

The Scottish Rural Medicine Collaborative BULLETIN



JUNE 2021

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Sandpaper Bags, which contain vital equipment for those who provide pre-hospital emergency care, have become a feature of healthcare provision in remote and rural areas. Now, a new piece of kit is to be made available — a drugs pouch. But what should it be called? See page 10.

because of the pandemic. Meanwhile, there's praise for those clinicians who serve as BASICS responders — and we speak to one doctor who is an enthusiastic BASICS volunteer.

PAGES 11&12: 'The Joy'

SRMC project manager David Priest has been quizzing GP practices on their experience of using doctors recruited under the Rediscover the Joy of General Practice initiative — and is finding that they are delighted with the quality of the doctors who have been helping them out. Meanwhile, there are plans to convene a meeting of interested parties to discuss how

the project can be developed in the future.

PAGE 12: Looking back

A graphic timeline which plots the history of healthcare provision in remote and rural Scotland is one of the many features of the Scottish Rural Medicine Collaborative's [website](#). We would like your help in adding to the timeline.

PAGE 14: Coming soon

We list forthcoming events of particular interest to those involved in remote and rural healthcare in Scotland.

FACING THE FUTURE ... 1

It may be time to take stock, says new chair

A PERIOD of reflection and stock-taking may be necessary before the Scottish Rural Medicine Collaborative can chart a course for future action.

That's the view of the collaborative's incoming chair, Pam Dudek (right), who said one of her first tasks in her new role would be to "gauge the appetite" for a formal self-evaluation of all that the SRMC does and plans to do.

"The SRMC has done some fantastic work but I think it's fair to say that, largely because of Covid-19, it's been in something of a state of limbo in recent times," she told *Bulletin*.

"We need to get out of that and have a clear plan for the future, always focusing on deliverables. I think we have a real opportunity to take stock



and look at what the next chapter might be. We've got to ask questions like: 'What are the three things that we can do to make a real difference next year?' Just now, I'm keeping an

open mind on the answer to that."

Pam has spent the first few weeks in her new role acquainting herself with the SRMC's history, its projects and its vision for future action.

"I think I'm about halfway through that process," she said. "I understand the ambition of the SRMC and what it has achieved and have been trying to understand some of the detail of the various projects. However, there are still aspects I am not sure about and so I have been doing a bit of a sense-check."

Speaking while there was still a lack of clarity about future government funding for the collaborative, Pam said: "The issue of recruitment and retention is not going to go away. We now

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FACING THE FUTURE ... 2

Paper sparks discussion on possible roles for collaborative

THE Scottish Rural Medicine Collaborative's programme board has had what has been described as a "stimulating" discussion about the future role of the SRMC.

Clinical director Dr Charlie Siderfin (right) presented to the board's May meeting a paper intended to stimulate discussion on the collaborative's future. It considered where the SRMC was now, where it would want to go in the future and how it intended to get there.

Interim programme manager Ian Blair said: "A great many positives emerged from the discussion and I believe board members were invigorated by it. I think it is now a question of utilising that energy to help

shape the future roles of the SRMC."

Dr Siderfin's discussion paper suggested widening the SRMC's engagement with rural primary care, with the collaborative acting as a catalyst for bringing individuals and organisations together.

It also raised, among a wide range of subjects, the issue of further developing the SRMC's website as the "go-to place" for Scottish rural healthcare and the expansion of the Rediscover the Joy of General Practice project to other boards and to take in wider multi-disciplinary team roles.

Ian Blair added: "It's great that the programme board had a useful and stimulating discussion about our



role. Charlie's paper provided a great deal of food for thought and we may well see some of the discussion points being converted into positive action in the months to come."

FACING THE FUTURE

Chance to refocus, says SRMC's new chair

Continued from previous page

need to refocus on ensuring that we can give the projects traction and that will involve a discussion about what is required resource-wise.”

Pam added that she was sure her

position as chief executive of NHS Highland – a health board that’s particularly active in and relevant to the SRMC – will play a significant part in her position with the collaborative.

“Recruitment and retention is clearly something that’s a major con-

cern to NHS Highland. However, I have a challenge as chair of the SRMC in that, although Highland is one of the biggest stakeholders, I must not allow Highland to take over.

“The SRMC is not just about Highland; far from it.”

FINANCE ... 1

Funding uncertainty is impacting on SRMC's work, board members told

UNCERTAINTY about future funding for the Scottish Rural Medicine Collaborative is continuing to impact on the body's activities and planning.

