

# The Scottish Rural Medicine Collaborative BULLETIN



JUNE 2022

## **PAGE 2: 'Joy' scheme extended**

Members of the SRMC's programme board have been told that three new health boards — Grampian, Tayside and Dumfries and Galloway — have signed up for the 'Rediscover the Joy of General Practice' initiative.

## **PAGE 3: Cross-Atlantic research**

Funding has been awarded to four research projects relating to rural health to be carried out by universities in Scotland and the United States,

## **PAGE 3: Spreading the word**

Meetings have been held to promote the work of the SRMC to a wider range of healthcare professionals, beyond solely general practitioners.

## **PAGES 4 & 5: Welcome aboard**

The SRMC welcomes Joanne Anderson as primary care nursing advisor.

## **PAGE 8: BASICS Scotland update**

BASICS Scotland has been developing what's been described as an "exciting" new educational resource for people delivering emergency healthcare in remote and rural settings. The new virtual reality training aid is aimed at helping responders see how best to manage emergency situations.

## **PAGES 8: New drugs pack**

Work is progressing on the development of a specialist drugs pack for use in emergency situations in remote and rural parts of the country.

## **PAGE 9 & 10: 'A fantastic career'**

We speak to an ANP who's a vocal champion of general practice nursing.

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## **Acute fellow Fatima targets rural role**

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## **PAGE 12: Research findings**

The recruitment and retention of rural general practitioners can only be effective if a holistic approach is taken to tackle what is an enduring problem in Scotland. That's one of the key findings of a piece of research, the results of which were reported to the recent 'Rethinking Remote' conference.

## **PAGE 13: Dates for your diary**

We list some of the key events planned for the rest of 2022.

## REDISCOVER THE JOY OF GENERAL PRACTICE

# More boards sign up to recruit 'Joy' GPs

## Programme board briefed on scheme's expansion

**T**HE addition of three new health boards to the 'Rediscover the Joy of General Practice' (Rtj) initiative was one of the points highlighted in a paper on the scheme presented to the latest meeting of the Scottish Rural Medicine Collaborative's programme board.

At its meeting on 26<sup>th</sup> May, the board noted that NHS Dumfries and Galloway, Grampian and Tayside had joined the original Highlands and Islands collaboration to take the project into a new phase with its third recruitment campaign.

The Rtj scheme has seen scores of doctors being recruited to form rural support teams of general practitioners who are placed in under-pressure remote and rural practices.

It's been a hugely successful initiative which now has 38 recruited GPs, 31 of them Highland, four in Tayside and three Dumfries and Galloway. The programme board was told that a further four applications were at the shortlisting stage.

NHS Shetland employs the current GP support team, which has 31 general practitioners, and runs the GP hub, which manages practice requests and matches doctors to attachments.

In the third phase, NHS Grampian, Tayside, Highland and Dumfries and Galloway will employ new GPs recruited to the project and create new GP support teams.

The Rtj recruitment campaign held in November last year put greater emphasis on quality improvement and supporting practices with sustainability issues. Advertisements in the *British*

*Medical Journal*, as well as on Twitter and LinkedIn, yielded 35 applications. However, the scheme has now moved to a continuous recruitment process, with GPs being added to the newly-created support teams as the need arises.

Ongoing funding to support the Shetland hub and additional support for the large GP group in Highland has been requested from Scottish Government for the financial year 2022/23. The programme board also noted a suggestion that consideration be given to increasing the capacity of the GP hub.

An operational update on the Rtj scheme showed that in the 2020-21 financial year 420 weeks of cover were requested by practices with 275 weeks filled by Rtj GPs.

In the following financial year, to

the end of March 2022, 602 weeks of cover were requested by practices across Highland, Western Isles, Orkney, Shetland, Grampian, Dumfries and Galloway and Tayside, with 270 weeks being filled by Rtj GPs.

The programme board was also informed that 23 GPs from the newly-recruited group were to attend a PHEC course in Glasgow on 3rd June. Drs Kevin Douglas and Charlie Siderfin planned to host a pre-PHEC mini-conference to engage with the new recruits and create a team-building opportunity.

Speakers had been arranged to provide sessions on issues unique to Scotland, such as mental health law. There was also to be a session with a procurator fiscal to expand on this with the differences in death certification in Scotland.

## Proposed national centre on agenda for workshop

**A VIRTUAL workshop is to be held on 9<sup>th</sup> June to shape and influence the development of a National Centre for Remote and Rural Health and Social Care.**

A paper to the Scottish Rural Medicine Collaborative's programme board meeting on 26<sup>th</sup> May explained that the collaborative had a particular interest in the proposed centre as it was likely that the SRMC's activities would, in time, be subsumed into it.

