

The Scottish Rural Medicine Collaborative BULLETIN



MARCH 2022

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Work is continuing on the development and expansion of the popular 'Rediscover the Joy of General Practice' initiative.

Produced by the SRMC; contact scottish.ruralmed@nhs.scot

Board signs off SRMC's plan of action for coming year

Document highlights collaborative's wider remit

A ROADMAP which sets out the way forward for the Scottish Rural Medicine Collaborative has been approved.

At its meeting in November the SRMC's programme board approved the collaborative's work plan for 2022-23.

Revisions to the plan were subsequently approved at the programme board's meeting on 11th February.

The document makes clear in its introduction that the objectives, areas of work and anticipated outcomes are not – and cannot be – exhaustive but should be sufficient to illustrate the increased ambition for the collaborative.

It points out that the SRMC's remit has developed from improving the recruitment and retention of general practitioners working in rural communities to encompass other primary care professions.

It goes on to explain that the SRMC will continue to collaborate with others to gain a deeper understanding of issues that need to be addressed, ultimately resulting in effective solutions.

The plan sets out details of both core ongoing work and planned work, giving anticipated outcomes for both.

Ongoing work includes, for example, activities relating to the SRMC's programme board, such as developing membership and securing input from guests to meetings; identifying and de-

veloping new stakeholders; and helping with the development of the GP Jobs website.

Among planned workstreams for 2022/23 is the intention to develop the SRMC's base of stakeholders and broadening the collaborative's activity to include multi-disciplinary team (MDT) professions. The aim is to establish profession-specific working and advisory groups for GPs, nursing and allied health professionals.

The work plan also sets out the way forward for the Rediscover the Joy (Rtj) and Reflect and Rejuvenate initiatives.

Rtj (see pages 4 and 16) provides opportunities for GPs to support practices for short periods and has incorporated three new health boards into the initiative and is establishing if it could be of benefit to other professions. Reflect and Rejuvenate gives GPs an opportunity to work in a practice that's significantly different from their own, so giving them a different per-

spective from which to reflect on their work. It's planned to further promote this initiative, provide support to administer it and, as with Rtj, establish if it could be widened to take in other professions.

Other areas of planned work include supporting young people into healthcare careers; supporting the Rural GP Fellowship scheme (see page 5); developing guidelines for establishing peer-to-peer support; continuing to develop the SRMC's website; developing an initiative to help bring back GPs who have left the UK; and developing ways to gather information from GPs who have left healthcare with a view to reducing the number who do so.

The work plan sets out a proposed budget for 2022/23 based on some assumptions, such as the strength of the SRMC's team of programme manager and project managers and the collaborative having paid-for programme, GP and MDT clinical leadership.

MOVES to restructure the SRMC's programme board, addressing the bias towards GPs and reflecting the broader aim of improving recruitment and retention among other multi-disciplinary professions, have been approved.

While the programme board has a governance role, detailed programme and project work will be undertaken by the operational programme management team which includes profession advisors and working and advisory groups. These groups would provide an appropriate forum for in-depth, profession-specific discussion and reflection, and each one will be supported by at least one project manager.

A paper presented to the SRMC's programme board in February suggested membership of three working and advisory groups, one for rural GPs, one for rural AHPs and the third for rural nursing.

MESSAGE FROM THE CHAIR

SRMC's challenge: stay relevant and inventive

'Busy and interesting' time ahead for collaborative

THE chair of the Scottish Rural Medicine Collaborative believes it faces a "busy and interesting" time as it enters a new phase in its development.

In February Pam Dudek chaired a meeting of the SRMC's programme board at which members reflected on where the collaborative was at now and considered the way ahead.

"I'm happy that we came to a clear point where we saw a future which involved collaborative thinking, with the SRMC working to bring together input from various sources and looking at how we can be creative and generate new ideas," she told *Bulletin*.

"We looked at how we can extend our remit beyond GPs to focus more generally on general practice multi-disciplinary teams (MDTs) and are seeking AHP and nursing leadership."

She added: "It was clear we regarded Rediscover the Joy (see pages 4 and 16) as a good product that could be extended to take in wider MDTs. If we could look at broadening that work, using its methodology to work in other disciplines, we would be helping to create a much more agile workforce for remote and rural areas.

"We also looked at the bigger picture of exactly where the SRMC stands in the scheme of things. For example, a new national workforce strategy is emerging, as is a national centre for remote and rural health and social care. How does our



piece of the jigsaw fit into that? How can we be more robustly connected with everything else that's happening our field?

"This is about reshaping what we are about. I suppose it is difficult for some people to get to grips with what we do because they need to see something tangible, such as Rediscover the Joy. But most people understand what a think tank is, and that is a large part of what we aim to be."

All of this is work that's needed more than ever, Pam contends.

Asked if the barriers to effective recruitment and retention were the same now as they were even a couple of years ago, she answered immediately: "They have been amplified considerably."

Pam contends that the changing landscape in healthcare has resulted in people faced with a much wider range of career choices – including leaving the profession completely.

"Let's be honest, we have a workforce that is tired and a bit

demoralised. They are looking at all the options open to them, and that can make recruitment and retention in some places a real challenge."

Pam also believes the SRMC has a challenge in making more people – and more health boards – aware of how the collaborative can be a meaningful player.

"We definitely need to do more to establish our profile," she said. "Maybe we haven't done enough to promote ourselves. For example, we need to link in better with boards' primary care leads."

Meanwhile, Pam remains adamant that there is one particular issue that needs greater attention: the shortage and cost of accommodation in remote and rural communities.

It's a problem she referred to in the last issue of *Bulletin*, and it's covered to a greater extent in this issue.

Pam, who is also chief executive of NHS Highland, said: "We are working on doing an assessment of the scale of this issue and on its impact on recruitment and retention.

"We don't know what can be done but it's clear that we need to do something very different as there's no doubt that this is a big and growing problem."