The collaborative's programme board was told last month that a letter of comfort had been received from the Scottish Government indicating a commitment to funding for 2021/22 though the extent of funding and when it will be available remains unknown.

As a result, planning and commitment of resources by the SRMC will be cautious and risk averse until such time as funding becomes known.

A risk register report presented to the programme board added that until the funding position was clarified the collaborative's work was being prioritised with a focus on core business-as-usual activity.

Furthermore, there has been a loss of staff members who cannot be replaced because of funding uncertainty.

A separate paper presented to the programme board, a resource and finance statement, explained that it was not possible to develop a reliable spending plan for 2021/22 until funding

had been officially allocated.

The paper noted that the SRMC had a programme underspend which was being used to ensure that essential human resources were covered until the 2021/22 allocation has been drawn down.

Another issue impacting the collaborative's work is Covid-19. As many medical stakeholders have to priorities their workload because of the pandemic they have been unable to participate in SRMC activity.

This has slowed down activity and has meant that some projects cannot be completed as planned.

Experience from the first lockdown, including the heavy use of home working and online meetings, means that the SRMC is able to carry on working operationally but some projects may be disrupted.

Programme board members were told that it was anticipated that Covid-19 related pressures would remain throughout the summer and autumn and that the SRMC's project team would “continue to make the best of things” using online meetings and remote working.

ROLE SWAPS

Reflect and Rejuvenate to be launched

WITH Covid-19 restrictions easing, the Scottish Rural Medicine Collaborative is reviving plans for innovative role-swap scheme for GPs.

Reflect and Rejuvenate is designed to allow GPs to swap jobs for brief periods, allowing both parties to gain different positive experiences from those they usually encounter.

The idea is that GPs will get the opportunity to work in a practice that is significantly different from what they are used to. The practices may differ because they deliver healthcare to people living in a different setting, such as rural as opposed to urban, or because they are different sizes.

It is hoped that the experience, camaraderie, stimulation and a break from the pressures of their own practice provide GPs with a period of reflection that will help them gain a different perspective and a sense of rejuvenation.

Because these are practice-to-practice swaps, the GPs will not be paid by the practice they visit; however, they will be eligible for travel and accommodation expenses of up to £500.

Plans to launch Reflect and Rejuvenate had to be put on hold because of the pandemic but the SRMC is now in a position to accept applications.

Details of the scheme, including an application form, are available on the SRMC's website, which can be accessed [here](#).

MOVING ON...

Martine ‘a vocal champion’ of rural healthcare

THE person who has been responsible for the management of the Scottish Rural Medicine Collaborative since its inception in 2016 has moved on.

And Martine Scott is certain to be a difficult act to follow, according to the person appointed to succeed her on an interim basis.

Ian Blair said: “Martine has been a vocal champion for remote and rural primary care in Scotland and it is with some trepidation that I have agreed to step into her role on an interim basis. I am determined that, with the support of my colleagues, the SRMC will continue to play a key role in supporting primary care.”

Ian added: “Over the years Martine has become more than a valued colleague; she’s a good friend and I am delighted that she is willing to continue to lend her support and advice.”

Martine left the collaborative on 16th April to take up a position with the project management office for the Scottish Government’s Constitution and External Affairs Directorate, where she is programme manager with the organisational readiness division.

However, before her departure she worked closely with her team to ensure a smooth handover and to minimise any potential disruption.

“I am moving to take up an exciting new challenge but I leave with mixed feelings as the SRMC has been such an important and fulfilling part of my life,” she said.

“Its work has been crucially important in the promotion of rural general practice and I know it will continue to be key to the development of primary care in Scotland.”

Martine added: “I have hugely enjoyed my time with the collaborative, not least because it’s been great to work with such a dedicated team of professionals. I’ve valued their friendship and advice and very much hope I will remain part of the extended SRMC family.”

Before taking up the post of SRMC programme manager Martine held a similar role with the collaborative’s predecessor initiative, Being Here. She

A hard act to follow...

“
The SRMC team has been such an important and fulfilling part of my life
”

also worked as senior project manager for The Moray Council and head of service development for City of York Council.

Martine’s departure follows that of Ralph Roberts, who was recently succeeded as the SRMC’s senior responsible officer by NHS Highland chief executive Pam Dudek.

“I think it’s probably inevitable that these changes will be seen as an opportunity to do something for the SRMC that one of our projects seeks to do for GPs: to reflect on and rejuvenate its work,” said Martine.