The Scottish Government's Primary Care Directorate has commissioned NHS Education for Scotland (NES) to develop a work plan for development of the proposed centre, planning for which was being led by Emma Watson, director of medicine with NES.

The SRMC has been involved in planning the workshop.

○ For details of more forthcoming events, see 'Dates for your diary' on page 13.

## CROSS-ATLANTIC RESEARCH

# Rural health projects secure funding

**FUNDING** has been awarded for major rural health research projects involving universities on either side of the Atlantic.

Last autumn the University of Aberdeen and Robert Gordon University teamed up with two universities in the United States to host an inaugural international rural health symposium.

The Converge International Rural Health Symposium was created to encourage joint research between the four universities, and to exchange programmes and potentially even joint certificates and degrees with a focus on rural health.

Now, four collaborative research projects stemming from the symposium have each been awarded \$10,000 grants.

Dr Zach Kelehear, of Augusta University, one of the American institutions involved – the other is the University of Georgia College of Pharmacy – said: “We were very excited about the inaugural symposium and, as a follow-up, knowing what we know about

rural health and the shared concerns we have across the waters, we wanted to see how we can work together to address these rural health issues that we face in a mutually helpful way.”

His colleague, Dr Neil J MacKinnon, added: “The purpose of this funding is to invite and support multi-disciplinary collaborative approaches that investigate issues around access to care, experiential learning and connectivity in rural communities.”

He added that while healthcare in Scotland compared to Georgia could be different on many levels, the two regions shared the persistent challenges of educating for rural health care contexts and of supporting healthcare professionals.

The four projects awarded funding were:

- Remote Rural Practice International Collaboration (RNPIC) between Augusta University’s College of Nursing and Robert Gordon University’s School of Nursing, Midwifery and Paramedic Practice.

- Healthcare Student Rural Experience Learning in Scotland and Georgia

- Impact of an international inter-professional education experience designed to equip future healthcare professionals with skills to care for rural and marginalised populations

- A collaborative study of associations between the time to first antenatal appointment and pre-term births in rural Georgia and rural Scotland.

It is hoped that the findings of each project will be presented at the next Converge International Rural Health Symposium, to be hosted in the autumn by Robert Gordon University.

Dr Donald Cairns, an emeritus professor at Robert Gordon, said: “I think it’s good for students to see another healthcare system and compare that to the national healthcare system that we have in the United Kingdom with a more private-based system in that States. We need to keep this collaboration between Georgia and Scotland alive.”

## Spreading the word about collaborative’s work

**WORK** has been taking place to spread the word about the Scottish Rural Medicine Collaborative to some of the professional groups covered in the SRMC’s wider remit.

With the collaborative’s work now covering a wider range of professions other than solely GPs working in remote and rural primary care, programme manager Ian Blair has given presentations to both the Scottish Nurse Directors’ group and the Scottish AHP Directors’ group to promote the work of the SRMC.

In the case of the nurse directors’ group, Ian used the meeting to advertise the SRMC programme board’s nursing advisor vacancy – a vacancy that was subsequently filled by Joanne Anderson (see next page). The position of allied health professional advisor to the SRMC has yet to be filled.

## Centre for Workforce Supply

**THE** Scottish Rural Medicine Collaborative has established links with the nine-strong team set up to establish and develop the Centre for Workforce Supply.

The collaborative’s programme board meeting on 26<sup>th</sup> May was told that the Scottish Government’s Workforce Directorate had commissioned NHS Education for Scotland to set up the centre.

The new team’s remit includes the recruitment of 200 acute nurses from overseas and establishing international recruitment leads in each board area.

The programme board was told that the SRMC had queried how these leads will support independent GP practices, and articulated the needs and expectations of the service the Centre for Workforce Supply could provide for rural Scotland.

## Conference debut for SRMC

**THE** Scottish Rural Medicine Collaborative was represented at the Public Care and Public Health Conference held in Birmingham on 11<sup>th</sup> and 12<sup>th</sup> May.

A team of five attended the event, which attracted around 3,500 people, and spoke to delegates from the Scotland Is Now stand.

The collaborative’s programme board was told at its meeting on 26<sup>th</sup> May that this was the first time the SRMC had exhibited at the event and, although the footfall was significantly less than in previous years, the team had good conversations with people from many professions and a provisional commitment was made to attend next year.