She concluded: "As the SRMC looks ahead it is clear that we face a busy and interesting time. It's our job to remain relevant and inventive."

REDISCOVER THE JOY ... 1

Joy scheme excellent says health secretary

Pledge to consider increasing funding for initiative

SCOTLAND'S health secretary has pledged to consider increasing funding to the 'Rediscover the Joy' (RtJ) initiative.

Describing it as an "excellent" programme, Humza Yousaf added that he would consider other plans to "incentivise uptake" in GP recruitment in rural areas.

He made the comments during a parliamentary debate on 9th February, when he was asked by Aberdeenshire West MSP Alexander Burnett what steps the Scottish Government was taking to support NHS and social care recruitment in rural areas.

In reply, Mr Yousaf said: "Since 2016, we have supported the Scottish Rural Medicine Collaborative to develop recruitment and retention measures investing over £300,000 in 2020/21.

"To support the recruitment of general practitioners to rural practices, we have allocated £200,000 to fund relocation expenses and £400,000 for 'golden hellos'."

He continued: "With the universities of Dundee and St Andrews, we have established a graduate entry medicine programme (see page 7) that focuses on remote and rural medicine and healthcare improvement. We are also in the scoping stage for the creation of a centre of excellence for rural and remote medicine and social care."

That prompted Mr Burnett to comment: "In my constituency, the medical practices in Alford and Torphins, like many others across Scotland, have unfortunately been unable to recruit new GPs. So they

“I will explore an increase in funding because he's right that the Rediscover the Joy programme is excellent”

have handed their contract back to NHS Grampian.

"I note the cabinet secretary's comments about funding for the Scottish Rural Medicine Collaborative in previous years. Will he commit to increasing funding for its 'Rediscover the Joy of General Practice' programme, which seeks to provide GPs the opportunity to work in different parts of Scotland? Will he outline any other plans to incentivise uptake and recruitment in rural areas?"

Mr Yousaf responded: "Alexander Burnett has raised an exceptionally important point. I will explore an increase in funding because he's right that the Rediscover the Joy programme is excellent. We will also look to see what more we can do to incentivise. He knows that we have plans in place to increase the numbers of GPs in Scotland. He is absolutely right to say that that distribution should be equitable, focused not just on the central belt but on our

remote, rural and island communities.

"I will look at his suggestion and come back to him."

Mr Burnett was reported as commenting later: "While the likes of Aberdeenshire Health and Social Care Partnership and NHS Grampian are working hard to ensure continued care services, there is a great deal of uncertainty for patients in my constituency and elsewhere in rural Scotland. Now the point of crisis has been reached, I am pleased the cabinet secretary will look into extending the 'Rediscover the Joy' programme.

"More GPs should be given the opportunity to explore a rich and fulfilling career in rural practice, not just in the Central Belt."

The debate also gave Lothian MSP Foysol Choudhury the opportunity to ask what steps the Scottish Government was taking to facilitate NHS and social care recruitment from EU countries. Mr Yousaf said this was an "important" issue and pointed out that he had visited care homes in his constituency and observed that since Brexit there had been a noticeable absence of European workers.

He added: "We are working with the United Kingdom Government on social care recruitment from overseas, including the EU."

Mr Yousaf said that earlier that day there had been a meeting with a number of ministerial colleagues as part of a task force to look at "what more we can do for health and social care in relation to migration".

"There is no doubt that the impact of Brexit is being felt on the ground in the health and social care sector," he said.

RURAL FELLOWSHIP ... 1

Scheme gives doctor a taste for country living

SHE comes from a country 1,400 miles away but she is happy to call Scotland her home. What's more, though she was raised in a city, she loves living and working in a remote rural community.

All of which makes the rural fellowship scheme administered by NHS Education for Scotland (NES) a perfect fit for Dr Tzvetie Erohina.

The scheme was devised to give newly-qualified general practitioners an opportunity to sample life and work in a remote and rural part of Scotland in the hope that, at the end of the year-long scheme, they will want to pursue a career in primary care in such a community.

Now part-way through her acute fellowship on Skye, Dr Erohina says she has always felt drawn to country living and is in no doubt that when she leaves the scheme in July she will practise somewhere in a rural community.

"I don't really have any definite plans – I'll just wait and see what unfolds," she told *Bulletin*.

"But I will definitely be looking to continue working in rural Scotland. Maybe I'll look at what options are available in Highland, or maybe on an island somewhere."

Dr Erohina joined the rural fellowship scheme in August last year and has become one of its most passionate advocates.

"I wish more people knew what a fantastic programme it is," she said. "It has given me a chance to experience different roles in a beautiful part of the country. I like being part of the community that I practise in and working in a rural area you are required to have a broader range of skills, which really appeals to me."

Originally from Bulgaria, Dr Erohina says that although she grew up in a city she was always drawn to rural areas, even as a child.

"I spent a lot of time in mountains when I was young and so I've never viewed myself as a city person," she said.

And when asked why she chose to pursue a career in Scotland, she an-



○ Dr Erohina on the boat taking her from Fort William for the start of the Cape Wrath Ultra (see next page)

Rural practice is just perfect for acute fellow

swered without hesitation: "Scotland has mountains – it was always on my radar."

At 42, Dr Erohina is older than most people who have signed up for the rural fellowship scheme, perhaps because for her medicine is her second career.

She went to the United States to study geology and later worked there as a geologist.

However, when she decided to try her hand at medicine she moved to

England to take a post-graduate course at Warwick Medical School in Coventry. Keen to work rurally she decided to do her foundation training in Scotland, and she now says she can't imagine working anywhere else.

Dr Erohina now looks back fondly on the work she did in the Belford Hospital in Fort William, Raigmore Hospital in Inverness, Lorn and Islands District General Hospital in Oban, as

Continued on next page

RURAL FELLOWSHIP ... 2

Tzvetie's up for the challenge

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well as on the registrar year she did in Fort William.