She added that she hoped, new work circumstances permitting, to remain involved with the work of the SRMC.

For now, Martine continues to play a role in maintaining the collaborative’s social media profile and helped with preparations for this newsletter.



○ Martine Scott and Ian Blair, who has taken over as interim programme manager

○ Martine, a non-executive director of BASICS Scotland, will be raising funds for [The Sandpiper Trust](#) in July. She has set up a [Just Giving page](#) for her first (and, she suspects probably last) attempt at [Ride the North](#).

RURAL FELLOWSHIPS

Scheme's greater flexibility proves attractive to GPs

A MOVE to make the GP rural fellowship scheme more attractive to newly-qualified doctors appears to have paid off.

The scheme, which is administered by NHS Education for Scotland (NES) and supported by the Scottish Rural Medicine Collaborative, was put in abeyance last year because of the pandemic.

However, it was decided to revive it this year – and to try ways of making it a more appealing career option for doctors, such as by offering part-time fellowships.

Advertising for the next cohort of rural fellows took place in March and attracted 13 applicants. With two deemed to be unsuitable, 11 were interviewed and eight or perhaps nine recruited. Most of these are due to start their year-long fellowship in August although some won't be able to commence until a little later.

"We're delighted at the response this year," said Forres GP Dr Gill Clarke (pictured), who co-ordinates the scheme for NES. "Four of the successful applicants have been recruited to the fellowship on a part-time basis, which I think reflects the way many doctors are working these days and vindicates our decision to offer greater flexibility in the scheme."

Emails giving details of the rural fellowship scheme – which gives new



“We're delighted at the response this year”

GPs an opportunity to try out living and practising in a rural community for a year – were sent to doctors just before they applied for their Clinical Skills Assessment examination.

"The help David Priest (SRMC project manager) gave us with the wording of the emails must have paid off," said Gill. "Suddenly, we are finding newly-qualified doctors who want to have a

rural experience, which is great. It's also great that North Highland, which has been a challenging area in terms of GP recruitment, appears to be particularly popular this year."

Gill added that it had been suggested that one reason for the good response might be that the Covid-19 situation meant that doctors were less able to go overseas to work. Another suggestion was that, for whatever reason, practising in urban settings was felt by some to be a less attractive option.

She said she was as yet unsure why more than half the successful applicants this year applied for a GP acute care rural fellowship rather than a standard rural fellowship.

But she said she was impressed by the standard of the applicants, adding: "We had some truly outstanding people come forward this year. And they've come from all over: one from the south of England, one from Wales and a couple from a place we don't get many rural fellows from – Glasgow.

"It's great to have got them signed up and it will be great to get them settled into their practices, where I'm sure they will have a rewarding experience."

□ For further information about the rural fellowship scheme, contact Dr Gill Clarke (gillian.clarke1@nhs.scot).

RURAL ADVANCED PRACTITIONERS

New education pathway in place

A WORLD-FIRST educational initiative will help to ensure the stability of life in some of Scotland's remote and rural communities, it's been claimed.

A webinar held on 26th May saw the launch of a new education pathway for multi-disciplinary rural advanced practitioners (RAPs) – a series of stepping stones that will take a clinician from pre-registration right through to consultancy level.

The pathway reflects the growing demand for greater emphasis to be placed on the very distinctive skill sets required of clinicians practising in the country's more isolated communities.

"It's an important and very exciting development," enthused Claire Savage, a project worker with NHS Highland who has been working on the initiative on behalf of the Scottish Rural Medicine Collaborative. "The SRMC has been working to change attitudes towards remote and rural working in Scotland. It's absolutely not the end of the road, as some people may think; it's something that offers a rewarding career and having an educational programme specifically for remote and rural multi-disciplinary practitioners will be a tremendous step forward.

"It can only improve recruitment and retention in these areas and therefore improve the stability of remote and rural communities."

Claire contends that no two people have the same understanding of what an advanced practitioner, let alone a rural advanced practitioner, actually is and she believes the new pathway will help to 'sell' the role both to those who already work in remote communities and to people from less rural areas.



○ Claire Savage, who has been working on the new pathway

"There's been a great deal of interest in this work – and not only from people in Scotland's remote and rural areas," she said. "Nowhere else in the world is there an education pathway for multi-disciplinary rural advanced practitioners, and people in other countries are looking at what we're doing with interest."

