

The Scottish Rural Medicine Collaborative BULLETIN



MARCH 2023



**SRMC is
being
wound
down**

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MORE ON PLANS
FOR THE FUTURE**

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Produced by the Scottish Rural Medicine Collaborative

Programme board looks to pass on work of collaborative

SIX years after the Scottish Rural Medicine Collaborative's programme board met for the first time, the board held its final meeting on Thursday, 16th February.

The SRMC is being wound up at the end of the financial year, and while the new National Centre for Remote and Rural Health and Social Care will have a focus on the areas of work previously within the programme, it has been acknowledged that some of the work could be picked up by other groups where appropriate.

The new centre will have four main workstreams: recruitment and retention; research and evaluation; education and training and leadership and best practice. Planning for the new centre is being led by NHS Education for Scotland (NES).

The intention to establish the national centre was discussed at the programme board in May last year and was seen by the SRMC as a "positive and natural development", with indications being that the work of the collaborative, to improve recruitment and retention, would be considered for inclusion in the national centre's work plan.

A report to the programme board's February meeting explained: "Because of the emerging national centre, and the potential opportunities it afforded, it seemed logical to consider ending the SRMC programme and exploring the transition of appropriate work to the national centre."

With the work on establishing the

National Centre still ongoing, and given that that SRMC's funding ends at the end of the current financial year and that the collaborative does not have nursing and AHP advisors, the SRMC's work plan was revised in November to focus on what could be achieved by the end of March.

The work plan identified the next steps for each of the SRMC's projects, seeking to mitigate the risk of any likely hiatus between the end of March and the setting up of the national centre.

The SRMC's GP advisor, Dr Charlie Siderfin, has assessed what work could be done before the end of March with support from the collaborative's two new project managers, who joined the collaborative in September last year.

This work covered pre-hospital emergency care (PHEC); the 'Reflect and Rejuvenate' initiative; supporting young people into healthcare careers; peer-to-peer support; rural medical electives; resource for GPs working for

the first time in Scotland and supporting GPs interested in working in rural Scotland.

There's more about these projects elsewhere in this issue of *Bulletin*.

As for the project managers, Naomi Swann and Solomon 'Pelumi' Oyeniyi, they have fixed-term contracts with NHS Highland and their ongoing employment and work plan will be picked up by the organisation and arrangements are already underway.

A paper to the programme board indicated that the deferral in setting up the national centre meant that there was a risk of the SRMC's work entering a hiatus "with a consequent loss of impetus and knowledge".

However after the review at the board of the work plan, there was much greater confidence that the majority of work could be housed appropriately and the key themes held within SRMC being considered as a priority in the establishment of the new centre.

Because of the emerging national centre and the potential opportunities it afforded, it seemed logical to consider closing the SRMC and explore the transition of appropriate work to the national centre

REDISCOVER THE JOY ... 1

GP recruitment initiative attracts growing interest

N EWS of the success of the popular 'Rediscover the Joy of General Practice' (Rtj) initiative is spreading far and wide.

The Scottish Rural Medicine Collaborative's programme board was told at its meeting on 16th February that there had been significant external interest in the project, with requests to speak at various workshops and conferences.

The collaborative's GP advisor, Dr Charlie Siderfin, has agreed to speak on the subject at a Norwegian College of GPs' conference in November, and there a webinar on how to set up a national Rtj programme in Norway was presented by Lorraine Hall, Kirsty Brightwell and Dr Siderfin on 13th March.

The programme board was also told that in September last year the GP lead in Kent and Medway had contacted Dr Siderfin to discuss the Rtj project. Dr Siderfin agreed to deliver a talk at their GP recruitment strategy launch and workshop on 8th March.

He had also been asked to speak about his experiences and to run a workshop on delivering joy in GP training at this year's Highland GP Trainers conference – an event which was titled 'Rediscover the Joy of GP Training'. This took place on 16th February, the morning of the SRMC's last programme board meeting.

Furthermore, Dr Siderfin has been asked to deliver a plenary session at the Health Care Services Research UK conference in Bristol on 5th July around the work of the SRMC and Rtj in recruitment and retention.

In February the Rtj hub met colleagues from the Scottish Government who confirmed their continuing commitment to Rediscover the Joy.

Lorraine Hall, executive lead, delivered a presentation to build an understanding of the current delivery model and potential for the future.

The hub manager, Sue Imrie, has provided the Scottish Government with more detail and it is anticipated that when feedback is received in early April it will enable a formal bid to be submitted.

A successful bid should provide indicative funding for the next three years.

Meanwhile, GPs are continuing to support remote and rural practices through the Rtj scheme.

The SRMC's programme board was told that between April 2020 and March 2021 a total of 420 weeks of cover were requested by practices, with 275 weeks filled by Rtj GPs.