"I started in Fort William in February 2020 – and then Covid happened," she recalled. "It was a very interesting time in terms of having to adapt to new consulting models, the vaccination programme, changes the way exams were done and so on. I learned a great deal."

When *Bulletin* caught up with Dr Erohina she was based in Broadford on Skye, doing hospital work as part of the rural fellowship programme.

"It is challenging," she admitted. "There is a completely different set-up here to any other hospital that I've worked in. There are only rural practitioners here – no other consultants – and so you are required to have an expanded skill set."

As part of the fellowship scheme Dr Erohina spent three months doing anaesthetics in Glasgow and has been

“There are only rural practitioners here — no other consultants — and so you have to have an expanded skill-set”

looking forward to three months in general practice on Skye.

Beyond that, Dr Erohina says she has to reconcile two opposing interests, for while she is drawn to areas such as palliative care, haematology,

oncology and geriatrics she is also keen on the idea of working as a general practitioner.

Meanwhile, it is a safe bet that she will continue to pursue her love of the great outdoors, as a keen hillwalker, climber, skier and runner.

When she was in the United States she was involved in a mountain rescue team and she may consider doing likewise in Scotland. She may also follow up on what she described as the "fantastic experience" of completing the Cape Wrath Ultra, an eight-day expedition race weaving 400km from Fort William to the north-west tip of the mainland.

"I started it because I wanted to finish it but I did quite well on the first day and then my competitive streak came out. However, I picked up a shin injury on Day 5 and hobbled the last three days. However, it was a great experience that took me through the fantastic landscape of the Highlands. I loved it."



○ Keen hillwalker and climber Tzvetie Erohina on the summit of Sgurr Innse, a Corbett in Lochaber

Programme set for its first graduations

A PIVOTAL point in an innovative initiative which could help to address primary care recruitment challenges in remote and rural Scotland will be celebrated later this year.

June will see the graduation from the first cohort of students on the ground-breaking ScotGEM graduate entry medical programme, designed to develop doctors interested in a career as a generalist practitioner in Scotland. The four-year programme has a particular focus on rural medicine and healthcare improvement.

“Their graduation in June will be an exciting occasion for everyone involved,” said Dr Bob Scully, ScotGEM’s deputy director and lead clinical mentor. “ScotGEM has been a collaborative effort involving a number of agencies and the graduation ceremony will be a great opportunity to celebrate its success.

Fifty-five students were signed up for the first ScotGEM cohort in 2018 – it had originally been intended to have 40 – and since then students have been enrolled on an annual basis.

The programme is run by the universities of St Andrews and Dundee, with collaboration from the University of Highlands and Islands and four regional health boards: Dumfries and Galloway, Fife, Tayside and Highland.

Explaining the background to the programme, Dr Scully told *Bulletin*: “The Scottish Government invited bids for new undergraduate medical places and the universities of St Andrews and Dundee put in bids which had a very clear focus on the workforce requirements of the NHS in Scotland – and that included the need to recruit generalists for rural areas.

“The hope is that the programme

will appeal to people who have an understanding of rural life and work and who may be attracted to a career in rural Scotland, hence the programme’s focus on generalist medicine. We’re thinking about what might be called Swiss Army-type doctors: people who can do a bit of everything, which is clearly important in rural areas.”

A key element of the programme is that students are exposed to high-quality mentorship, with generalist clinical mentors (GCMs) working with and supporting them, teaching clinical skills and facilitating sessions in general practice.

Each of the four years of the ScotGEM programme offers a different learning experience. In the first year students are based at the University of St Andrews and NHS Fife. Much of the

ScotGEM helps Ron find his true calling: Medicine. See case study on next page.

time is spent in the community, with GCM support and teaching delivered using a “master-apprentice” model. Their work-based learning ensures that they get regular clinical experience and patient contact from the outset.

In Year 2 teaching is delivered on a similar basis across three regions: Fife, Dumfries and Galloway and Highland.

In the third year students join a general practice to undertake a longitudinal integrated clerkship (LIC), in which they are able to follow patients through the course of their illness journeys.

Dr Scully explained: “This is very much patient-focused learning and it is particularly useful in rural areas, where

the students may be able to spend more time with patients.”

By the final year of the ScotGEM programme the students will get the opportunity to be immersed in a hospital environment, typically in Raigmore Hospital in Inverness, Ninewells Hospital in Dundee, Victoria Hospital in Kirkcaldy or Dumfries Royal Infirmary. They are able to select clinical areas that are of particular interest to them and they also get the opportunity to arrange an elective period focused on their own interests and objectives.

By the end of the course it is hoped that the students will be prepared for practice as a Foundation Year 1 doctor.

“Hopefully, we’ll see the fruits of this further down the line when some ScotGEM graduates choose to work in some of Scotland’s more remote and rural areas,” said Dr Scully.

He added: “One great thing about ScotGEM has been the quality of the students. They are very motivated. They are keen to learn, they are inquisitive and most of them come to ScotGEM with a lot of life experience.”

While all involved in the programme are looking forward to the first graduations, ScotGEM continues to welcome applications from those interested in studying medicine with a generalist-focused curriculum. More details of ScotGEM are available [here](#).

As previously, 55 places will be available – and, if previous years are anything to go by, there will be many more applications than the programme can accommodate. In 2020, for example, 259 applications were received and 126 people were interviewed.

ScotGEM is currently undergoing GMC accreditation – a process that’s expected to be completed this year.

SCOTGEM ... CASE STUDY

Course is paving way to career in medicine for Ron

HE has a degree in Music and worked for a few years as a software engineer but, at 32, Ronald MacDonald is in no doubt that he has now found his true calling.

And thanks to the ScotGEM programme Edinburgh-born Ron is now well on his way to what may be a career in remote and rural general practice.