Work on the new pathway has been ongoing for several years. The Remote and Rural Healthcare Educational Alliance (RRHEAL) has been collaborating with the SRMC on the initiative, and a suggested rural advanced practitioner capability framework has been out for review with various stakeholders, including health

boards that cover remote and rural areas and NHS Education for Scotland. The Scottish Government, BASICS Scotland, the Royal College of Surgeons and the Rural GP Fellowship are among the other bodies that have been involved.

Last month's launch webinar focused on this partnership working and outlined the rationale for the new RAP post and how it might support rural practice. The online event also considered the potential for partnership working between higher education establishments for the development of the RAP – something that's key to its future success.

Claire explained: "Having mapped out the pathway the next phase is commissioning universities and other education providers to deliver the programme. We can then look forward to getting people trained – work that will concentrate on developing their resilience, knowledge, skills and confidence."

She continued: "We have learnt a lot during the pandemic about the importance of community resilience, and we see rural advanced practitioners as having an important role in rural communities.

"We have also learnt much about value and the joy of working within a supportive team, and that's an important part of what this work is all about."

Last month's webinar featured a series of podcasts, including one by Dr Charlie Siderfin, the SRMC's clinical director, one by Martine Scott, until recently the SRMC's programme manager, and another by Kim Anderson, an advanced nurse practitioner in Shetland (see next page).

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People in other countries are looking at what we're doing

RURAL ADVANCED PRACTITIONERS

ANP Kim hails ‘exciting’ move for rural practice

SHETLAND born and bred, Kim Anderson knows better than most the challenges clinicians practising in remote and rural communities face.

Kim is educational lead for advanced practitioners in NHS Shetland and as such is a vocal supporter of the move to create an educational pathway for rural advanced practitioners (RAPs).

“It is really exciting to get the acknowledgement and recognition that working in these communities is different and requires a different set of skills,” she told *Bulletin*.

She also said something along those lines in a brief podcast presented at the pathway’s launch webinar (see previous page) held at the end of May.

Kim has been following the progress of the pathway with interest, and pointed out: “It reflects the fact that existing educational programmes and pathways don’t meet the particular requirements of working in this kind of location.

“Ours is an advanced generalist role. We are expected to see and treat patients across the age continuum and with a wide range of conditions. This can involve a lot of multi-tasking and having such variety ensures that it is always interesting.”

Kim sees this variety as one of the key selling points of the rural advanced practitioner role and she hopes the new educational pathway will encour-



age more people to consider it as an interesting career option. And that, in turn, will bolster the resilience of Scotland’s rural communities.

“Having advanced practitioners with the underpinned educational development and knowledge specifically

to work in rural areas will definitely be good for these communities,” she said.

Kim also believes a big magnet for potential RAP recruits is the strong support network they will have.

“They may be working in remote communities but they will not be working in complete isolation,” she said. “It may be that in the past there was not adequate peer support but the rural advanced practitioners will be part of a strong team that allows for more sharing of education, training and skills development.

“And there’s another aspect that’s very important: job satisfaction. I think they will find that remote and rural working can be very rewarding.”

Existing educational programmes and pathways don’t meet the particular requirements of working in this kind of location

PHEC training is back on course as lockdown eases

Pandemic leaves charity ‘full year of catching up’

REMOTE and rural Scotland’s network of clinicians trained to deal with emergencies is set to grow considerably, thanks to the easing of lockdown restrictions.

Because of the pandemic the team at BASICS (British Association of Immediate Care, Scotland) had to put on hold its programme of pre-hospital emergency care (PHEC) courses.

However, with venues now open for business, albeit with restrictions, the courses have resumed, and there’s a busy programme of PHEC training lined up for the coming months.

“It’s fantastic to get back to the face-to-face delivery of PHEC courses,” said BASICS general manager Lorna Duff. “A significant number of candidates have come forward seeking the PHEC qualifications as part of their contractual requirement, showing just how important these courses are.

“We have a full year of catching up to do and they are our top priority.”

BASICS resumed face-to-face PHEC courses in May, with sessions in Nairn and Aviemore. More will follow in the coming months: in Peebles from 18th-20th June, Shetland from 23rd-25th June,



“It’s fantastic to get back to face-to-face delivery of PHEC courses

Skye from 6th-8th August, Falkirk from 20th-22nd August, Aviemore from 17th-19th September and Nairn from 24th-26th September.

At the time of writing Lorna was unclear how many candidates would be able to attend each course – this

depended on the restrictions at each venue – but she hoped a minimum of 12 would be permitted, with the aim of eventually holding courses for 24 candidates at a time.