Between April 2021 and March 2022 a total of 602 weeks of cover were requested by practices across Highland, Western Isles, Orkney, Shetland, Grampian, Tayside and Dumfries and Galloway and 270 weeks were filled by Rtj GPs in this period.

Some 458 weeks of cover had so far been requested by practices across NHS Highland, Orkney, Shetland, the Western Isles and Dumfries and Galloway. Rtj general practitioners had so far filled 255 weeks in 2022/23.

Details of the Rtj scheme can be found on the SRMC's website [here](#). However, though the site is likely to be inaccessible when the programme comes to an end, information on Rtj can also be found on the NHS Shetland [website](#).

PERSONALISED HELP FOR RURAL GPs

1-2-1 support plan being developed

WORK is in progress on developing resources to provide personalised, one-to-one support for general practitioners interested in working in rural Scotland.

The Scottish Rural Medicine Collaborative's programme board was told at its meeting on 16th February that the work married well with the philosophy behind the 'Rediscover the Joy of General Practice' programme of creating support and flexibility around the requirements of individual GPs.

Work is ongoing to develop a questionnaire on how to have a coaching conversation with GPs considering working in Scotland. The aim is to understand what each individual is looking for, discuss potential opportunities and capture the information in a succinct format that can be used to identify suitable opportunities. It is also about identifying and training a small group of GPs to use the questionnaire.

A report to the programme board explained that the concept was tested recently with a London GP interested in undertaking an 11-week sabbatical in rural Scotland and then offering holiday cover once a year. Details of the concept and the GP's requirements were circulated via the RGPAS chat line and to primary care managers in Highland, Shetland and Orkney.

"There was considerable interest and a placement is currently being negotiated," a paper to the programme board reported.

ONLINE SUPPORT

Easing the path to a rural career for students

THERE is strong evidence that students from rural backgrounds are, given the appropriate support, more likely to establish their careers in rural areas.

Supporting rural school students with their applications to medical school is therefore an important long-term rural GP recruitment strategy.

At its meeting on 16TH February, the Scottish Rural Medicine Collaborative's programme board was given an update on a project to develop an

online resource to assist GPs and other healthcare professionals who wish to provide support to students.

The board heard that there had been discussions with Rachel Scarth from Developing the Young Workforce and Kerri Liddle from Skills Development Scotland to explore what currently happened and what the collaborative may be able to contribute.

It was reported that a "How to Guide" for GPs supporting students in their application to medical school was

progressing. This will contain links to resources such as the REACH programme and Gateway to Medicine, which support widening access to medicine.

The board noted that consideration was being given to where this web resource could be best hosted, as the SRMC's website will not be accessible from 1st April. The Royal College of General Practitioners and Rural GP Association of Scotland websites may be appropriate, it was suggested.

REDISCOVER THE JOY ... 2

A change was as good as a rest for GP Mandy

IT was towards the tail end of her career that GP Dr Mandy Allison decided she wanted something different.

Originally from Hertfordshire, she moved to Scotland in 1997 and spent 21 years as a GP partner in a large and very busy group practice in Craigmillar, one of Edinburgh's most socially deprived areas. She enjoyed the work but, while she never felt burnt out by the pressures of work, she concluded that she needed a change.

"I could easily have stayed where I was and finished my career there," she said. "I was very happy there but I wanted to try something different."

And so with her minister husband she relocated to Helensburgh and in 2018 started work in a single-handed practice in Gairlochhead. The job was different in many ways from the one she left: for one thing, she became a salaried GP.

“When I told my partners in Edinburgh what I was doing they thought I was mad”

She explained: "It was a very big change in terms of the style of working. Coming from a practice with 12 doctors to working in a single-handed practice in a small semi-rural setting was certainly a big difference. There was also the issue of professional confidence. I wouldn't have contemplated coming to work in a single-handed

practice had I not been quite an experienced doctor.

"When I explained to my partners in Edinburgh what I was doing they all thought that I was mad so it was a bit of a leap of faith for me.

"One thing that made the change less challenging for me was the fact that I came as a salaried doctor employed by the practice nearby that at the time was overseeing the Gairlochhead practice. The oversight and responsibility that I had wasn't the same as being a partner so that made the transition slightly easier for me. I was here essentially to do the clinical job and not worry about other things. I had enough of being a partner. I had been there, done it."

If all that represented a big change for Dr Allison, another one was in the offing. Last year she got her NHS pension and officially retired. She resigned

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How late-career change 'revitalised' GP

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from her salaried post but, as she put it, "I decided I wasn't completely ready to hang up my stethoscope."

Today, Dr Allison works at the same practice but as a locum two days a week. And it was that transition that prompted her to consider if the 'Rediscover the Joy of General Practice' (RtJ) initiative might work for her.

"I saw it advertised and thought it was a timely thing for me to explore," she said.