"I've certainly given a lot of thought to being a GP in a rural community," said Ron. "Being part of the community you are serving really appeals to me."

ScotGEM has given Ron enough of a taste of rural working to persuade him that it's an option worth considering when he completes his Foundation years. He's currently partway through the third of his four years on the programme and is based at Dounby Surgery on Orkney's Mainland.

This part of the programme gives Ron the opportunity to experience the longitudinal integrated clerkship model, which allows students to follow patients through all phases of diagnosis and management.

"It's been really interesting and great experience for me," he said. "I am essentially an apprentice, a student, a colleague and a community member."

"I would say that ScotGEM has widely exceeded expectations and I would definitely recommend it to others."

"The apprentice model suits me very well. We are adult learners on the course and are expected to take full responsibility for our learning, which I like."

It's also providing Ron with an opportunity to experience a range of

work environments. One day he may be joining the staff at the Balfour Hospital's emergency department for a spell before being summoned to witness a surgical procedure. The next day may well find Ron at the GP practice, where he may take a patient's history, formulate an impression and suggest a plan before passing the patient over to his supervising GP.

He said: "As a student I am of course a bit slower than a qualified doctor – I'm still learning. But on the plus side, I am able to spend a little longer with a patient than a GP can and having more time with a patients can only be a good thing."

Ron also goes to Raigmore Hospital in Inverness every six to eight weeks for what he described as "more specialist placements, unavailable on the island".

"It's certainly been all hands on deck, which I really love," said Ron.

After studying Music in his home city and then working in software Ron decided to give Medicine a try and went to an open day at Leicester Medical School to get an idea if a new career – and a return to studying and student life – might be for him.

He explained: "It was something of a whim, really. I went to this open day one Saturday morning not really expecting anything to come from it, given that I studied Music. I think an admission staff member was taken by the idea that someone with an interest in music would be interested in a career in medicine. And so that evening I started Googling other courses – and that's when I came across ScotGEM."

After passing his GAMSAT (Graduate Medical School Admissions



Test) – "a dog of an exam" is how Ron described it – he secured a place on the ScotGEM programme, being based at the University of St Andrews during the first year and doing a series of short clerkships in Year 2.

In the fourth and final year of the programme Ron will be given the opportunity to arrange an elective period and immerse himself in a subject of his choice.

"I've been considering my choices but at the moment I think I might like to do some lab work. I really don't know much about what goes on in a lab and so it's something I'd like to understand more about."

Meanwhile, Ron has settled for the rest of his third year in Stromness. It may be Orkney's second most populated town but it's still far removed from the city life Ron is used to.

So what is it about ScotGEM's focus on remote and rural working that appealed to a person who calls Edinburgh home?

"Both my parents come from small rural communities in the North West of the country, my mother's side coming from Benbecula and my father's from Glenuig. I've always been drawn to places like this."

PHARMACY

ASK Lucy Dixon (right) to explain what she does professionally and you should expect to be occupied for quite some time.

As primary care pharmacist she works with five GP practices in Highland (Dornoch, Golspie, Brora/Helmsdale, Lairg and Creich in Bonar Bridge), as well as three care homes (two in Dornoch and one in Golspie) and two community hospitals (Lawson Memorial in Golspie and Migdale in Bonar Bridge). She is team lead for East Sutherland specialising in clinical pharmacy for the frail and elderly and complex cases. She is pharmacy falls lead for NHS Highland. Since 2006 she has been an independent community pharmacy contractor helping to deliver extended pharmacy services on the high street in remote and rural communities. She is a member of the Scottish Pharmacy Board. And she works for the Scottish Government on the development and delivery of digital support tools, including the Scottish Therapeutics Utility.

Modesty would doubtless prevent Lucy from stating that she's also a passionate advocate of the role of pharmacy in remote and rural primary care.

It's a passion that made Lucy one of the go-to people when the Royal Pharmaceutical Society Scotland marked World Pharmacy Day by using its Facebook page to host a series of short video testimonials by pharmacists from throughout the country.

Lucy's [video](#) was shot on a stunning beach in East Sutherland, as if to highlight one of the reasons why she is such a powerful voice for remote and rural primary care.

"It's a beautiful part of the country," she told *Bulletin*, "but we are not exactly out in the sticks here. There's such a lot to do here, which makes me wonder why Highland suffers so badly in terms of recruitment."

The point was illustrated at the February meeting of the Scottish Rural Medicine Collaborative's programme board, when members considered a paper on advertised rural primary care vacancies (see page 11). It showed that in January there were eight rural pharmacy vacancies in Highland and pinpointed East Sutherland as one of the vacancy hotspots.

One reason for this, Lucy suspects,

A profession that needs to shout louder?



is that, as she put it, "primary care pharmacy has gone mainstream" and the profession offers a much wider variety in terms of career options than was previously the case. More opportunities elsewhere might well mean fewer people interested in remote and rural living and working.

That, of course, would be an unintended consequence of what has been an interesting – and challenging – time for pharmacy. The memorandum of understanding agreed as part of the 2018 GP contract set out principles by which primary care redesign, including in pharmacy, can be delivered.

"We entered uncharted territory," said Lucy. "Now, it is increasingly recognised that there is a tremendous variety in the skills mix required in pharmacy."

And one of the big changes, she explained, was the relatively new phenomenon of the growth of pharmacy in general practice – a development that Lucy says needs to be matched by a major public information initiative.

"I'm not sure everyone fully understands what pharmacy is all about these days," she said. "Some of what a pharmacist does may well be visible but there is so much that goes on behind the scenes. It's the iceberg effect

– people only see what's on the surface."

She added: "A growing suite of extra services is now provided by pharmacists and I worry that some patients might feel that they are being deprioritised in this rapidly changing healthcare vista. Why are they seeing a pharmacist when they are used to seeing a doctor? We have an ageing population and some older people's healthcare expectations are pre-set for them. We need to better explain why and how pharmacy can provide an extra level of quality."