Lorna explained that apart from a PHEC qualification being a requirement for some clinicians, the courses were particularly popular because they featured hands-on training with simulated scenarios.

“I think the key to their success is that our faculty tries to be very supportive,” she said. “No BASICS instructor or course director tries to catch clinicians out on a course. They are there to improve competency and, in so doing, boost clinicians’ confidence – and that’s particularly important in remote and rural working.

“Clinicians coming from an urban background quickly find that remote and rural healthcare is very different to what they may have experienced. Pre-hospital emergency care can be challenging if you are the only clinician, or even the only person, on the scene, and we try hard to ensure that our candidates get all the support they need to be able to deliver that care.”

Another key aspect of the courses, Lorna explained, was the networking opportunities they provided.

“Courses lasting more than one day allow people from various parts of the country, and from different disciplines, get together and share experiences, and that can only be a good thing.”

Meanwhile, BASICS instructors are looking forward to getting out and about in remote and rural areas to resume the organisation’s core skills portfolio training.

Three-day event for ‘Joy’ GPs

GENERAL practitioners recruited to the ‘Rediscover the Joy of General Practice’ scheme are to get together for a pre-hospital emergency care (PHEC) course in Clydebank from 9th-11th July.

The Golden Jubilee Hospital will be the venue for the course, and it’s hoped 12 GPs from the original Joy cohort and five or six from the second group will emerge from the event with a PHEC certificate – and a greater understanding of the ‘Joy’ initiative.

It is planned to hold a Joy-focused development session before BASICS Scotland instruction begins.

What does it take to be a responder?



AS a dual-qualified GP and paramedic, Dr Tom Mallinson is one of those clinicians who manifestly demonstrate that medicine is much more than a mere career – it's a vocation.

He's been practising as a rural generalist, doing locum work on the Western Isles, and serves as a member of the Pre-hospital Immediate Care and Trauma team based in Inverness.

But there's another string to Dr Mallinson's bow that reflects his conviction that, in medicine, there's no such thing as being completely switched off from work.

Dr Mallinson is one of a growing band of doctors, nurses and paramedics who willingly give up their time to be available as BASICS (British Association of Immediate Care) Scotland responders, ready to answer medical emergency and major incident call-outs wherever and whenever they may be.

"Whenever". That's important to Dr Mallinson.

As he explained: "As a BASICS responder I try to be available all the time. It would be personally very upsetting and challenging for the community if something bad happened and I couldn't help just because I turned off my radio.

"Why do I do it? That's a difficult question to answer but I believe I should be aiming to benefit society through my employment and my actions, and for me that means being on call just about all the time."

As Dr Mallinson is based in Brora, his call-outs tend to be in remote are-

as, sometimes many miles from home. They also tend to be disparate in nature, as he explained.

"I respond to the full range of 999 calls: anything from major trauma to critical illness. But the more remote and rural BASICS responders are the happier they are to go out for just about anything. That's the nature of living and working in these communities.

"Certainly, the broad nature of call-outs can be a challenge but we are fortunate in having Sandpiper Bags, which allows us to do quite a lot for our patients."

"Us". That's important to Dr Mallinson too. For he sees BASICS responders not as individuals who work independently but as a group of clinicians who need a supportive team behind them, which is why last year, he came to be appointed as one of two

BASICS Scotland responder support clinicians.

"Basically, I trouble-shoot for the other responders," he said. "But the role is more than that. I must make sure the responders are happy and comfortable in their work. We provide pastoral support as well as what I would call 'not-real-time' support.

"Sometimes responders will call me after a difficult job or if things went badly on a call-out. After all, it may be that a decade has passed since the last time someone dealt with a pneumothorax or was called after a car came off the road at 70mph. In such cases, responders may feel challenged and need reassurance, and sometimes I will follow up cases on their behalf.

"It's an important job as responders shouldn't feel that they are on their own."

While the network of BASICS responders is growing all the time, there remain areas of Scotland where cover is patchy but Dr Mallinson takes heart from the fact that it's often the case that people put themselves forward to be responders.

"Sometimes the PHEC (pre-hospital emergency care) courses run by BASICS are a gateway to recruitment but usually they approach us, I think because the BASICS brand is now so well known."

And what does it take to be a BASICS responder? "Well, you certainly need to have a supportive employer and a supportive home structure," said

"You certainly need to have a supportive employer and a supportive home structure"

Continued on next page

BASICS ... 3

What does it take to be a responder?