"I had the feeling that four years of working in a single-handed practice had given me the confidence to work in more remote and rural areas. It's something I don't think I would have had the confidence to do coming straight from Edinburgh."

To date, Dr Allison has had only one RtJ placement: a week in Shetland in September.

"It was fabulous", she told *Bulletin*. "I had never been to Shetland before so it was an opportunity to go and see the place. As it happened, my time there coincided with a spell of good weather, which helped."

And the weather is a significant factor for Dr Allison, as she explained. "I made a conscious decision after I did my spell in September that I wouldn't do any more 'Joy' work until the spring. What's the point of going somewhere when it's dark and you can't explore the area when you've finished work?"

She may have had only limited experience of the RtJ scheme but she clearly sees its value to GPs like her in that it offers a fresh experience in a new area, working somewhat like a locum but with a support structure that provides help with accommodation and travel.

Dr Allison also appreciates the fact that practices using RtJ general practitioners tend to be very welcoming, developing a nurturing relationship with the GPs. Now, she has lined up RtJ stints with three practices in the coming year.



○ Dr Mandy Allison pictured taking in the view to Muckle Flugga lighthouse on North Unst, while she was in Shetland as a 'Joy' GP

"As I look ahead everyone has been terribly helpful," she said. "I have been sent lots of useful information in advance, which is not always the case if you turn up as a locum and feel as if you just have to get on with things."

Next up for Dr Allison is a spell as an RtJ GP in Sandhead, south of Stranraer, followed by a stint in Carbost on Skye and then, in July, a return to the practice in Scalloway in Shetland where she worked in September.

Meanwhile, she and her husband have relocated to the pretty coastal

village of Kilcraggan and she intends to continue doing locum work in Gairlochhead, in what since October has been run as a 2C practice managed by Argyll and Bute Health and Social Care Partnership.

Looking back on the changes to her life in the past few years, she reflected: "It has been very interesting to have worked in two completely contrasting settings and I am glad I did that.

"Had I carried on in Craigmillar, where the work was quite relentless, I might have got to the stage where I would have wanted to retire but I never felt that. I slightly dodged that particular bullet and moved at the right time for me. The adage 'a change is as good as a rest' was very true for me. I never felt I was at the end of my tether but the change re-invigorated me."

And she believes other GPs might feel likewise about 'Rediscover the Joy'.

"I would certainly encourage others to think about it," she said. "It's a great way to expand your experience of general practice and to work in Scotland in a very supportive environment. And because everyone has been so friendly and welcoming the work has been pleasurable."

“It's a great way to expand your experience of general practice and to work in a very supportive environment”

NEW PROTOCOLS

PHEC guidelines being prepared

PROGRESS is continuing to be made on the development of standard clinical pre-hospital emergency care (PHEC) guidelines for national use.

As reported in the last issue of *Bulletin*, work has been taking place to draw up an extended set of protocols and standardised drugs and equipment for remote practitioners where there is an expectation that it will take more

than an hour for a Scottish Ambulance Service paramedic to arrive and transport patients to hospital.

The Scottish Rural Medicine Collaborative's programme board was told at its meeting on 16th February that ScotSTAR will provide a national system of governance for the protocols. BASICS Scotland and the Sandpiper Trust will provide the infrastructure and support for supplying a bag to con-

tain the relevant drugs and equipment, along with online access to the protocols and a spreadsheet to help ensure medication remains in date.

BASICS Scotland and the Sandpiper Trust are committed to delivering the bag and have £20,000 of Scottish Government funding to support this work. BASICS have agreed in principle to continuing this work after the SRMC is wound up end at the end of March.

RURAL ELECTIVES

Programme board told of interest in online directory

UNDERTAKING a rural medical elective is seen as an important way of exposing medical students to rural practice and increasing the likelihood of them later taking up a rural career.

Now, a project is under way to create an online directory of rural practices interested in offering what are being described as "student selected placements".

It is intended that the directory will contain a brief description of each practice and a diary indicating

when the practice is able to take a student.

Members of the Scottish Rural Collaborative's programme board were told at their meeting on 16th February that there was interest in this project at the Rural GP Association of Scotland (RGPAS) to the extent that they may be able to host the directory until such time as the initiative can be considered by the new National Centre for Remote and Rural Health and Social Care.

PEER-TO-PEER SUPPORT

Mutual help project mooted

THE Scottish Rural Medicine Collaborative is looking at developing guidelines for establishing peer-to-peer support for general practitioners, with the aim of improving the retention of rural GPs.

The SRMC's programme board was told at its meeting on 16th February that the project was about linking up GPs who would like to develop mutually supportive professional relationships.

This may be of relevance to geographically isolated rural GPs but

was open to all GPs.

The aim is that GPs could have regular catch-ups together, either by VC, telephone or on a one-to-one basis, to discuss experiences, issues and achievements and to learn from each other, enjoy each other's company and provide mutual support.