○ Joanne Anderson, the newest member of the SRMC's programme board

# SRMC appoints primary care nursing advisor

## Latest recruit sees scope for spreading 'Joy'

**A** SUCCESSFUL GP recruitment initiative supported by the Scottish Rural Medicine Collaborative could well be adapted to apply to other primary care professionals, it has been suggested.

The 'Rediscover the Joy of General Practice' initiative has seen scores of doctors – many of them in the latter stages of their careers – being recruited to form rural support teams of GPs who commit themselves to placements

in under-pressure remote and rural practices.

Now, the newly appointed primary care nursing advisor sees no reason why the scheme cannot be extended and adapted to aid the recruitment and retention of other members of multi-disciplinary teams (MDTs) working in general practice – and not only in remote and rural parts of the country.

“The Joy’ has been tremendously successful and I see scope for developing it to take in general practice nurses

and indeed other disciplines within MDTs,” said Joanne Anderson, who has taken up a position as the SRMC’s primary care nursing advisor.

‘Rediscover the Joy’ is funded separately from the collaborative and has its own governance and management structure.

However, it does receive significant support and strategic input from the collaborative, much of which is from

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## GENERAL PRACTICE NURSING ... 1

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the SRMC's GP advisor, Dr Charlie Siderfin.

It's envisaged that Joanne will provide a primary care nursing perspective to the collaborative's work, following the board's decision to widen its remit to support the recruitment and retention of not just GPs but other MDT professionals.

Joanne said: "People say that general practice nursing is a Cinderella service in the NHS. Lack of professional leadership in some health boards areas has meant that the voice of the general practice nurse is not always heard. General practice nursing clearly faces a big challenge in terms of recruitment and retention. Frankly, we have been talking about staffing challenges in general practice nursing for years. I believe we have reached a point of living on the edge of mild peril, with recruitment and retention of general practice nursing needing to be addressed now."

As senior nurse for primary care with NHS Ayrshire and Arran, Joanne has been heavily involved in developing the CTAC (Community Treatment and Care) service model in her area.

This required the development of a training programme for newly-qualified nurses, offering them a chance to work with general practices.

In a test-of-change project, an initial cohort of nine nurses were recruited, so giving them an early career choice in primary care.

Since then, CTAC has been implemented in 52 of the 53 general practices in Ayrshire and Arran.

Joanne believes that the implementation of CTAC has highlighted that it is possible to support newly-qualified practitioners within general practice and wider primary care teams with CTAC staff being based in GP practices. It has also showcased general practice nursing within the career framework as an attractive career choice.

# 'Cinderella service' faces recruitment and retention challenge

**“There's a lot that can be done to raise the profile of general practice nursing”**

However, she is convinced that more could be done to boost general practice nurse recruitment.

"It's becoming increasingly challenging to recruit in general practice nursing," she said.

"Nurses working in general practices tend to be experienced professionals and they tend to be a very loyal workforce. There's not a lot of staff movement and when practices look to recruit nurses they tend to try to seek out experienced general practice nurses – although they are finding it's difficult to get like for like.

"So we need to think differently about recruitment, training and the wellbeing of staff. How do we bring student nurses into general practice? We need to be more forward thinking and come up with some fresh ideas – and maybe that's where the SRMC comes in."

Joanne is a Queen's Nurse who worked as in general practice for 22 years, initially as a general practice

nurse and inclusive of an ANP role for nine years.

Although she no longer undertakes a clinical role she continues to improve patient care through service improvement and redesign.

"I love my work," she said. "I get excited by new ideas and I'm looking forward to doing what I can with the SRMC to support general practice nursing and primary care.

"Like our GP colleagues, general practice nurses are expert generalists providing support with long-term conditions, and have an essential role in health promotion and public health. They are an essential 'cog' in integrated primary and community nursing and wider MDTs.

"However, the implementation of the GMS contract, transforming nursing roles, and primary care improvement plans, has left many feeling uncertain about their roles. It is our job to support this important part of our workforce.

"There's a lot that can be done to raise the profile of general practice nursing, to make it an attractive career option and to provide options for nurses who may be thinking of leaving the profession."

Joanne's recruitment to the SRMC has been welcomed by the collaborative's programme manager, Ian Blair, who said: "We are delighted to have welcomed Joanne to the team. We believe she will provide the primary care nursing input we need."

**'Under-valued but a fantastic career' - see pg 10 for more on general practice nursing**

# Scheme ‘exceeding my expectations’ says fellow Fatima

**A**SK Wick-based doctor Fatima Sheik what her interests outside work are and her reply could keep you hanging around for a while.