Continued from previous page

Dr Mallinson. “In my case, my ‘other half’ is also a rural GP so she takes it all in her stride. However, some responders have other commitments and simply don’t have the capacity to be on call 24/7, which is fine. Whatever time they can give is greatly appreciated.”

Dr Mallinson gives an interesting insight into some of his work in an as yet unpublished article, ‘A Year as a Prehospital Physician in the Outer Hebrides’.

He wrote summarising his experiences: “Responding in the Scottish Outer Hebrides presents a number of chal-

lenges above and beyond standard pre-hospital work, due to its remoteness in terms of reaching definitive care, and the limited resources available on the island.

“As a pre-hospital physician it is important to have an excellent working relationship with all local emergency services, and the wider community.

“One’s emotional resilience will be tested when responding and living in a rural setting, when you are far less removed from the tragedies you encounter when providing pre-hospital care.”

For another perspective on life and work as a responder, check out this BASICS Scotland [podcast](#).

Volunteers praised for ‘extraordinary’ commitment

THE general manager of BASICS Scotland says she is “amazed” at the commitment of the organisation’s growing team of responders during the pandemic.

“At a time when their day job must surely be very challenging, it is quite



extraordinary that they are prepared to devote so much time and energy to their role as BASICS responders,” said Lorna Duff (pictured).

“It says a lot about them as individuals and it confirms that this role is still relevant and that it is important that we continue to grow our responder network and that we look after our responders properly.”

Recruitment of responders has been continuing during the pandemic, and those newly signed up to the role have been benefiting from remote meetings which, Lorna said, helped to ensure that they were fully supported.

“We have two responder support clinicians to do clinical debriefs and to take care of clinical governance issues, and responder administrator who serves as a point of contact for responders,” said Lorna.

“Hopefully, this will help to reassure our responders that they are not being left to get on with it on their own.”

Name wanted for drugs pouch



○ Sandpiper Bags are a vital piece of kit for clinicians. Now, a drugs pouch is being developed for them.

RURAL clinicians will be familiar with Sandpiper Bags, which contain life-saving medical equipment to enable pre-hospital emergency care to be provided.

Now, the charity that provides the bags is working with BASICS Scotland to develop another vital tool for doctors, nurses and paramedics – a ‘drugs pouch’ containing any pharmaceutical aids that may be necessary in emergency situations.

The pouch will contain, for example, analgesics, cardiac arrest drugs, naloxone, adrenaline, anti-convulsants and antiemetics.

BASICS Scotland general manager Lorna Duff said: “With appropriate sign-off from the Scottish Ambulance Service, the drugs pouches will soon be available to those who need them and I am sure they will come to be regarded as important as Sandpiper Bags.

“However, as yet we don’t have a name for them. I’m not sure we want to continue calling them ‘drugs pouches’ – so if anyone has a better idea, I would love to hear it.”

Suggestions for a name should be sent to lduff@basics-scotland.org.uk

REDISCOVER THE JOY OF GENERAL PRACTICE ... 1

GP practices quizzed on 'Joy' experience

AN in-depth analysis of the 'Rediscover the Joy of Holistic General Practice' initiative concluded that it was a success and met all its original objectives.

But missing from the 332-page report into the evaluation was input from general practices.

Now, the Scottish Rural Medicine Collaborative project manager who carried out the evaluation is collating evidence from practices to produce what will surely be a useful addition to the main report.

David Priest (pictured) has been contacting practices to ascertain their experience of using members of the rural support team of GPs recruited under the 'Joy' initiative.

He explained: "When I worked on the evaluation last year I intended to contact practices to get their take on the 'Joy'. However, the Covid-19 pandemic was keeping everyone extremely busy at the time so I decided to leave that aspect of the evaluation until later."

The SRMC believes that the information David gathers will help it get a more detailed picture of GP recruitment and retention, particularly in Scotland's remote and rural areas.

The collaborative's interim programme manager, Ian Blair, said: "We know from David's evaluation that GPs recruited to the scheme have found great merit in the rotational work model and have felt that the 'Joy' experience was refreshing and positive for them.

"However, it's important that we complete the picture by finding out what practices think of the 'Joy'."

Speaking mainly to practice managers, David wants to know if they have



heard of the 'Joy' scheme and, if they have used it, what were the key benefits and challenges of doing so? Were they satisfied with the professionalism and performance of 'Joy' GPs? Were they happy with the service provided by the HR hub that administers the scheme? Are they worried about longer-term recruitment to substantive GP posts? Has Covid-19 changed anything in relation to GP recruitment?