The programme board noted that the websites of both the Rural GP Association of Scotland and the Royal College of General Practitioners had been identified as possible platforms to host this resource.

RECRUITMENT

Medical training posts increased

MORE medical training posts have been filled in 2022 than at any other year since records began in 2013, the Scottish Government has stated.

It reported on 11th January that latest recruitment figures showed 1,073 posts for doctors in training were filled successfully – 93 per cent of the 1,155 advertised. General practice training places saw 99 per cent filled successfully.

Health Secretary Humza Yousaf said: "The results of this year's recruitment process continue to show that Scotland is a highly desirable place to live, train and work as a trainee doctor. We realise that there is always room for improvement and will therefore continue to work with NHS Education for Scotland to support our trainees as much as we possibly can to ensure the sustainability of our workforce."

NHS Education for Scotland's medical director, Professor Emma Watson, added: "The 2022 recruitment figures reflect the strong reputation Scottish medical education and training has among doctors beginning their careers as general practitioners or hospital specialists."

RURAL FELLOWSHIP

MEET the latest champion of a long-established initiative to promote remote and rural general practice in Scotland.

The rural fellowship scheme managed by NHS Education for Scotland (NES) is designed to give newly-qualified GPs the opportunity to live and work in a remote and rural practice for a year.

The hope is that the doctor will then want to continue working in such communities, thereby helping to address the long-standing recruitment and retention problems that the Scottish Rural Medicine Collaborative was set up to help tackle.

As a relatively new member of his local deanery team Dr Connor Gamble is an associate advisor with the main role of co-ordinating deanery teaching in the north of Scotland. He's also a newly-qualified GP and has taken up a partnership with the Tweeddale Medical Practice in Fort William, having been on the rural track scheme.

As our picture suggests, Dr Gamble is perfectly at home in remote and rural locations – and he's been working to ensure that the current cohort of 12 rural fellows are too.

In January he and Debbie Miller, who co-ordinates the scheme for NES, welcomed the rural fellows – there are 10 in the current cohort plus two who have returned to the scheme following maternity leave – to what he described as an “extremely useful” two-day meeting in the Centre for Health Science in Inverness.

He explained: “The meeting deliberately covered a wide range of subjects – the sort of things that doctors might encounter in a remote and rural setting and subjects we thought might be of interest to them.”

The wide-ranging agenda began with Evan Beswick, head of primary care in Argyll and Bute, and Dr Rebecca Helliwell, a GP and deputy medical director in the same area, giving a talk on job opportunities for rural fellows and navigating the ever-changing primary care landscape.

Allison Winarski, vascular surgery



Fellowship scheme has new champion

clinical fellow, the Royal Infirmary of Edinburgh, gave a talk on the assessment and management of vascular conditions in primary care, and Angus Cain, ENT consultant at Raigmore Hospital, Inverness, led an open forum on matters relating to his specialism.

Leanne Tee, lead forensic medical examiner with NHS Highland, provided an introduction to police work and forensic medicine for rural GPs, and Murdo Macaulay, of HM Coastguard, gave a talk on pre-hospital care, working together and learning lessons from the coastguard perspective.

The agenda also featured an introduction to wild swimming and diving medicine by Dr James Douglas, who like Dr Gamble is a partner at the

Tweeddale practice. However, plans to actually do some wild swimming were thwarted by the stormy weather.

It's planned to hold another meeting later this year.

Originally from Cheshire, Dr Gamble qualified last August, has been in Fort William for three and a half years and got involved in the rural fellowship scheme because he has a particular interest in remote and rural general practice.

“I have Scottish roots and I would spend a lot of my available time coming to the Highland to do hiking and running and so on. When I found out about the rural track option I thought it sounded great, and I've really enjoyed it.”

ONLINE HELP

Resource planned for GPs new to Scotland

WORK is progressing on the establishment of a resource for general practitioners working in Scotland for the first time.

The aim of the resource is to improve the experience of GPs coming to work in rural Scotland and hence the likelihood of them remaining.

Members of the Scottish Rural Medicine Collaborative's programme board were told at their meeting last month that the need for this was identified through work on the 'Rediscover the Joy of General Practice' (Rtj) initiative.

A report to the programme board explained: "A list of required resources has been identified through the Rtj GPs and the enthusiasm of Rebecca Payne, a Welsh GP who works part time with NHS Orkney and who undertakes rural locums."

It is hoped that the new resource will cover for areas such as Scottish legislation, including the Mental Health Act, duty of candour and the role of the procurator fiscal; Scottish GPIT systems with introductory material to Vision and EMIS, SCI Store and SCI Gateway, including death certification and the processes around it; national clinical resources such as Scottish palliative care guidelines and SIGN; and personal tips around working in rural practice, including questions to ask of practices, personal packing list, etc.