Covid-19 has, of course, been a catalyst for much change – and not all of it bad.

Lucy explained: "There's not much in the way of silver linings with Covid but it has contributed to a rapid removal of barriers in remote and rural healthcare, such as we've seen with the development of Near Me (Lucy worked on its pilot introduction in Highland)."

But while the public may need to be educated on the changing face of pharmacy, so too do potential recruits to the industry.

"We need to think differently about recruitment," she said. "Maybe we should have area pharmacy champions: people who could introduce a recruit to an area, show them round and help them find their feet. Other ideas might be having pharmacy fellowships or facilitating cross-sector experiences in pharmacy to show recruits the diversity of roles they can do, perhaps moving from primary care to secondary care.

"There's so much pharmacy can offer – we just need to shout about it a bit more."

“There is a tremendous variety in the skills mix required in pharmacy”

Charity plans second conference for 2022

BASICS Scotland's second virtual conference, following the success of last year's event, was a wide-ranging affair with an array of expert speakers.

Held on the evenings of 1st, 2nd and 3rd March, the conference had the title "The Basics of Challenging Scenes and Situations" and attracted interest from overseas delegates. The virtual conference will be followed in September by a physical one, the title subject of which has yet to be determined.

Lorna Duff, BASICS' chief executive officer, said: "We need to be mindful of fact that the landscape has changed considerably and believe that having both virtual and face-to-face conferences allows us more scope. They are a good way of getting educational content out there and, of course, virtual events are easier for people to access,



BASICS Scotland (British Association of Immediate Care) is a Perthshire-based charity specialising in promoting the provision of high-quality pre-hospital emergency care to health professionals in Scotland. This includes its work with **BASICS responders across Scotland** and providing traditional and innovative training in partnership with **NHS Education for Scotland (NES)**.

albeit they don't get the same opportunity for engagement and interaction."

Lorna explained that the virtual conference's focus was on helping delegates understand how they could best deal with what she called "those curve-ball situations" that can arise, particularly when a healthcare provider is working alone in a remote and rural setting.

"In planning the conference we considered what our responders and

members have been asking about – the often tricky situations that can arise in providing pre-hospital care."

While BASICS Scotland was preparing for the conference it also continued with what might be seen as its day job – providing a wide variety of face-to-face and online courses for pre-hospital emergency care providers and responders.

Lorna said: "Demand for our PHEC courses has been massive and we are doing everything we can to fit in extra courses to meet that demand.

"We have a waiting list of legitimate candidates and we're working hard to ensure that they all get what they need.

"Thankfully, our faculty is an engaged and willing group of people so hopefully we can meet our plan of having a 16 PHEC course year."

One group of people who will benefit from PHEC training is the latest cohort of 'Rediscover the Joy' GPs, who will meet up in the Golden Jubilee Hospital in June both for training and an opportunity to network.

Among the other developments BASICS are working on is the development of a new website – something Lorna contends has been long overdue.

She explained: "Our website contains quite a lot of transactional material but much of it is not user-friendly.

OVER the course of three days, BASICS Scotland's virtual conference featured a range of talks covering all aspects of pre-hospital care.

Day One covered the always personally challenging subject of end-of-life considerations. The aim was to help delegates understand death and dying while having the difficult conversations with those left behind. Delegates also considered caring for their own and colleagues' personal wellbeing during these difficult times.

Joel Symonds' talk covered dealing with relatives, Fiona Nicolson and Scott Cormack gave a talk on organ and tissue donation and Gill Moreton's address focused on "staying well in challenging situations".

Day Two looked at potentially dangerous situations. Delegates were guided on how to identify what is dangerous and what to look out

for in these often dynamic environments. Experts talked through the risks and hazards that may be present in a variety of different situations.

Speakers on Day Two were John Aitchison, who looked at emergency responder considerations at road traffic accidents; Graham Kelly, whose talk focused on train accidents; and Debbie Brown, whose subject was dangers in domestic settings.

On the third and final day of the virtual conference delegates considered the definition of a major accident, how best to manage an accident scene until other agencies arrive. Speakers were James Stevenson, who talked about major accidents; Gordon McNeil, whose subject was applying the JESIP principals in the early stages of an incident; and Brodie Paterson, who considered what constitutes major incidents.

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BASICS ... 2

Charity developing online presence

Continued from previous page

We want something that's cleaner and much easier to use."

The importance of having a lively online presence is also reflected in the fact that BASICS are increasingly using social media, both Facebook and Twitter, to communicate and facilitate discussion.

Lorna said: "We're using it more and more, so much so that I would like us to formalise a social media plan and

create a pre-loaded calendar of content. Social media can be something of a bind but it is also increasingly useful."

Like most organisations, BASICS Scotland have been through a somewhat challenging period because of Covid-19 but Lorna said she believed the organisation was "simply learning to live with it and work round it".

She added: "One problem Covid is causing, however, is that with more people now holidaying in the UK we are finding that the cost of hiring space

in hotels and other venues has risen. It's something we simply have to deal with."

Among the other workstreams BASICS has been negotiating are supporting the Remote and Rural Healthcare Educational Alliance (RRHEAL) on the development of a remote and rural advanced practitioner qualification pathway and the provision of standardised guidelines and drug provision for GPs practising in remote areas.

VACANCIES

Board members given briefing on unfilled positions

A DETAILED breakdown of the number of advertised rural primary care vacancies in the 10 health board areas that are part of the Scottish Rural Medicine Collaborative was presented to the programme board's meeting on 11th February.

It showed that there were 282 advertised rural primary and community care vacancies in these areas in January – over 100 more than in the previous month.

Of these vacancies, 101 were in rural nursing and 40 of these were in the NHS Highland area. All areas of Highland were regarded as "hotspots" for nursing vacancies, as were Grampian, Elgin, Orkney, East Fife and West Galloway.