David has been getting round a varied cross-section of general practices and says the feedback he's had so far has shown just how different practices are from each other.

He said: "We know there's often a big difference between a very remote practice and one in a small rural town. Some practices are run by their health board and some aren't. Some have their own dispensaries and some don't. Some are comfortable with using regular locum GPs on a long-term basis and some aren't.

"At the end of the day I suspect I'll have a body of work that reflects the fact that practices vary enormously – and that their experience of GP recruitment and retention does too."

David says that several themes have emerged as he has been working on the questionnaire. Independent practices have been less inclined to use 'Joy' GPs than 2c practices. Practices that have used members of the GP support teams have been impressed by the quality of the doctors, in part as most are over 50 years-old and some are over-60, they bring a range of work and life experiences to the job. Practices have given positive feedback about working with the 'hub' team that manages the project.

David has also found that some of 'Joy' GPs want to move from practice to practice, rather than stay at one practice.

He added: "I'm extremely grateful for all the feedback I have had and look forward to speaking to more practices as I try to get a more rounded picture of how 'Rediscover the Joy' has been working and perhaps how it can be developed in the future."

David hopes to produce a report on his findings by the end of June. It will then be appended to the 'Joy' evaluation report, which can be found [here](#).

Timeline tracks story of rural healthcare

From then to now: how the SRMC came about

WHEN in 1912 the Highlands and Islands Medical Service Committee published the results of an investigation into medical services in its part of Scotland, little could it realise

that it would pave the way for what became the National Health Service.

But the Dewar Report, which probed the inadequacy of medical services and recommended ways of im-

proving them, did more than clear the ground for the NHS: it set in train a process which is continuing today through the Scottish Rural Medicine Collaborative (SRMC).

The fascinating chain of events linking the Dewar Report to the SRMC is charted in graphic [timeline](#) on the collaborative's [website](#) which begins with the publication of the ground-breaking report and ends with the very latest developments in remote and rural healthcare in Scotland.

Ian Blair, interim programme manager of the SRMC, said: "The SRMC did not emerge out of thin air; it's part of a continuum going back more than a century which, step by step, has been developing and improving all aspects of healthcare. In telling the story of the SRMC, we thought it important to set in in the context of everything that had gone before, and the timeline helps us do that."

However, comprehensive though the timeline may be, Ian said he would welcome ideas for additional content.

"We have tried to cover all the main bases in our story but we know that there is much more we can include in our timeline. If anyone has any suggestions as to what else we should include in the timeline, I'd love to know of them. Ideas can be forwarded to me at ian.blair@nhs.scot."

The SRMC's website, which will always be a work in progress, is fast being seen as an important tool for all interested in primary care in Scotland, and particularly in remote and rural parts of the country.

It features details of forthcoming and a wide range of resources relevant to primary care recruitment and retention.

REDISCOVER THE JOY OF GENERAL PRACTICE ...2

Meeting to consider developing project

MEMBERS of the Scottish Rural Medicine Collaborative's programme board have supported a proposal to expand the successful Rediscover the Joy of General Practice project.

They also agreed that the SRMC should convene a meeting with interested parties to collaborate on how to develop the project.

SRMC clinical director Dr Charlie Siderfin explained in a paper to the May meeting of the programme board that the Rediscover the Joy initiative had proved popular and successful for GPs and the practices they supported. It allowed retiring GPs to work within the NHS and helped reinvigorate GPs earlier in their careers.

Dr Siderfin added that there was a "significant need" for peripatetic GPs working in rural Scotland. Furthermore, this demand was likely to increase given that it was anticipated that more GPs would retire early as a result of the Covid-19 pandemic.

However, he explained that the executive team managing the project lacked the capacity to do so to its full potential.

The programme board approved his recommendation that the project should be expanded under the SRMC banner, with interested health boards working together to provide strategic and operational management as well as the employment of the GP support teams recruited through Rediscover the Joy.

Among Dr Siderfin's other recommendations were that GPs should be recruited through the project in tranches of up to 24; that the teams should be employed by different health boards, each team having a particular focus on the health board area; that vacancies within a health board not filled by its GP support team should be offered to GPs in support teams from other health boards; and that consideration should be given to submitting a bid to the Rural Fund for discrete parts of the project.

SOUTH OF THE BORDER...