The board was told that consideration was being given to where the resource should be hosted. The resource will be useful to all GPs coming to work in Scotland. However, initially it may be hosted by Rtj.

RESEARCH FINDINGS

New workforce survey highlights OOH concerns in general practice

THE number of general practitioners working out-of-hours in Scotland has declined and researchers have warned that the service is relying on a small number of people having to work long hours.

A [workforce survey](#) published recently by Public Health Scotland found that most NHS boards reported decreases in the number of GPs working out-of-hours services, compared to the last survey in 2019. It also found that some of the boards had difficulties filling shifts and had to divert patients to A&E.

Eight boards also had to take additional action "at least weekly" to ensure that shifts are filled, either by extending shifts, having nurses cover GP shifts, reducing triage cover or use of standby/on-call/back-up shifts.

The report said: "OOH services are reliant on a relatively small number of GPs carrying out a notable proportion of the hours worked. Within OOH services, nine per cent of the GPs worked 1,000 hours or more over the year and their total annual hours accounted for nearly half (44%) of the total GP hours worked.

"At a national level there is awareness of the issues with GP recruitment and the impact of pension tax changes."

The survey also found that GPs aged over 45 worked a higher average

number of hours per week in OOH services than younger GPs, with the highest average hours worked by GPs aged 60 to 64.

Dr Catriona Morton, deputy chair of RCGP Scotland, has been reported as saying that the figures were "very disappointing" but came amid "very high levels of demand" on day-to-day general practice.

Meanwhile, a survey by the RCGP has revealed that just under a third of general practice staff are worried about the future of their practice amid increasing demands.

The statistics were taken from a UK-wide survey of 2,649 primary care staff, including GPs, practice managers, and other clinical and non-clinical employees.

The survey found that unmanageable workload and rising demand, GP partners leaving the profession and a shortage of salaried GPs were seen as the main reasons behind fears of closures.

Of the 181 respondents in Scotland, 31.7 per cent feared that their practice could close within months, and 81.5 per cent were either concerned or very concerned about whether it could deliver the level of care that patients needed in winter.

The percentage of GPs fearing their surgery could soon shut down was higher in Scotland than in the UK overall.

REDISCOVER THE JOY OF GENERAL PRACTICE ... 3

Recruitment initiative revitalised careers

IT takes something special to persuade a GP to quit the busy practice he had served for more than three decades to start a new life working in some of Scotland's most isolated communities.

That something special was a combination of two things: the establishment of the Rediscover the Joy of General Practice (Rtj) initiative and the fact that, at 62, Dr Cameron Wilson felt, in his words, "a bit jaded".

It was in April 2021, having conceded that he needed to make a break from his practice in Preston, Lancashire, that Dr Wilson joined one of the rural support teams of GPs set up under the Rtj scheme.

Since then, he's had four Rtj placements. Broadford and Carbost on Skye, in Tongue on Scotland's north coast and in Lochaline in Morvern, Lochaber could hardly be more different from Preston, where he had practised for 33 years.

But it was that difference that appealed to Dr Wilson. He wanted to make a clean break from inner-city general practice and he hoped that he could rediscover the joy of being a GP by working in remote and rural communities in Scotland. Working over three sites and with 15,000 patients on his books, Dr Wilson says he was "pretty exhausted" in Preston.

As he told *Bulletin* a few months after he started on the Rtj scheme, one of his reasons for so dramatically changing his life was that he felt strongly that the NHS in England was, as he put it, "losing its way".

"It has been going on a downward spiral quite rapidly," he said. "I felt I had enough of battling against the system every single day. I felt a number down there – but I don't now. To be honest, I didn't know just how jaded I had become until I left."

He remains convinced that he wasn't alone.

"I honestly believe people will be leaving practices in England in their

How jaded GPs found Joy at last

Of all the initiatives in which the Scottish Rural Medicine Collaborative have been involved, few have been more successful or had a higher profile than 'Rediscover the Joy of General Practice'. As the SRMC winds down, *Bulletin* catches up with three GPs, all towards the end of their careers, who say the scheme has given them a new lease of life.

droves in the next year or so," he said. "Things have got pretty bad there and I think this scheme would appeal to many GPs. It holds a lot of attractions. You can pick and choose where you want to work. You are able to do more for each patient and so it is more rewarding professionally. Your accom-

modation is arranged for you. And though the places you work in may be isolated you don't feel isolated professionally – you are part of a team.

"There's no doubt about it – the scheme has been great for me."

These days Dr Cameron, who is originally from Hamilton, splits his time between working in a remote and rural practice and living with his wife Nadine in Leyland in Lancashire.

Fellow GP Dr Gerwyn Owen has an even longer commute between the practices he serves under the Rtj scheme and the place he calls home: Portishead near Bristol.