“A little bit of everything” would probably suffice. Instead, here’s what she told *Bulletin*: “I like walking and hiking. This is a beautiful place, with beaches and forests. I enjoy cycling. I’ve just come back from Shetland and did some kayaking there – I enjoyed that. I also like art – I do drawing and painting and hope to do more drawing outdoors. Oh, and I’m going to do some baking for my staff colleagues.”

“A little bit of everything” might well also sum up Fatima’s career, both her experiences so far and her aspirations for the future.

“I want to be a rural practitioner,” she said. “Being part of a rural community and becoming invested in the health of that community is something I’ve really enjoyed.”

“You get much closer to people working in a rural place. People here know everyone’s name, which I find really amazing.”

“The idea of being a doctor in a way that doctors once were, being able to manage everything that comes your way, appeals to me.”

“And it helps when you live in a beautiful part of the country.”

All that probably qualifies Fatima for the role of poster girl for both the Scottish Rural Medicine Collaborative

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## RURAL FELLOWSHIP ... 2

# ‘Exceeding expectations’

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and the rural fellowship scheme promoted by NHS Education for Scotland (NES).

The scheme gives recently-qualified

GPs the opportunity to live and work in a remote and rural community for a year, in the hope that they will choose to make a career of practising in such an area.

Fatima is nearing the end of her

year as an acute fellow, splitting her time between general practice and hospital work.

When she finishes her fellowship she would like to gain more experience working in A&E – something she feels she needs before pursuing her ambition to be a rural practitioner.

However, 33-year-old Fatima has already crammed in quite of a lot of experience – “a little bit of everything” – in her career.

Born in Bedford, Fatima grew up in Dundee and studied Medicine at the University of Birmingham. From there she went to the London School of Hygiene and Tropical Medicine for her Masters year before going to Lewisham in London to train and work in general practice over a three-year period.

It was during that time that Fatima went to Eastern Cape in South Africa to work in a rural hospital there; work she thoroughly enjoyed. As well as working in the hospital she would venture out into the country on 4x4s to work in rural clinics.

Fatima has also done voluntary work in primary care in Greece, supporting refugees and asylum seekers, and work through Doctors of the World UK (part of Médecins du Monde), promoting vaccine confidence in excluded populations.

Now, though, and until September, she’s an acute rural fellow, working principally in Caithness General Hospital in Wick but also doing stints in general practice in Halkirk, Thurso and Armadale.

“The fellowship scheme has really been exceeding my expectations,” she said.

“It can be a bit scary gaining experience of working in a rural hospital. Sometimes it can be a bit stressful. But everyone here has been very supportive – I work with some lovely people.

“There are certainly challenges in working rurally but I am learning a lot here about how to manage those challenges.”

## GP leaves scheme to take up rural post

A REMOTE community in the North West Highlands has a new general practitioner – thanks in part to a throw-away line in a discussion she had with a friend.

Dr Tzvetie Erohina had been considering applying for a vacancy at the practice in Glenelg but recognised that finding accommodation might have been a barrier to taking the job.

However, a friend told her that she had a cousin who lived in Glenelg and Dr Erohina now lives as a boarder with that person while she’s working there.

“I’m not sure if I could have taken the job without getting a room thanks to that chance discussion,” she said. “Finding accommodation in this area would have been a major issue for me.”

It’s a problem Dr Erohina was well aware of even before she considered the Glenelg job. As was reported in the last issue of *Bulletin*, Dr Erohina had taken a position in the Highlands after being accepted for the rural fellowship scheme promoted by NHS Education for Scotland (NES).

GPs on the scheme are given dedicated time to work on a project, and the current cohort chose as their subject the issue of how the shortage of available accommodation in remote and rural parts of Scotland impacted on the recruitment and retention of healthcare workers.

Dr Erohina left the fellowship scheme to take up the Glenelg position in April, and so is now longer working on that project. But she will doubtless be interested to pick



up on the remaining rural fellows’ findings when they complete their work later this summer.

Dr Erohina, who lives in Fort William, now works in Glenelg on a week-on, week-off basis and says she is “really enjoying” the experience.

“It’s a bit different to what I’ve been used to,” she said. “This is a dispensing practice so I have had to learn about that. But the fact that it’s a bit different is what attracted me to the job.”

She added: “I did have some reservations about leaving the fellowship scheme but I spoke to Gill [Clarke, who until recently was the scheme’s co-ordinator] and she said I should go for it. After all, she said, the fellowship is all about getting people to work in a rural environment.”