GP retention must get higher priority — BMA

Workforce data in England highlights concern

EFFORTS to retain experienced and talented general practitioners who may be thinking about leaving the health service should be treated with as much importance as encouraging new GPs into the NHS.

That's the view of Dr Krishna Kasaraneni, British Medical Association GP committee executive team workforce lead, speaking after the release of the latest [GP workforce data](#).

And although the data related to England, his comments are relevant to the situation north of the border, said the Scottish Rural Medicine Collaborative's interim programme manager, Ian Blair.

He commented: "Of course GP recruitment is important in Scotland but, frankly, the SRMC probably wouldn't exist if GP retention was not an issue in many parts of the country. There is much in the BMA's concerns about the English situation that chimes with our own."

According to the 6th May report on the general practice workforce in England, the equivalent of just 111 more full-time, fully-qualified GPs joined the health service between March 2020 and March 2021 – an increase of just 0.4%.

Dr Kasaraneni commented: "According to a recent BMA survey, more than half of respondents working in a primary care setting said that they plan to work fewer hours in the next year, with a further 36% deciding to leave the health service altogether and take early retirement.

"We know that much of this is linked to personal wellbeing – doc-

“**There is much in the BMA's concerns that chimes with our own**”

tors across the NHS have been pushed to their limits this past year, with many struggling to get the respite they need following the demands of the pandemic. For some,

this has led to them becoming unwell and feeling disillusioned with a job they once loved.

"Almost 50% of doctors respondents to our recent Covid-19 tracker survey told us they are currently suffering from depression, anxiety, stress, burn-out, emotional distress or another mental health condition. The bottom line is that the GP workforce is simply not growing quickly enough to cope with current or future demand – something the BMA has long been calling to be addressed, both recently and pre-pandemic."

MOVING ON?

THOUSANDS of exhausted doctors in the UK have told the British Medical Association that they are considering leaving the NHS in the next year.

Half of respondents (2,099) in the association's latest tracker survey said they planned to work fewer hours, 25% said they were 'more likely' to take a career break and 21% were considering leaving the NHS altogether for another career. Asked why, many doctors pointed to workload, including the inability to take breaks or leave.

The number of UK doctors considering early retirement has more than doubled in less than 12 months, with 32% of respondents (1,352) to April's survey considering leaving the NHS early (compared to 14% in June 2020).

Dr Chaand Nagpaul, BMA council chair, said: "It's deeply worrying that more and more doctors are considering leaving the NHS because of the pressures of the pan-

'Thousands of doctors think about quitting'

demic – talented, experienced professionals who the NHS needs more than ever to pull this country out of a once-in-a-generation health crisis."

One GP told the association: "I do two clinical days and go home a zombie. In the last few weeks, I've sat at home, once or twice until two in the morning, concerned I may have missed something. The pressure during the day is phenomenal, more than I have ever experienced and several GPs are now saying the last month is the hardest they have ever worked. Many are looking to take their pension and go."

Events go ahead — despite the pandemic

LESSONS learned by healthcare professionals during the Covid-19 pandemic will be high on the agenda at this year's NHS Scotland Event.

To be held 'virtually' from 22nd-24th June, the event is billed as "an exceptional showcase for some of the most exciting quality improvement techniques and approaches in modern healthcare".

And it's hoped it will provide an opportunity to share experiences of the pandemic, and to focus on "the importance of kindness, of working together, or breaking down barriers and silos and of rediscovering our shared purpose".

Details of the NHS Scotland Event are available [here](#).

As the last issue of *Bulletin* reported, another forthcoming online event is the **WONCA Europe Conference**, to be held from 6th-10th July. **WONCA Europe**, the academic and scientific society for general practitioners in Europe, has 47 member organisations and represents more than 90,000 family doctors in Europe.

Last year's planned **BASICS** Scotland conference unfortunately had to be called off because of the pandemic but the charity is hopeful that Covid-19 permitting, its 2021 conference will go ahead as planned in the Macdonald

Aviemore Resort on 3rd and 4th September.

The **Best Practice Show**, described as the largest event of its kind in Europe, will take place in Birmingham on 13th and 14th October. The detailed programme for this conference and exhibition has yet to be announced.

The **RCGP annual conference** will be held in Liverpool from 14th-16th October. Billed as "the must-attend event of the year for GPs and practice team colleagues", it will showcase the latest clinical and policy developments across the UK and bring together a wide range of national and international speakers.

Meet the extended Scottish Rural Medicine Collaborative team



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