However, unlike many Joy GPs Dr Owen doesn't necessarily have to leave

“There's no doubt about it — the scheme has been great for me”

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Rediscovering the Joy of General Practice worked for them

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his home to work under the scheme as much of his work is done remotely.

“I do face-to-face consultations as well but I’ve found that so much work can be done effectively by video or e-mail or telephone,” he said.

When *Bulletin* first spoke to Dr Owen, in March 2021, he was one of the 17 remaining general practitioners serving in the first cohort of RtJ doctors. At the time he was, and remains, one of the scheme’s biggest fans.

He said: “I’ve carried on working regularly for the scheme since I joined it, mainly sticking to just a few practices, and I’ve thoroughly enjoyed it.”

Dr Owen has been able to work both remotely and in person, and has provided valued cover in Unst and Levenwick in Shetland, as well as The Group Practice in Stornoway and what is now called the Three Harbours Practice in Wick.

He said: “I have been able to work effectively using the phone or by video, though I have mixed feelings about it as some folk obviously resent not being able to see a GP face to face.

“However, I feel very blessed as I have thoroughly enjoyed the experience of working in Shetland or the Western Isles. It’s just gorgeous there and it’s been a privilege to be welcomed into communities that are so far away from my home.

“Working on the scheme has been a wonderful experience for me and I hope that if it continues I’ll carry on working for another couple of years. I’ve been able to see different places but at the same time I’m still working. At 60 I think I was a bit too young to stop working completely.

“I remember when I first talked to someone about the scheme at the Royal College of General Practitioners’ annual conference in Glasgow in 2018 I was overwhelmed by the thought that it could actually work for me.

“Today, I feel – and my wife sees it too – that I am enjoying work again. I’m back doing what I was trained to do: consult, examine, show empathy



○ Pictured from top are ‘Rediscover the Joy’ GPs Drs Cameron Wilson, Gerwyn Owen and Peter Glennon

and compassion and hopefully making some good choices for people.

“The scheme has liberated a lot of the clinical passion that I had probably lost.

“I didn’t feel burnt-out before but I

was cheesed off. This has definitely re-invigorated me.”

Dr Owen’s feelings are shared by another of the RtJ’s ‘veteran’ GPs, Dr Peter Glennon.

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'It's been a really good experience for me on several levels'

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It was in December 2019 that *Bulletin* first spoke to Dr Glennon. He was 62 and had retired from the practice in Stafford where he had worked for 32 years. He had planned to make the most of his retirement by reading, cycling, walking and birdwatching far more than he had been able to do while he was working.

However, there was something about an advert for the RtJ scheme that appealed to him and he thought he would give it a go. He hasn't looked back.

"I've thoroughly enjoyed it," he said. "At first the prospect of it seemed a bit daunting, having been at the same practice in England for 30-odd years. But I feel I have had four years that's almost been like having a new career that I hadn't anticipated.

"It's been a really good experience for me on several levels. I'm in the exceptionally lucky position of not actually needing to work but I am able to do something that gives me some personal fulfilment.

"Now that I have more time and less pressure than I had throughout my career I feel revitalised clinically. I'm able to switch off when I finish work and that's something I couldn't do when I was a partner in England.

"I'm back to doing good old-fashioned general practice work. I've been able to cherry-pick the practices I want to work in, and my work/life balance is how it should be. I love it.

"It's been like a final fling towards the end of my career. I think I have probably done about five months a year for the scheme over the last four years, though it may have been six months in 2022.

"However, I'm 66 now and though I feel that potentially I could still carry on working safely and competently if I needed to I think I will probably retire this year.

"My wife has recently retired and maybe it's time I did likewise."

Like Dr Wilson, Dr Glennon believes that the RtJ scheme offers a

How GP was able to launch remote clinic

WHILE working on the 'Rediscover the Joy of General Practice' initiative has given GPs the opportunity to do just that, it has also given some people the chance to pursue particular professional interests.

Dr Peter Glennon (right) said: "One of the reasons the Joy scheme has really worked for me is that I have been able to indulge in some little hobby horses of mine.

"While I was working for The Group Practice in Stornoway they asked me if I was interested in doing any remote work.

"To be honest I'm not a big fan of remote medicine. I always prefer face-to-face consulting. However, they knew I had an interest in dermatology and so I set up a remote dermatology and dermoscopy clinic, which I do twice a week for them.

"It's actually quite an innovative project and the model we have developed could easily be rolled out for other remote and rural practices. It's a very common method in North America where there are large geographic distances and a lot of patients now have their own dermoscopes at home. They clip them on to their smart phones and send images to their dermatologists.

"In this case, the practice has a cheap dermoscope. We have developed a pro-forma for the patient to fill in. I would do a quite detailed e-mail exchange with the patient, who would send me a picture of their mole or whatever. I would



then decide if they needed dermoscopic photography for me to get a more detailed image.