Accommodation isn’t the only issue faced by incoming workers in communities like Glenelg, as Dr Erohina explained.

“Connectivity here is a massive problem,” she said. “There is no mobile signal, other than on the beach. It means that I have to use a landline or use wifi-calling. When you are on call 24/7 this can be incredibly limiting. Hopefully, it’s something that will be sorted soon.”

# Charity works on new VR training package

**W**HAT'S been described as an "exciting" new resource for people delivering emergency healthcare in remote and rural settings is being developed.

Training charity BASICS Scotland is working on the production of a virtual reality film aimed at helping responders see how best to manage an emergency situation.

"Providing digital training packages is a growth area for us and this VR film is an exciting part of that," said BASICS chief executive officer Lorna Duff. "There's been a lot of research that shows that VR fits in very well in medical education and we're looking forward to seeing this new film go live."

Using a camera and equipment supplied by the Sandpiper Trust, the film is being funded by NHS Education for Scotland (NES) and developed for BASICS by the Clinical Skills Managed Educational Network (CSMEN), which supports access to skills training and



**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)**.

clinical simulation.

Shot at the Scottish Fire and Rescue Service's training centre at Portlethen in Aberdeenshire – "a very useful collaborative, that", said Lorna – the film portrays a two-vehicle, three-person road traffic accident.

"There's no gore in it," said Lorna. "It's not about dealing with a scenario like this clinically; it's about how to manage the scene and do the triaging safely. Basically, it helps responders decide what they should do when they arrive at a scene like that. It's about making decisions under pressure and

making the right choices."

The film is interactive, so that people can decide what to do at each stage of their response. Instructors can then see what choices responders make and give appropriate feedback.

Although the film was showcased at the recent NES conference – an event which clashed with the 'Rethinking Remote' event (see page 11) – it is still being fine-tuned. However, BASICS Scotland is now looking to see if it can be developed further, using different virtual reality scenarios.

The film will be another useful addition to the growing range of virtual training tools provided by BASICS. These include the charity's regular series of podcasts, which Lorna said were being provided fortnightly rather than weekly – "simply because there's so much else going on".

These podcasts are accessible via <http://basics-scotland.org.uk/podcasts/> where you can subscribe to be notified of new releases.

"Our podcasts provide really good, bite-sized training and cover a wide range of topics we think will be of interest to anyone providing pre-hospital emergency care in remote and rural Scotland," said Lorna.

"We are always happy to receive suggestions of subjects our podcasts could cover, so if anyone has any ideas, please get in touch with us through our website."

## Flying the flag at international conference

**BASICS Scotland** was represented at the fifth **Emergency Medical Services Congress**, held in **Glasgow** and virtually from 4<sup>th</sup>-6<sup>th</sup> May. Some 1,100 delegates from 43 countries were welcomed at the event, at which **BASICS** had three posters presented and helped with the mobile skills unit.

A report to the **Scottish Rural Medicine Collaborative's** most recent programme board meeting noted that **BASICS Scotland** and the **Scottish Ambulance Service** considered funding to be the main limitation to attending and exhibiting at such conferences. However, they were keen to be involved in future opportunities and fly the flag for Scotland.

## Working hard to clear training backlog

**BASICS Scotland** is working hard to cater for the queue of healthcare professionals waiting for training.

"There is still a good number of people waiting to go on our courses and we are determined to provide for them as soon as we possibly can," said chief executive officer Lorna Duff.

"There is always strong demand for our **PHEC (pre-hospital emergency care)** courses but Covid lengthened the waiting list a bit. We'll get through it, though. It's important that we do as soon as possible."



## BASICS ... 2

# New drugs bag almost ready

**W**ORK is progressing on the development of a specialist drugs pack for healthcare professionals providing pre-hospital emergency care in remote and rural communities.

The new, standardised pack will be similar to the Sandpiper bag that will be familiar to many rural GPs and is being developed by BASICS Scotland, with input from the Scottish Rural Medicine Collaborative's GP adviser,

Dr Charlie Siderfin.

"The bag will be an additional resource for those who provide a pre-hospital emergency response in remote and rural settings," said Lorna Duff, the chief executive of BASICS.

"Emergency situations that require pre-hospital care don't happen often in remote and rural places but when they do they can be pretty significant, and this with this bag will have greater confidence that they can provide the on-

the-spot treatment that can be vital in these situations."

While it's been agreed what the drugs will be in the pack, there's perhaps less certainty about what the pack will be called.

