 13 GP had expressed interest in being part of ‘The Joy’ team.

A small number of GPs have actually started work through ‘The Joy’. The placements are for 12 or more weeks a year, with placements typically lasting one to three weeks. However, one doctor has had a five-week taster placement in Brae, Shetland, and others have also started what they undoubtedly regard as an exciting new challenge and opportunity.

‘The Joy’ is being overseen by Lorraine Hall, a member of the SRMC board and director of human resources and support services with NHS Shetland, the board which is employing all the recruits even though they may work in any of the participating board areas.

Lorraine pointed out that success of the initiative had already exceeded its original aim, in that it has been possible to fill one substantive vacancy from one of the candidates, with the possibility of others following suit.

They were also about to fill several short-term vacancies with GPs who would like the variety of moving about from practice to practice and who were keen to go to gain experience in remote locations.

While some of the recruits are towards the end of their career, and at least three have either already retired or are about to do so, a number are younger GPs who are looking to widen their horizons and skill sets.

“I think ‘The Joy’ is proving so successful because people are warming to

the idea of being part of a team that’s working in a co-ordinated way,” said Lorraine. “Some are at the latter part of their career and want a new challenge in a remote and rural area while others see this as a way of helping their career to develop.

“The idea of doing different things in different locations seems to have captured their imagination.”

She added that a key part of the initiative was matching a GP to a vacancy, the decision on who goes where being based on an individual’s wishes, experience and skills, alongside the needs of the service.

She explained: “In making placements we are asking, ‘Where’s your comfort zone? What are you looking for and where can you best fit in?’ A lot of experienced GPs have no issue about how remote a practice is, while other GPs’ entire body of work will have been in an urban environment and may feel less comfortable and even isolated in a remote setting.”

Dr Siderfin added: “It’s important that we put people in practices that suit them and one factor will be their competence and confidence in emergency care, which can be quite different in a remote practice than what may be experienced in an urban one.”

The number of GP vacancies in the four health board areas involved will vary all the time – there were at least 30 when ‘The Joy’ started – as the scheme will cover holidays and sickness as well as planned absences.

Looking ahead, Dr Siderfin said that work would continue to develop the project collaboratively and ultimately to test the model that’s being put in place.

**I feel I have something left in my battery. It wouldn't feel right to stop now**

“We need to plan for success,” he said. “If interest in this project is maintained, and my suspicion is that it will continue to attract a lot of interest, we need to be able to adopt the general principles we are applying to be able to deliver new schemes.”

One person who was immediately interested in ‘The Joy’ when she heard of it is Shropshire GP Dr Helen Williams, who at 62 is keen to take on new challenges as she nears the end of her career.

Dr Williams works as a locum in four practices, two rural and two town based, and said: “As a locum you lose something, not really being part of a team, and that’s something I’m very much looking forward to with ‘The Joy’.”

She’s familiar with remote and rural Scotland, having holidayed in Shetland and north-west Sutherland, and is well aware of the challenges that come with practising in such areas.

“Personally, I hope to get back to the sort of medicine I really enjoy,” she said. “I hope to get a feeling that I have helped out, delivering good-quality medicine while enabling the GPs who work there to have a break.”

“I’ll be working for a minimum of 12 weeks a year, and I’m thinking of doing it for several years,” she said. “I started studying Medicine relatively late and so I feel I have something left in my battery. It just wouldn’t feel right to stop working now.”

For Peak District GP Dr Sunil Angris (57), learning about ‘The Joy’ was what he called “a personal serendipity”. He and his wife had bought an old mill in Orkney with a view to renovating it and retiring there. When in Orkney recently he got to know Dr Siderfin and ‘The Joy’, and subsequently successfully applied to join the new team.

“If I had not come across ‘The Joy’ I would probably have given up clinical medicine,” he said. “Now, I am looking forward to being part of something that shares the principles I have as a GP.”



Two pictures from the 'Rediscover the Joy' recruitment event held in Strathpeffer. On the left, two of the candidates are seen in deep discussion. On the right, Stephan Smit from the Western Isles explains one of the exercises with the candidates

# Exchange scheme can be a 'win-win' for practices

**W**ORK is continuing on the development of innovative 'role-swap' scheme for GPs.

And it's hoped that in time the scheme, 'Reflect and Rejuvenate', will lead to the Scottish Rural Medicine Collaborative (SRMC) producing a GP exchange good practice guide, making such swaps easier in the future.