There was a total of 50 rural allied health professional (AHP) vacancies in January, 14 of which were in Highland and 13 in Grampian. Vacancy hotspots were most areas of Highland, Tayside,

Borders and Ayrshire.

In the field of rural mental health there were 48 vacancies in January, 20 of them in Highland and 12 in Dumfries and Galloway. South Highland, Moray and Dumfries and Galloway were seen as vacancy hotspots.

There were 42 advertised rural GP vacancies in January, 35 of which were advertised as practice GPs and eight health board-salaried. Highland, East Fife, West Galloway and Borders were cited as hotspots.

The paper presented to the programme board showed that there were 43 rural pharmacy vacancies, compared with just 16 in November and seven in October. Invergordon and East Sutherland in Highland, and the Grampian coast, were regarded as vacancy hotspots.

The paper also showed that there were an average of just over 200 rural vacancies per month across all the listed professions.

RETIRAL

DAVID PRIEST, the Scottish Rural Medicine Collaborative's sole remaining project manager, is retiring at the end of March.

David (64), who lives in Inverness, joined the SRMC in April 2019 having had previous experience with NHS Shetland, one of the area health boards involved in the SRMC. He had experience in a range of projects related to public health and more recently, he worked as development manager with Highlands and Islands Enterprise.

In his time with the SRMC David worked on a number of projects, including the major undertaking of researching and writing an evaluation of the 'Rediscover the Joy of Holistic General Practice' initiative.

Ian Blair, the SRMC's programme manager, said: "It's typical of David that he wanted to leave without any fuss. However, I would like to record my gratitude to him for his friendship, support and commitment to the SRMC since he has been with us. He'll be greatly missed and we all wish him well in his retirement."

David said he had enjoyed working with the SRMC and commented that he felt the collaborative was "getting to a better place" after the challenge of the pandemic, particularly connecting with other bodies and widening its remit to include MDT professions.

He added: "I hope you can keep influencing for positive and progressive change in health service provision for rural Scotland."

Plans are in hand to recruit two new project managers to the SRMC.

Nurse's drastic DIY solution to island housing problem

IN October last year *Bulletin* reported on the story of Jane McFarlane, who last summer secured a position as an advanced nurse practitioner (ANP) on Islay – a job she couldn't start simply because she couldn't find accommodation on the island.

On 10th January, Jane started her new job – despite her still not having a permanent home on the island.

For Jane and her husband Ian have decided that the only way they can live out their dream on the island they have come to love is by getting a new house built for them.

"We did everything we could to find a place to stay on Islay but there was absolutely nothing suitable," said Jane. "And so we decided that we had to get a place built for us."

Jane (57) was lead practice nurse with the Lochview Medical Practice in Greenock, just down the road from her home in Gourrock. However, when she saw that Islay Medical Services had created an ANP vacancy, Jane recognised an opportunity she couldn't resist. She and her husband had holidayed on Islay for years and love the island.

However, while she was well aware that finding a home on Islay might be a challenge, she could never have imagined just how difficult it would be.

"It's been a lot harder than we expected," she said. "I never thought for a moment that following your dream

Jane couldn't start her new job as practice ANP because she couldn't find suitable accommodation. So she's getting a house built for her.

would be so challenging. It's been extremely stressful and has caused me sleepless nights and palpitations."

Jane said she was fortunate in that the Islay practice was understanding and prepared to give her time to find accommodation. She and her husband had wanted to set up home in a rural location, narrowing their options to such an extent that they realised that building a new property might be the only solution.

And so they have bought an 84-

acre croft in Gleneedale, midway between Port Ellen and Bowmore, with the intention of "decrofting" a parcel of land for their new home and selling the rest. The plan is to get a kit home built on the site, and move into it "hopefully around Christmas, if everything goes very well".

Jane said she found her search for an island home "quite dispiriting". She advertised on the island's Facebook page and in the local newspaper to no avail.

"By October/November I was getting to the stage when I thought I might have to chuck it in," she said. "We were getting nowhere. But then the practice called me and told me of a place to let for four weeks, maybe six, and then a retired GP living on the island saw our advert and offered a property, a second home, to rent until the end of April. At last, we saw that we could move."

The plan is to get enough of their plot of land cleared for it to accommodate a caravan, which they will call home until their new house is built.

Bulletin caught up with Jane at the end of her first day in her new job – a day that involved acquainting herself with her new colleagues and systems.

"I've quite a bit to learn," she said. "This is a dispensing practice, which is new to me, and I'm not sure how long it will be before I actually see any patients. But I'm happy. It's taken a long time for us to get where we are – far longer than it should – but we are out of limbo now and looking forward to the future."

It's taken a long time for us to get where we are but we are now out of limbo and looking forward to the future

○ Jane is by no means alone in having encountered difficulty trying to find accommodation. It's an issue that healthcare workers and others are increasingly encountering in Scotland's remote, rural and island communities. See the next page for more on this growing problem.

Rural fellows probe shortage of homes

SECURING suitable accommodation for GPs accepted to the rural fellowship scheme promoted by NHS Education for Scotland (NES) has become a “real headache”, according to the initiative’s co-ordinator.

“It’s a problem that seems to be getting worse by the year,” Dr Gill Clarke (pictured) told *Bulletin*.

And it’s a problem that the current cohort of rural fellows is tackling in a collaborative research project as part of their year-long fellowship.

The fellowship scheme, which is designed to give newly-qualified GPs an opportunity to practise in a remote and rural community, includes 13 weeks of study time. Originally, the fellows would work independently on a project of their choosing. However, in recent years they have been collabora-

“It’s a problem that seems to be getting worse by the year”



rating on a joint project, recent subjects including Lyme disease and antimicrobial resistance.

The current batch of rural fellows have chosen as their subject the issue of accommodation and its impact on the recruitment and retention of health and care professionals in remote and rural areas.