Lorna joked: "Charlie Siderfin has been calling it the 'D' Bag – 'D' for 'dream' or 'drugs' but I wonder if we can't come up with a better name than that."

Any suggestions, anyone?

## GENERAL PRACTICE NURSING ... 2

# 'Under-valued' ... but a 'fantastic career'

**R**EWARDING, important, interesting ... three words Gill Dennes used more than once when *Bulletin* asked her to describe her career in general practice nursing.

But she also repeated other words to flesh out her feelings about the job she loves ... under-valued and misunderstood. More of that later.

Gill (59) has worked in community nursing for 30 years, the past four as an Advanced Nurse Practitioner (ANP) in the East Neuk of Fife. She's a Queen's Nurse, NHS Education for Scotland education adviser for general practice nurses and a former chair of the Scottish Practice Nurse Association.

It would be hard to find a more passionate advocate of practice nursing. And yet she whole-heartedly agrees with a view expressed elsewhere in this issue of *Bulletin*: that practice nursing is something of a Cinderella service in the NHS.

"We have a very wide role but I am afraid that is not widely recognised,"

“**You need to come in with enthusiasm but if you do I promise you it will be worth it**”

she said. "It is very frustrating. Often, patients ask me: 'Who are you? I want to see a doctor not a nurse. Many GPs even do not know what our job entails. And so the diversity in the pay and conditions of practices nurses is huge. GPs employ practice nurses and they can pay them what they like and perhaps don't realise that this can be a big issue when it comes to recruitment. What's more, professional develop-

ment of practice nurses is patchy."

However, Gill would contend that whatever is on the debit side on the career balance sheet is more than countered by what's on the credit side.

As she said in an article published on the Queen's Nursing Institute Scotland website: "This truly is a fantastic career and a gateway to lifelong learning. There are so many opportunities to develop your clinical knowledge and skills with a huge support network at your disposal. You need to come in with enthusiasm but if you do I promise you it will be worth it. Roles in community nursing are developing all the time, some growing out of all recognition.

"I still meet people in the GP surgery who think my role is limited to blood pressure and taking samples; they don't realise I can diagnose and prescribe. If you're determined and want to help expand the scope and role of nursing in this area, then this is absolutely the job for you. Community

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## GENERAL PRACTICE NURSING ... 2



○ Gill Dennes, a passionate advocate of practice nursing

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nurses don't work in a silo, we are part of something bigger, embedded in a huge team, making neighbourhoods and communities healthier – and that's something worth becoming a part of."

Originally from London, Gill did much of her practice nursing in West Fife but four years ago moved to Pittenweem in the East Neuk to take up a post with the 5,000-patient Coast Health practice. It's a job and a practice she loves – so much so that she says she plans to work until she's 70 "if I can hang in".

"Moving here is one of the best things I have ever done," she said.

Once of the attractions is that the job has given her the work/life balance she had been looking for. Outside work, she's a keen outdoor swimmer, hillwalker and yoga teacher, and finds time to volunteer as a first responder. And at work, she points out, she does much of the work that GPs traditionally did, as well as working in areas that GPs don't do, citing skin lesions and HRT as examples.

"That's the thing about practice nursing: our work can be pretty varied

## Why ANP Gill wants to work until she's 70

“Our work can be varied and is always interesting”

and is always interesting. And what makes it really good for me is that I am part of a really good team. I'm not sure I'm the kind of person who could work on my own in a very small practice in a remote setting. I enjoy teamwork and networking."

The networking is something she does professionally, on a structured basis. As NES education advisor in her area she helped set up a GP practice nurse network, supporting her col-

leagues in other practices and running education events for them. She constantly liaises with other practice nurses and hosts regular Teams meetings.

"I think it's important professionally and personally that practice nurses don't feel isolated," Gill said. "They need to connect with others, sharing experiences and ideas."

Gill has also set up a support group for ANPs, some of whom are not GP-employed.

Despite all this, Gill believes there is much to be done to get practice nursing on a more robust footing. As an example, she recalled an initiative in which she was involved about 10 years ago which saw student nurses being placed for short periods in practices, with a practice nurses serving as their mentors.

"It was a small project but it was such a positive thing and it worked," she said. "I would like to see it happen again because we need to do everything we can to encourage student nurses to think about practice nursing as a career option.

"Anything that can be done to help raise the profile of practice nursing can only be a good thing."

## RETHINKING REMOTE

# Conference seals place on medical events calendar

**WORK** on evaluating responses to the third 'Rethinking Remote' conference, held on 28<sup>th</sup> and 29<sup>th</sup> April, has yet to be completed.