The idea of the scheme, which is being put together under the SRMC banner, is to allow GPs in small remote practices to swap jobs with those in large practices. This will allow both parties to gain different, beneficial experiences from those they usually encounter.

The scheme references the valuable experience of Dr Kate Dawson from Benbecula and Dr Maria Duffy and Dr Liz Bryden from Pollok, Glasgow. SRMC project manager Ian Blair said he hoped the initiative, which is in the planning stage, would be a "win-win" for the practices involved.

## 'Reflect and Rejuvenate' taking shape

He explained: "These exchanges wouldn't be at the same time. So, the doctor from a large rural practice would work in a smaller, remote one for a week or two, thereby giving that practice an extra resource, and the same would be the case the other way round."

The large rural GP practice involved at this stage has a relatively large number of GP partners and associate GPs.

Ian has been liaising with a restricted number of health boards – Shetland, Orkney, Highland and Western Isles – to identify someone from a small, remote practice that would like

to participate in the scheme and would most benefit from it.

Some Scottish Government funding has been allocated to cover travel and accommodation expenses, and to pay for any locum general practitioner-costs that may be incurred by the small practices.

Initially, it is envisaged that a general practitioner from the large practice will spend a few days in a small remote practice to get a clearer picture of work in a remote and rural environment where certain facilities may not always be readily to hand.

The large practice would later reciprocate as a host, giving the exchange general practitioner exposure to a larger volume of patients, medical conditions they may not generally encounter, teaching and training resources and access to a wider range of colleagues.

Ian continued: "There has been a large amount of goodwill and altruism on the part of the practice partners in working on this scheme, and it would be great to see it take off.

"We are keen to evaluate the benefits and pitfalls, so that others may learn from the experience and possibly do something similar."

**We are keen to evaluate the benefits and pitfalls so that others may learn**

## Appointments bring added experience and skills

**T**WO new project managers have joined the Scottish Rural Medicine Collaborative (SRMC) team since the last 'Bulletin' was issued in February.

Shirley Feaks and David Priest both started work with the collaborative in April, joining Ian Blair, who has been with the SRMC as project manager since it was formed.

The new colleagues come from completely different backgrounds but both bring a great deal of experience to their new role.

Shirley previously worked on various projects with Moray Council and has considerable Information communication technology as well as policy and transformation experience.

She said: "Since I joined I've been busy familiarising myself with the work of the SRMC and working on specific issues, but particularly on helping to formulate a role for the SRMC in the wellbeing of general practitioners in remote and rural practices – a subject that's been very much to the fore since the decision to appoint a GP wellbeing lead for Scotland."

David has had previous experience with NHS Shetland, one of the area health boards involved in the SRMC, and has experience in a range of projects related to public health. More recently, he had worked as development manager with Highlands and Islands Enterprise.

He said: "I was an NHS manager for a number of years and it's great to be back working in the NHS."

David explained that the main project in which he's been involved since joining the SRMC is 'The Joy' (see



*David Priest and Shirley Feaks*

# New project managers join SRMC team

front page), but added that he was also looking at developing intervention opportunities, sourcing general practitioners who may be considering leaving the profession.

He said: "'The Joy' and 'Reflect and Rejuvenate' (Page 5) are both good examples of creative solutions to the problem of general practitioners leaving early.

## Collaborative's website is getting busier

**T**HE development of a dedicated website for the Scottish Rural Medicine Collaborative (SRMC) is continuing apace.

The site sets out the aims of the SRMC and, crucially, has a link to the GP recruitment website (see previous page). Viewers can also access back copies of the 'Bulletin' via the website.

A full events calendar is being developed for the site, setting out when relevant meetings are taking place, as well as key conferences and recruitment and learning events

(check out this [page](#)). There is a section about 'The Joy' (see front page), which includes a brief video of the project's recruitment event held in Strathpeffer.

There's also an area containing several SRMC blogs. It's intended to continue to use blogs as a way of passing on information about SRMC news and activities.

Finally, the website carried contact details for some of the SRMC's key players.

The project website can be accessed at [srmc.scot](http://srmc.scot) or via twitter [@NHS\\_SRMC](https://twitter.com/NHS_SRMC)

## Rural fellow swaps Belgium for the Northern Isles

**T**HERE'S a big difference between Scalloway in Shetland and Belgium. One, in Scottish terms at least, is just about as remote and rural as you can get and the other, according to Dr Hannah Gibson, "is not rural at all".