The rural fellows met online in January to discuss a plan of action that includes sourcing case studies, collating

qualitative data, interviewing practice and primary care managers and others, seeking evidence of how the problem has been tackled successfully in some places.

Dr Clarke said: “The project has a few good starting points. There has been a change in policy over the last 40 years or so in health board management to sell off tied housing to decouple houses from surgeries and not to incorporate housing into new hospitals. What impact has that had?”

“Also, recent changes in short-term rental markets have had a profound impact on the availability of any housing and has driven up the price of rural properties. The rural fellows will need to quantify this if possible.

“They will also consider issuing a questionnaire to healthcare professionals. They will want to know if the availability of housing influenced their decision on where they work and the extent to which they were helped in securing accommodation. Importantly, they will also be seeking suggestions as to how the housing problem can be solved.”

The rural fellows have asked the Scottish Rural Medicine Collaborative and the Scottish Rural Health Partnership for their help with the project, which they hope will result in the publication of a paper for presentation to the Scottish Government.

Shortage and cost of housing to feature in study by NHS Highland

THE shortage of accommodation for healthcare workers is one of the subjects being considered by a workforce planning group recently set up by NHS Highland.

Charged with drawing up a recruitment and retention strategy for the board, the new group was set up following a series of workshops involving mainly NHS Highland staff. Separate groups were formed to tackle each of the themes that emerged from these workshops, and Cathy Steer, NHS Highland’s head of health improvement, was appointed chair of the accommodation, travel and infrastructure group.

Iain MacDiarmid, the NHS Highland workforce planning manager who is that group’s facilitator, has been preparing an action plan that includes research into issues such as how public transport, ‘green’ travel and broadband and mobile phone coverage impacts on recruitment and retention.

The infrastructure to support recruiting staff from outside Scotland is also being considered, as is what Iain regards as an issue that’s particularly acute in parts of NHS Highland’s area: housing.

He said: “There is no doubt that

Continued on next page

NHS Highland team starts work on in-depth study

Homes shortage may be impacting on recruitment

Continued from previous page

both the shortage and cost of accommodation are significant factors when it comes to staff recruitment and retention in some areas. We need to understand this better: how severe the problem is, where it is a particular issue and what if anything can be done to ease it.

“We’ve only just started this work but I know from anecdotal evidence that accommodation problems are impacting on our ability to recruit. For example, I know of someone who accepted a post in Broadford on Skye but asked to be assigned to Raigmore in Inverness instead, simply because of an inability to find anywhere to live on Skye.”

He added: “It may well be that we need to find different ways of recruiting, with a view to getting people to work in their own communities.”

“Maybe the old-fashioned ideas worked best: putting a postcard in a Post Office window might just help to recruit local people to local posts.”

Project researcher Claire Savage (pictured), who has worked with the Scottish Rural Medicine Collaborative and the Remote and Rural Healthcare Education Alliance (RRHEAL), has a particular interest in how accommodation issues affect recruitment in healthcare – an interest borne from

“Everyone is acutely aware of housing issues ... but it’s clear that as a starting point we need to get some raw data on the subject first”



personal experience.

She explained: “My husband and I moved from Aberdeen to Ballachulish, where we still live, 20 years ago and

we had a real problem finding accommodation in the area. I’ve since realised we weren’t alone – it’s a problem in many communities, particularly in areas that are attractive to tourists.”

Claire is working with a group on Skye that includes representatives of the community, NHS Highland, Highland Council and Highlands and Islands Enterprise to look at recruitment and retention issues such as the difficulty finding suitable and affordable accommodation.

“There’s a lot of work to do if we are going to get to grips with this,” said Claire.

“Everyone is acutely aware of housing issues, particularly in places such as Skye, but it’s clear that as a starting point we need to get some raw data on the subject first.”

ACCOMMODATION is an issue that has been exercising minds on Mull and Iona, where the islands’ community trust has launched a survey into housing for key-workers, including health professionals.

The trust hopes that the survey will help shape decisions on what accommodation should be developed, led by the needs and aspirations of organisations and businesses. This could be for short-term needs, such as in the hospitality sector, or what is regarded as ‘stepping-

stone’ accommodation for essential workers such as healthcare professionals.

The trust is particularly keen to retain and attract younger people and families to ensure that services on the islands remain and that people can live and work within their communities.

The survey is aimed at public-sector organisations and businesses of all kinds who are struggling to recruit and retain staff because of shortage of accommodation.

EVENTS

AS was reported in the last issue of *Bulletin*, the third Rethinking Remote conference, focusing on innovative solutions in remote and rural wellbeing, will be held in Aviemore on 28th and 29th April.

Launched in 2016, the conference is now established as a key event on the remote medicine calendar. It brings together a range of organisations and individuals with an interest in remote and rural healthcare and wellbeing.

The event is organised by the Scottish Rural Health Partnership and supported by the Scottish Rural Medicine Collaborative (SRMC). It has five main themes: disaster planning and pandemics; community engagement; emergency management and pre-hospital care; education and professional support; and technology.

A number of other events will be held before Rethinking Remote 2022. MIMS Learning Live is a series of clinical education events in the UK and the next one will be held virtually from 21st -24th March. More information is available on the MIMs Learning Live [website](#).

Following the growing success of its 2021 conference, NHS Education for Scotland (NES) will be hosting the 2022 conference virtually on 27th and 28th April.

This event will be of interest to all involved in medical education and training, medical appraisal, dental education and training, practice management, nurses, midwives, allied health professionals, healthcare chaplains, support workers, educationalists and strategic leaders. There will be plenary and parallel sessions by all the health professional groups and an opportunity for joint sessions. Check out the NES [website](#) for details.

The fifth European Emergency Medical Services (EMS) Congress will be held both in Glasgow and virtually from 4th-6th May. The theme for EMS2022 Scotland is 'It takes a system to save a life — People make EMS'.