But Professor Sandra MacRury, who was heavily involved in organising what is now regarded as a key event in the medical events calendar, has no doubt that the conference will be judged a big success.

Focusing on innovative solutions in rural health and wellbeing, the conference attracted delegates – 195 in total – and speakers from around the globe.

Professor MacRury, who represents the Scottish Rural Health Partnership on the Scottish Rural Medicine Collaborative's programme board, said: "The feedback we received after the conference was extremely positive. There was a great buzz about the

Rethinking  
Remote  
2022

Innovative solutions for remote and rural health and wellbeing

place, I think largely because everyone valued being able to get together in person again. And that's really what the conference is all about – brokering these interactions and new connec-

tions, bringing people together to share ideas and experiences. It helps people to learn from each other and I like to think that some of the ideas disseminated at the conference will be picked up and adopted by others."

Held in the Macdonald Aviemore Resort – the previous two 'Rethinking Remote' conferences were staged in Eden Court, Inverness – the event had a new theme this year: disaster planning and pandemics.

The keynote presentation to open the conference was given by Hamza Yousaf, Cabinet Secretary for Health and Social Care, and the event featured contributions from several people involved in the Scottish Rural Medicine Collaborative. The SRMC's chair, Pam Dudek, who is chief executive of NHS Highland, gave the keynote presentation on the second day of the conference, and SRMC GP adviser Dr Charlie Siderfin, led a workshop entitled 'Recruitment and Retention in Rural Scotland – Lessons Learnt from Six Years of the Scottish Rural Medicine Collaborative'.

Other workshops included one led by Professor Sir Lewis Ritchie on the next steps in developing a Scottish National Centre for Remote and Rural Health and Social Care.

Speakers at the conference included Professor Trish Greenhalgh, Professor of Primary Care Health Science at the University of Oxford, who gave a talk on technology enabled communication in the NHS; and Dr Sarah Chalmers, President of the Australian College of Rural and Remote Medicine, whose talk was entitled 'Remote and Rural Practice in General Medicine: Inspiring the Future'.

**A** MONG the many people who found this year's Rethinking Remote conference particularly interesting – and important – is Lorna Duff, chief executive officer of BASICS Scotland.

The charity provides training in pre-hospital emergency care to healthcare professionals working in remote and rural parts of Scotland and so the conference was always going to be highly relevant to Lorna's work.

"It was a fascinating event, not least because it was great at long last to network on a face-to-face basis rather than doing so remotely," she said. "It seems such a long time since that happened."

Lorna said she had been working with the Scottish Rural Medicine Collaborative's GP adviser Dr Charlie Siderfin and programme manager Ian Blair for some time but the conference provided her with an opportunity to meet them for the first time.

"Networking like that is so im-

## It's great to meet face-to-face at last!

portant," she said. "We've missed out on so much because of Covid but now we seem to be emerging into something like normality, which is great."

Lorna added that she was particularly interested in the contribution made at the conference – albeit by video link – by Dr Sarah Chalmers, president of the Australian College of Rural and Remote Medicine.

"It was fascinating to hear from someone like that," she said. "In terms of geography she deals with a much larger area and yet some of the issues she's involved in are so similar to those we experience in Scotland."

Meanwhile, BASICS Scotland has been busy preparing for its own 2022 conference, which is to be held in Aviemore on 2<sup>nd</sup> and 3<sup>rd</sup> September.

## RECRUITMENT AND RETENTION

# Many solutions to enduring problem

## Research findings presented to conference

**T**HE recruitment and retention of rural general practitioners can only be effective if a holistic approach is taken to tackling what is an enduring problem in Scotland.

That's one of the key findings of a major piece of research, details of which were presented in poster form to the 'Rethinking Remote' conference held in Aviemore in April.

The research also concluded that effective recruitment and retention required solutions that were specific to individual locations, taking into account the diversity of rural places and spaces.

"We know that a lot of solutions to the problem are not new," said research fellow Andrew McLaren, "but we have now developed a fuller picture of the complexities of remote and rural working, and the challenge now is to get the various groups involved in this to work together to improve things."

The research group's findings reflected a recent World Health Organisation report on remote and rural healthcare which showed that a 'whole of society' approach was required to ensure the effective recruitment and retention of GPs.

Trying to tackle the problem by addressing single issues, such as salary, training, accommodation or family, neglected how entwined these issues were, the researchers concluded. Instead, it is argued, "the multi-dimensional reality of doctors' professional, personal and place-based lives" needs to be taken into account.