She should know. Dr Gibson, who has one English parent and one American, grew up in Belgium and studied Medicine there.

Now, she's practising in Scalloway Health Centre courtesy of the rural fellowship scheme promoted by NHS Education for Scotland. The idea of the scheme is to give recently-qualified doctors a year's experience in remote and rural parts of the country.

The hope is that through the scheme they will learn about the opportunities and challenges of practising in some of Scotland's more far-flung communities, and subsequently decide that rural practice may just be for them.

It's a scheme that perfectly chimes with the aspirations of the Scottish Rural Medicine Collaborative, and it's one that's giving 28-year-old Dr Gibson what she described as "very good experience" that's sure to stand her in good stead for her future career.

"It's been excellent," she said. "I've really enjoyed my time in Shetland."

And at virtually every turn throughout the rural fellowship Dr Gibson has been able to compare health provision in this country with that in Belgium.

"It's very, very different," she said. "To be honest, the major difference is waiting times. In Belgium people would simply not accept the waiting times we have here.

"Another big difference is that in Belgium patients pay you. I used to have to handle money quite a lot when I was working there. Also, in Belgium practices are largely town-based – 'rural' just doesn't exist there. There

# GP Hannah gets the right balance in gaining experience



*Dr Gibson having a go at Parkour, a training discipline involving getting about in a complex environment*

are lots of single-handed practices and most GPs don't have secretarial staff – calls go straight to them. And in Belgium people can go to secondary care directly, without a referral from a GP."

Dr Gibson found out about the rural fellowship scheme on-line and followed up her interest by finding out more about it at a BMJ careers fair.

But leaving general practice in Belgium to start work on the scheme in Shetland wasn't quite the culture shock one might assume. Dr Gibson, whose partner is Irish, had spent some time doing locum work in Co. Wexford. And living in the far north over the dark winter months wasn't new to her either, for she once spent three winter months in Finland.

Dr Gibson plans to return to general practice in Ireland when she fin-

ished her year's fellowship in August but says she will do so with lots of fond memories of her life and work in Shetland.

"I wanted to live and work somewhere that's completely rural, and it's been great," she said. "I've seen lots of things in my work that I would not have seen otherwise: lots of monitoring of patients and lots of minor surgery, for example. And it's been really interesting being part of a rural team and doing such a broad range of work."

Providing an out-of-hours service, working in a hospital out-patients department, doing a BASICS course, doing the Faculty of Sexual and Reproductive Healthcare Diploma ... it's been a busy year for Dr Gibson. But it's not been all work and no play. She's joined a choir since she's been on Shetland and has been helping with her local Guides unit.

"You get to know people quite quickly and quite well here," she said, "and there's lots of cultural stuff going on: dances, really good music and so on. I've loved it."

**I wanted to live and work somewhere that's completely rural, and it's been great. I've seen lots of things in my work that I would not have seen otherwise**

# SRMC's online presence grows

**H**AVING a distinctive and active online presence has been recognised as key to the successful functioning of the Scottish Rural Medicine Collaborative (SRMC).

And work is ongoing to ensure that the body has just that.

As well as the continuing development of the GP recruitment website for Scotland [gpjobs.scot](http://gpjobs.scot) work is beginning on the development of an online yearly wheel, which sets out key events, as well as on a good practice guide for GP recruiters.

The last issue of Bulletin, published in February (see [here](#)), reported that interest in the GP jobs website had been “steady but growing” since its launch at the Royal College of General Practitioners’ 2018 conference four months earlier.

Now, nine months since its launch, the site has had more than 33,700 page views. No fewer than 85 per cent of people who go to the site are new visitors and, according to Dean Pearson, who has been working on the website while on a year’s employment with NHS National Services Scotland, “it’s clear that people are having a reasonably good look around the site”.

The content of the website is determined by an editorial board, but there has also been recent focus on some design changes.

Dean explained: “Small visual changes can make a big difference in terms of usage. Also, we wanted to feature more enticement messages to encourage people to use the site to find out more about GP jobs.”