Featuring scientific and research presentations and providing an international perspective on emerging issues, the event will celebrate those working in EMS. The event's website can be accessed [here](#).

Birmingham will be the venue for another major event for healthcare professionals: the Primary Care and

Dates for your diary

Public Health Conference 2022.

Now celebrating its 30th year, the event – to be staged on 11th and 12th May – brings together GPs, GP trainers, managers, community nurses, midwives, AHPs and other professionals working in primary care, community care, public and prison health, and is an important launch pad for new products, therapies, technologies and ideas. Details are available on its [website](#).

The Royal College of Nursing Congress 2022 will be held in Glasgow from 6th-8th June. Delegates will be able to engage in debates on nursing practice, public health, employment issues and health reforms. Information about the event can be sourced [here](#).

On 7th and 8th June the National Centre for Remote and Rural Medicine will hold its 2022 conference in Penrith. Entitled 'Changing Practice, Changing Outcomes', the conference will provide an opportunity to share knowledge, experience and best practice with other workers in remote, rural and digital medicine. Information about it is available on the University of Central Lancashire [website](#).

The WONCA World Rural Health Conference 2022 is to be held in Limerick, Ireland, from 17th-20th June. It has the tagline 'Improving Health, Empowering Communities' and will explore how communities can be empowered to improve their own health and the health of those around them. More details are available [here](#).

It's not the only WONCA event to be held in June. The 27th WONCA Europe conference will be held in London from 28th June to 1st July. WONCA Europe is the academic and scientific society for general practitioners in Europe. Conference details can be accessed [here](#).

June will also see the annual NHS Scotland event, which this year will be held in Aberdeen on 21st and 22nd of the month. The leading health event in Scotland, it continues to be the premier meeting place for those committed to providing sustainable, high-quality health and social care services.

It provides the opportunity for those working in and with the NHS in Scotland to come together to consider the challenges, to share best practice and the most innovative approaches to delivering the highest quality of care, and to take away the tools and techniques that will support them. More information is available [here](#).

As is reported on page 10, the BASICS Scotland conference will be held on 2nd and 3rd September in Aviemore.

The Remote and Rural Scottish Centre of Excellence Festival of Learning is to take place from 12th-30th September on Skye. The event is being planned to support the development of a Scottish Centre of Excellence in remote, rural and island models of care, digital innovation and multi-disciplinary education and training for health and social care professionals, volunteers and community members. See [here](#) for further details.

For more than a decade, over 4,000 senior decision makers from the primary care community have been attending the Best Practice Show, the next one of which will take place in Birmingham on 12th and 13th October. Best Practice offers a series of sessions delivered by healthcare leaders, policy makers, service users and frontline primary care professionals. For details, check out the event's [website](#).

The annual conference of the Rural General Practitioners Association Scotland (RGPAS) will be held both in Inverness and virtually on 12th and 13th November. An exciting programme of guest speakers is planned, covering a wide range of themes. There's more information on the RGPAS [website](#).

The 11th annual World Extreme Medicine Conference will be held in Edinburgh and virtually from 19th-21st November.. The SRMC has exhibited at four of these events, which feature influential individuals and organisations involved in extreme medicine.

Check out the event's dedicated [website](#).

REDISCOVER THE JOY ... 2

'Joy' continues to spread as recruitment goes on...

WORK is continuing on the development and expansion of the 'Rediscover the Joy of General Practice' (Rtj) initiative.

Members of the Scottish Rural Medicine Collaborative (SRMC) programme board were informed at their February meeting that NHS Dumfries and Galloway, Grampian and Tayside had joined the original Highlands and islands collaboration to take the project to a new phase with its third recruitment campaign.

That campaign, held in November 2021, put greater emphasis on quality improvement and supporting practices with sustainability issues.

Advertising including a full-page advert in the *British Medical Journal*, along with Twitter and LinkedIn, resulted in 35 applications having been submitted, 34 applicants shortlisted for interview and 32 new general practitioners recruited. Most of these GPs chose to join a group hosted by NHS Highland while three went to Dumfries and Galloway and three to Tayside.

The project has now moved to a process of continuous recruitment, adding GPs to expand the newly-created teams as the opportunity arises. A paper to the SRMC's programme board reported that since December

advertising had garnered five additional candidates, three of whom had been recruited and passed to NHS Highland for on-boarding. The two others had not been interviewed at the time the paper was written.

The Rtj initiative is funded separately from the SRMC and has its own governance and management structure. However, it does receive significant support and strategic input from the SRMC, much of which is from the collaborative's GP advisor, Dr Charlie Siderfin.

Programme board members were told that consideration was being given to request additional funding for Rtj from the Scottish Government.

It's also proposed that consideration be given to increasing the capacity of the GP hub that manages requests from practices for Rtj doctors and matches GPs to attachments.

In addition, it is proposed that an executive oversight group be created as well as an operational steering group that would, among other things, provide the opportunity for the sharing of ideas and good practice.

It would also provide a forum for considering developing further innovative uses of the GP support teams created from the successful Rtj applicants.

Meet the extended Scottish Rural Medicine Collaborative team



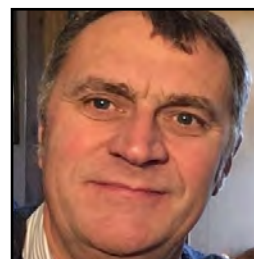
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Dates set for programme board meetings

THE next meeting of the Scottish Rural Medicine Collaborative's programme board will be held using the Microsoft Teams platform on 26th May. Following that, there will be a programme board meeting both at the Golden Jubilee Hospital, Clydebank, and on Teams on 24th August. The last programme board meeting of 2022 is scheduled to take place virtually on 2nd November.

The SMRC can be contacted at: scottish.ruralmed@nhs.scot

Our Twitter account is: [@NHS_SRMC](https://twitter.com/NHS_SRMC)