"One of the receptionists at the practice, who is not a clinical person, would get the patient in for dermoscopy. I then get the picture sent to me and remotely I can make a determination, print off a prescription or send the patient to the local dermatologist if I think that's needed.

"The model has worked for a year and it's proved to be very doable for a remote practice. Using a non-clinician to take the pictures means that it's very cost-effective and so it could easily roll out to other rural areas. It's very good for patients and for the NHS generally."

unique opportunity for GPs, particularly those working in England.

He explained: "As a partner in a busy urban practice my burden of work was impossible. I was forever firefighting and never able to get on top of things. The stress levels were alarmingly high. I just couldn't switch

off after work. I know others felt just the same and there could well be a significant exodus from England of GPs in their mid-career: doctors who feel that they just cannot cope with the workload in English practices.

"It could actually work out well for remote and rural Scotland."

LOOKING BACK

How it all began for the collaborative...

THERE'S a good argument for saying it that all started in 1910.

Medical services in the north of Scotland had always been patchy at best and wholly inadequate at worst, and so the Highlands and Islands Medical Services Committee was established to consider how best to improve the situation.

The brief was a daunting one: "to consider how far the provision of medical attendance ... is inadequate, and to advise as the best method of securing a satisfactory medical service therein".

Chaired by Sir John Dewar, an MP and elder son of the founder of the famous whisky firm, the committee's findings – the [Dewar Report](#), published in 1912 – recommended the setting up of a centrally-planned provision of care that was to transform medical services in the area.

This organisation, the Highlands and Islands Medical Service, has since been seen as a key forerunner to the National Health Service as we know it today.

The report may have helped revolutionise services in the north of Scotland but for many years after it was published the area continued to face very real healthcare challenges.

Fast forward to 2013 and a paper

As the Scottish Rural Medicine Collaborative winds down after six challenging but always interesting years, we look back on how we came to be



○ *Members of the Dewar Committee, with chairman Sir John Dewar seated front left*

presented to the board of NHS Education for Scotland (NES). '[Supporting Remote and Rural Healthcare](#)', by Ronald MacVicar and Pam Nicol, recognised that "recruitment and retention issues are the key challenges facing rural general practice and primary care".

And so a new expression was introduced to the healthcare scene in Scotland: Being Here. NHS Highland

was awarded £1.5 million to devise and test innovative ways of recruiting and retaining healthcare professionals, and particularly GPs, in remote and rural areas.

The brief for the 'Being Here' programme, which ran from 2013-2016, was to look at "different and innovative ways of sustaining health and care services" in such places.

Like NES, the Royal College of General Practitioners Scotland recognised that remote and rural healthcare in Scotland had "reached a crisis with problems with recruitment and retention for GP practices from Stranraer in Wigtownshire to Whalsay in the Shetland Islands".

This, it was felt, had "the potential

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Recruitment and retention issues are the key challenges facing rural general practice and primary care

LOOKING BACK

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to adversely impact on safe and effective patient care”.

And so RCGP Scotland investigated the situation and in 2014 published [‘Being Rural: exploring sustainable solutions for remote and rural healthcare’](#). Its recommendations were many and diverse, and may well have paved the way a year and a half later for the Scottish Government decision to invite health boards to apply to a fund “to support the recruitment, retention and return of GPs to Scotland”.

At short notice representatives of six boards and other organisations met online to consider submitting a combined bid, it being recognised that a collaborative approach might be the most effective way of addressing the issue. And so in April 2016 the North of Scotland Planning Group submitted on behalf of various collaborators a bid to the Scottish Government’s GP Recruitment and Retention Fund.

Meanwhile, the ‘Being Here’ programme, with the brief of building “the sustainability of health and care services in remote and rural areas by developing and testing new delivery models for service provision”, had been active in the four pilot areas chosen for the project: the Small Isles of Rum, Eigg, Muck and Canna; the Acharacle practice area and Mid Argyll and Kintyre. Interviews were conducted with hundreds of community residents health and social care professionals and third sector workers to gain information that would help shape Being Here activities.

The programme saw a range of initiatives. In Kintyre, for example, the aim was to establish a single out-of-hours, community hospital and A&E service led by one practice. In Mid-Argyll, the ambition was to set up a single out-of-hours service integrated with the Lochgilphead community hospital in-patient and A&E services, which



○ **Delivering healthcare to Eigg, one of the Small Isles, where the Being Here project was piloted**

would be led by one practice. And in Acharacle the aim was to create a multi-disciplinary team to prevent professional isolation and minimise reliance on GPs.

But it was for its work in the Small Isles that the Being Here programme attracted most attention. The island had depended on a range of locums for GP services for a number of years, until in 2015 the Broadford practice on Skye took over the running of the Small Isles practice.

Being Here also broke new ground in the islands by promoting the appointment of four rural health and social care support workers – residents trained to deliver basic medical services such as taking blood samples, changing dressings and carrying out some home care duties.