The screenshot shows the GP Jobs website homepage. At the top, there's a dark blue header with the 'GP Jobs' logo on the left and the NHS Scotland logo on the right. Below the logo is a navigation menu with links: Home, Rural Practice, Urban Practice, Out of Hours, Return to GP, Education, Regions, and Fellowship Opportunities. A search bar is located below the navigation menu. The main content area features a large blue banner with the text 'We want you' and a sub-headline: 'Could you help us as we strive to modernise our primary care services to deliver a safe, effective and person-centred healthcare service? Do you want to work in a system that values GP's and primary care? Primary Care in Scotland is changing and we want you to be a part of it.' Below the banner is a 'Find out more' button. Underneath the banner are several smaller tiles for different categories: Rural Practice (At the heart of your community), Urban Practice (General practice in an urban setting), Out of Hours (Out of Hours), Return to GP (Returning to General Practice), Education (Committed to Education), Regions (Scotland's Regions), Work in Scotland (Making a career as a GP in Scotland), and Non UK Nationals (Moving to Scotland). At the bottom of the main content area is a 'Register with GP Jobs' section with a 'Register' button and a note: 'To receive regular email updates with details of current vacancies please register with the website.' The footer contains several columns of links: Explore (Rural Practice, Urban Practice, Out of Hours, Return to GP), Education (Regions, Work in Scotland, Non UK Nationals), About (Accessibility, Acknowledgements, Contact Us, Copyright, Feedback, Privacy, Site Map, Terms and Conditions), and Advertise on GP Jobs (Register your practice with us to advertise your GP vacancies free of charge).

## The increasingly popular GP recruitment website

Among other changes since the last issue of Bulletin has been the addition of a fascinating video blog by Benbecula general practitioner Dr Kate Dawson (see [here](#)).

Another new development is the recruitment good practice guide – a useful tool, particularly for rural practices that may not necessarily recruit GPs often but which may benefit from the experience of practices that do.

The good practice guide has been available for some time and can be found at [recruitment support](#), it is a live document and worth checking regularly for updates.

There will be a launch of a yearly wheel to assist anyone involved in recruitment to see all the opportunities in one place: for example, conferences and the annual cycle of applications

for stages of career development opportunities such as the rural fellowship scheme (see page 7).

“The wheel is still very much in development,” said Dean. “Getting it ready will involve a lot of work but it will be an important tool and we want to get it right.”

Dean, who is working with the website with web services manager Gavin Venters, who heads the SHOW (Scotland’s Health on the Web) team, is currently doing a BSc in web design and development with Napier University.

His course requires him to secure a year’s full-time employment which counts for half his third-year credits.

He works on SRMC online activity three days a week, and on other projects the rest of the time.



# Conference to feature trauma care scenario

**P**REPARATIONS are well in hand for a major conference that's being organised with remote and rural healthcare practitioners in mind.

The BASICS Scotland annual conference and AGM 2019 will be held at the Macdonald Aviemore Resort on 6<sup>th</sup> and 7<sup>th</sup> September.

And, according to BASICS Scotland's chief executive, the event promises to be both informative and exciting.

"We will be focusing on trauma care, which is very much what BASICS is about, and that should be of interest to any healthcare professional working in remote and rural areas," said Lucy Aitchison, who took over as the charity's CEO in January.

One of the highlights of the event promises to be a simulated road traffic accident, a large-scale scenario which will involve all the disciplines required to deal with such incidents. A BASICS responder will be first on site to do a quick triage, ambulance control will be radioed and an ambulance team and more responders will then be on the scene. The whole event will be computered to keep everyone informed of what's happening.

In addition to the simulation, there will be workshops, again focusing on



the management of trauma.

The keynote speaker at the conference will be Paul Gowens, a leading expert in the field who has fulfilled a wide variety of roles from those of an operational paramedic to strategic leadership positions. Among the other speakers will be Dr Tim Leeuwenburg, a rural generalist from Kangaroo Island, Australia, and a member of South Australia's Rural Emergency Responder Network.

"We will have a wide range of speakers, each offering valuable insight into their roles," said Lucy. "Hopefully, the conference will help to show remote and rural health professionals why BASICS skills are so important.

"With RTAs, rehabilitation begins at the roadside. The treatment people are given in the 'golden hour' immediately after an accident can affect how they recover and their quality of life thereafter. It's the first step in their chain of survival."

The conference and AGM will be yet another highlight in what's been a busy few months for Lucy since she took the helm at BASICS.

Another clear highlight, she said, was securing three-year core funding for NHS Education for Scotland.

"Previously, our funding was on a year-to-year basis so getting funding for three years is wonderful as it frees up time to concentrate on improving our services.

"It also makes getting other funders to support us that much simpler, as we can show longer-term financial security.

"We are now looking forward to developing our partnership with NES and delivering an education programme that meets all needs."