The poster presented at the



'Rethinking Remote' conference explained that people living in remote and rural areas faced significant geographic and demographic difficulties accessing quality healthcare. However, providing healthcare for people in these areas was challenging because of difficulties recruiting and retaining healthcare staff.

The researchers argued that, while there have been innovative approaches to remote and rural healthcare delivery, such as telehealth, virtual consultations, visiting support from specialty services and upskilled multi-dimensional team members, these were insufficient. Communities needed doctors located locally.

The research project involved interviewing 56 doctors across Scotland and concluded that personal factors such as children's education, partners' work and preference of location were

all factors GPs considered in relation to remote and rural working.

The interviews highlighted how varied recruitment and retention issues could be. Some places were successful in meeting the challenge while others were not, even though the locations may be similar in nature. And part of the challenge was identifying those doctors who would thrive in remote and rural settings. These areas offer the opportunity to work in smaller, more intimate teams but, on the downside, training and development pathways can be limited.

Mr McLaren told *Bulletin* that, looking to the future, talk of a new centre in the Highlands focused on remote, rural and island medicine was "a serious option to consider".

He added that work had now started on a project funded by the National Institute of Health and Care Research to investigate what communities had done and were doing for themselves to address recruitment and retention challenges.

"I think there has been something of a rural renaissance because of Covid," said Mr McLaren. "People are rethinking their options in relation to remote and rural living and healthcare needs to keep pace with that."

And this isn't just about doctor numbers, he argued, explaining, "We need to expand the number of people doing medicine generally and then getting all agencies involved to work together to make tangible changes in how we meet the recruitment and retention challenge in our remote and rural communities."

**W**HAT is viewed as a “unique opportunity” to present the voice of nursing to the wider world is to be held in Glasgow from 6<sup>th</sup>-8<sup>th</sup> June.

The Scottish Rural Medicine Collaborative has established from the Deputy Nursing Directors group that Fiona Fraser will represent rural nursing at the event, the Royal College of Nursing Congress 2022, details of which can be found [here](#). Delegates will be able to engage in debates around nursing practice, public health, employment issues and health reforms.

Another event planned for June is the eighth [WONCA World Rural Health Conference](#), to be held from 17<sup>th</sup>-20<sup>th</sup> in Limerick. It's hoped that upwards of 1,000 delegates – mainly doctors and healthcare professionals – from over 100 countries will attend the event. Dr Robert Scully, who featured in the last issue of *Bulletin*, is on the event's organising committee.

A team from Scotland will be at the [WONCA Europe Conference](#) to be held in

## Dates for your diary

London from 28<sup>th</sup> June to 1<sup>st</sup> July. This event will incorporate the 2022 Royal College of General Practitioners' annual conference.

This year's [NHS Scotland Event](#) will be held in Aberdeen on 21<sup>st</sup> and 22<sup>nd</sup> June. Billed as the “premiere meeting place” for those providing health and social care services in Scotland, the event has as its theme ‘Pandemic Recovery and Reform for the Future’.

As is reported on page 11 this year's [BASICS Scotland Conference](#) will be held in Aviemore on 2<sup>nd</sup> and 3<sup>rd</sup> September.

A [Festival of Learning](#) is to be held on Skye from 12<sup>th</sup>-30<sup>th</sup> September to support the development of a Remote and Rural Scottish Centre of Excellence.

The [Best Practice Show 2022](#) will be held in Birmingham on 12<sup>th</sup> and 13<sup>th</sup> October. For more than a decade the annual event has attracted more than 4,000 senior

decision makers from the primary care community. Best Practice in Nursing is part of the event.

Two other major events will be held in Scotland later this year. The Rural General Practitioners Association Scotland (RGPAS) will hold its [annual conference](#) in Inverness and virtually on 12<sup>th</sup> and 13<sup>th</sup> November. There will be a varied programme of speakers covering a range of themes and the organisers look forward to welcoming all GPs and would-be GPs working in rural Scotland.

Days later, from 19<sup>th</sup>-21<sup>st</sup> November, the [World Extreme Medicine Conference 2022](#) will be staged in Edinburgh and virtually.

This will be the conference's 11<sup>th</sup> year and the Scottish Rural Medicine Collaborative has exhibited at four previous events. Last year, SRMC programme manager Ian Blair attended and spoke to delegates from the Scotland Is Now stand. The conference featured influential individuals and organisations working in extreme medicine and is the world's only global conference on the subject.

## Meet the team



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