These new roles were inspired by work being done thousands of miles away. A small team travelled to Alaska to gain a better understanding of what was known as the Nuka System of Care, whereby community members took an active role in the delivery and development of healthcare services.

In November 2018 a detailed report evaluating the work of Being Here was published.

However, two years earlier the application for funding under the GP Recruitment and Retention initiative was approved and a new organisation entered the scene: the Scottish Rural Medicine Collaborative (SRMC).

Funding of just over £500,000 for the years 2016/17 and 2017/18 was awarded to the collaborative, then a

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LOOKING BACK

How it all began

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grouping of seven NHS boards: Highland, Orkney, Shetland, Western Isles, Ayrshire and Arran, Grampian and Dumfries and Galloway.

Within months, a project brief was prepared for the SRMC and in March 2017 the collaborative's programme board met for the first time. Less than two months later Martine Scott, of NHS Highland – who had served as Being Here's programme manager and who earlier met SRMC project manager Ian Blair to discuss collaboration between the two initiatives – joined the SRMC as programme manager.

The collaborative's work was to begin in earnest, with Ralph Roberts, then chief executive of NHS Orkney, chairing proceedings.



○ *Martine Scott, who was recruited as the SRMC's first programme manager, and Ralph Roberts, the collaborative's first chair*

There's a diagrammatic, at-a-glance history of the SRMC on the collaborative's website. The timeline, which can be viewed [here](#), is just one of a host of interesting and useful features on a website that's become an important tool for all involved in remote and rural general practice. There's more about the website below.

SRMC'S one-stop shop window for recruitment and retention

THE Scottish Rural Medicine Collaborative determined from the outset that if it was to be effective it needed to have an informative and easy-to-use online presence.

The collaborative's [website](#) is that presence: a busy but easy-to-view shop window for many things connected with primary care recruitment and retention in Scotland.

Developed with technical support from NHS National Services Scotland, the website has evolved considerably since its launch, with its content deter-

mined in part by an editorial board that's helped to ensure that it has become the go-to resource for anyone interested in the issues within the SRMC's remit.

One section is packed full of data on rural general practice, with links to a host of information sources.

The website contains all issues of [Bulletin](#) and there are details of forthcoming events of interest to those in rural general practice.

The [resource section](#) highlights a mixture of SRMC projects, and signposts to websites such as the popular

[GP Jobs](#) and [Recruitment Good Practice Guide](#).

Details about training pathways, initiatives promoted by the collaborative such as 'Rediscover the Joy' and links to wellbeing support services for GPs are also featured.

Unfortunately, as members of the SRMC's programme board were told at their meeting on 16th February, the website will close when the collaborative is wound up at the end of March.

Work is ongoing to explore how the material it contains can be accessed in the future.

Key dates for your diary

THE Scottish Rural Medicine Collaborative had a successful, presence at the 2022 WONCA Europe conference, which was held in London and which incorporated the Royal College of General Practitioners' annual conference.

The SRMC won't be around for the 2023 WONCA Europe conference, to be held in Brussels from 7th-10th June, but the event promises to be of interest to all involved in primary care. The event has the motto 'Making Choices in Primary Care', and the organisers' scientific committee is preparing an exciting programme based on original abstracts and contributions from leading international scientific networks and special interest groups.

Details of the conference can be found [here](#).

The National Centre for Remote and Rural Medicine's 2023 conference will take place in Penrith on 7th and 8th June.

The event is for doctors and healthcare workers in rural settings and in urban settings where delayed access to secondary care means urgent medicine skills are required; first responders and members of the rural community providing urgent care; those thinking about working in remote and rural healthcare settings and digital health practitioners looking for new innovations and test-bed resources.

There is more information on the conference on the SRMC's [website](#).

This year's Best Practice Show will take place in Birmingham on 11th and 12th October. The 2022 exhibition and conference welcomed more than 3,100 general practice attendees with an overall attendance of 4,700 over the two days. The delegates attending had 13 theatres of accredited CPD content and 220 exhibitors to choose from.

More information about this year's event can be found [here](#).

Glasgow will be the venue for this

year's RCGP annual primary care conference and exhibition, which is billed as "the must-attend event of the year for GPs and practice team colleagues". The event will showcase the latest clinical and policy developments across the UK and bring together an impressive range of national and international speakers. For details, see [here](#).

Finally, the World Extreme Medicine Conference 2023 will be held in Edinburgh from 11th-13th November.

This is the 12th year of the event and the Scottish Rural Medicine Collaborative has exhibited at four previous events. BASICS Scotland and the Scottish Ambulance Service are keen to be part of the team attending this year's event, which is the world's only global conference on extreme medicine. It is envisaged that some 900 delegates from around the world will be attending, either in person or remotely.

More information is available [here](#).

Meet the SRMC's core team



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