Helping BASICS Scotland do just that will be the organisation's new director of education. Lisa MacInnes will help to steer the charity's education programme, taking on the role for one day a week alongside her position as director of the Save a Life for Scotland campaign the public-facing aspect of Scotland's Out of Hospital Cardiac Arrest Strategy. Lisa is the lead research nurse of the Resuscitation Research Group Edinburgh and is an honorary fellow in Clinical Education at the University of Edinburgh.

Two people have joined the team as clinical educators: Heather Sinclair, who most recently worked with the Scottish Ambulance Service based in Kirkintilloch; and Graham Percival, who has joined on a sessional basis in the short term, alongside his various RAF commitments. It's hoped to appoint another clinical educator soon.

"These appointments have strengthened what already was an excellent team," said Lucy. "I am delighted that they will be improving the efficiency and credibility of our education programme."

## New board members wanted

**A**N appeal has been issued for new members of BASICS Scotland's board of directors.

Until now, the directors have all been clinicians, but a change in the charity's founding documents has made it possible to appoint non-clinicians to the board.

"We want to widen the skill base available to us," said chief executive Lucy Aitchison.

"I am therefore seeking professionals with experience in human resources, finance, marketing and fund-raising to join our board.

"I would love to hear from anyone who would be interested in getting involved in the fantastic work of BASICS Scotland."

**S**UMMER may be time for holidays but it's also been a busy season for the Scottish Rural Medicine Collaborative (SRMC).

Representatives of the collaborative have been out and about at various events throughout the UK, taking every opportunity to "sell" remote and rural Scotland as a rewarding place for GPs to work.

One significant event at which the SMRC was represented was the MIMS Learning Life 2019 event, held in Leeds in May.

Dr Charlie Siderfin, GP and primary care advisor, attended, along with Ian Blair, SMRC project manager and Chris Bain from the Scottish Government, and, after giving out information, fliers and business cards, identified 12 people to follow up.

The conference, billed as "supporting best practice in primary care", was a clinical learning event, and provided the opportunity for the SMRC to link up with 300 GPs who are currently not working in Scotland.

The team drew attention to GP job vacancies in Scotland, raised the profile of working as a GP in Scotland and promoted the differences between working in Scotland and elsewhere.

They exhibited under the Scotland is Now banner, which was also present at the equivalent event held in London the following month.

Another major event at which the

# Team kept busy spreading the word about SMRC

## Selling remote and rural Scotland to general practitioners

SRMC was represented – this time by programme manager Martine Scott and project manager Shirley Feaks – was the inaugural conference of the National Centre for Remote and Rural Medicine in Penrith.

The organisers of the conference, held in June, recognise that remote healthcare is increasingly an issue across the UK and the rest of the world; large populations are being significantly disadvantaged by geographical location.

The event aimed better to under-

stand demand and how remote and rural healthcare needs can be addressed through education, training and innovation in technology.

Again, the SMRC team disseminated information about the aims and work of collaborative and about GP job opportunities in Scotland and presented a poster on the bureau concept.

The SMRC had a stand at the NHS Scotland Event held in Glasgow in May and was represented at the 2019 Scottish School of Primary Care conference in Edinburgh, also in May.

Among other events which gave the SMRC the opportunity to network this spring and summer were the Scottish Medical Education conference in Edinburgh and a regional QI in Primary Care networking event in Elgin, also in June.

# Western Isles GP produces video on her trial run in city practice

**T**EMPORARILY giving up your job as a GP on the remote Hebridean island of Benbecula to practise in busy Pollok, in Glasgow, proved an interesting and rewarding challenge for Dr Kate Dawson.

And she is sharing her exchange experiences in a five-minute video blog, which accessed [here](#).

In the YouTube video Dr Dawson explains that, having worked in Benbecula for 29 years, she wanted to

take on a new challenge in an urban practice.

Dr Dawson explains that, after three days in Glasgow, she found driving into the city particularly terrifying. However, at the end of her week in the practice she says her first experience of working in an urban health centre had been "fantastic", and points out that two doctors from Pollok had gone to Benbecula to get a taste of life and work there.

On reflection two months after her

time in Glasgow, she says she would have "dearly liked" to have followed up cases, explaining, "The continuity of care clearly adds value to the connectedness that patients feel to their medical service, to the trust and support that they can get."

Dr Dawson goes on to say that in her heart she knew that "continuity of care, of feeling rooted in one's own practice, was the most important thing to be effective" as a general practitioner.