

The Scottish Rural Medicine Collaborative BULLETIN



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

We'll concentrate on what's achievable, says SRMC's chair

THE Scottish Rural Medicine Collaborative has committed itself to making a “tangible impact” on general practice recruitment and retention in the next few months.

Approving the collaborative's latest work plan, the SRMC's programme board November meeting set the course for projects leading up to the formation of the proposed national centre for remote and rural health and social care.

Explained chair Pam Dudek (pictured): “We agreed as a board to focus on the work plan for the rest of the financial year and on what tangible impact could be achieved in that short time.

“Our challenges around general practice and the wider multi-disciplinary teams have not gone away. We still need to continue to improve our recruitment and retention and so for the rest of the year our focus will be on two areas.

“One is recruitment. What can we do to attract GPs and make them want to contemplate joining us? What additional needs to be in place to continue to attract international recruits?

“The second part is very much about retention and what can be done to bolster peer support so that people when they come into positions in remote and rural Scotland don't feel unsupported and have a friend, a mentor or a contact that they can learn with or get support from.”

She added: “The work plan that was



presented to the board had a number of actions, all of which people thought were relevant. We now want to prioritise our work to make an impact in the short term as we transition towards the national centre. I hope that the centre will be the anchor for keeping going with all our good work.”

Pam said the aim was to help ensure that the functions and actions of

the SRMC become a coherent part of the workings of the national centre.

With the new national centre imminent – although quite how imminent remains a moot point, as the programme board discussed – Pam reflected on the work of the Scottish Rural Medicine Collaborative. Although she wasn't involved in the SRMC from its inception, she said she believed it had achieved much to improve recruitment and retention.

However, she recognised that the hiatus brought about by both the pandemic and the depletion of the SRMC's project team had impacted on delivery.

“There has been a period where we haven't been as active as we would have liked, There was a loss of shape in that sticky period, with a change in the resource available and the uncertainty that that generated. However, we are now at the stage where we can push ahead again,” she said.

“I think if we were to do a report on what the SRMC has achieved it would have a lot of positives in it. For example, although Rediscover the Joy is not part of the SRMC, it is linked to us and there's no doubt that it has been effective.

“I now want to look forward to seeing the SRMC continuing to play a part in helping to address a problem that is still a difficult challenge for us. It's a challenge that's bad enough in urban areas but in remote and rural Scotland it's particularly difficult, which is why we will focus on what we can achieve in the coming months.”

“**I think if we were to do a report on what the SRMC has achieved there would be a lot of positives in it**”

BOARD BRIEFING

Work progresses on new national centre

WORK is continuing on plans to develop a National Centre for Remote and Rural Health and Social Care.

However, members of the Scottish Rural Medicine Collaborative's programme board were told at their meeting on 24th November that there had been an adjustment to the timetable for some of the preparatory work.

A report to the board explained that as a consequence of the Scottish Government's Emergency Budget Review it had been decided to postpone the stakeholder engagement workshops and meetings planned for November and December until 2023. However, other aspects of work to

develop the national centre will continue.

The postponement will enable further discussion of the current business case, stakeholder feedback already received and further consideration of the Emergency Budget Review.

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

It had been intended that the centre would be operational by the beginning of April 2023 though that is now unlikely, a report to the SRMC's pro-

gramme board explained.

The plan is that the SRMC's work will be integrated into the centre and so the collaborative's programme manager, Ian Blair, has been meeting weekly with a small group led by Pam Nicoll of the Remote and Rural Healthcare Education Alliance (RRHEAL) to contribute to stakeholder engagement and communications.

In preparation for integrating the SRMC into the centre, information about the collaborative's financial and project management resources has been provided, and the collaborative plans to work more closely with RRHEAL staff on projects until the centre becomes operational.

Diverse range of projects planned

DETAILS have been issued of project work to be undertaken by the Scottish Rural Medicine Collaborative until the end of the current financial year.

At its meeting on 24th November the collaborative's programme board was briefed on planned and resumed work to be carried out with the support of the SRMC's new project managers (see page 20).

As well as work on the Reflect and Rejuvenate initiative (see page 4) and on the PHEC project (page 5), it is planned to develop a project to support young people into healthcare careers, work on a project relating to rural medicine electives and help promote peer-to-peer support for GPs.

A report to the programme board explained that there was strong evidence that students from rural backgrounds were, 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," the report stated.

It is therefore proposed to develop an online resource to assist GPs and other healthcare professionals who wish to provide support to local students. Work on this initiative restarted in mid-November and it is anticipated that resources will be available by February.

The peer-to-peer support project is about introducing to each other GPs, nursing and AHP practitioners who would like to develop a mutually supportive professional relationship.

The intention is that the SRMC will encourage individuals interested in establishing regular catch-ups together (usually by VC/telephone on a one-to-one basis) to provide the opportunity to discuss experiences, issues and achievements, as well as to learn from each other, enjoy each other's company and provide mutual support.

The SRMC's programme board was told that the RGPAS conference in November had reignited interest in this initiative and that it was expected

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Range of projects planned for collaborative

Continued from previous page

that activities related to GPs will be under way before the end of the year.

Finally, a report to the programme board explained that undertaking a rural medical elective was an important

way of exposing medical students to rural practice and increasing the likelihood of them later taking up a rural career.

The need is to create an online directory of rural practices interested

in offering electives or student selected placements.

The directory would contain a brief description of each practice and a diary indicating when the practice is able to take a student.

REFLECT AND REJUVENATE

Scheme designed to re-invigorate GPs

Short-term job exchange programme launched

AN innovative role-swap scheme designed to give general practitioners an opportunity to get a different perspective on their work and gain a sense of rejuvenation is up and running.

The Scottish Rural Medicine Collaborative (SRMC) launched the Reflect and Rejuvenate project because it believes a change can be as good as a rest for GPs.

The scheme facilitates job exchanges between rural and urban GPs for a brief period, typically one or two weeks, allowing both parties to gain different work experiences from those they usually encounter.

GPs taking part will work in an environment that's significantly different from what they are used to, allowing them to see patients in a different system, with different pressures and working practices.

Because these are practice-to-practice swaps, the GP will not be paid by the practice they visit. However, they will be eligible for travel and accommodation practices of up to £500. Remuneration is administered by the team from NHS Shetland that manages

the Rediscover the Joy of General Practice initiative.

Reflect and Rejuvenate is open only to GPs working in Scotland who have more than two years' continuous service in the same practice.

The Scottish Government has made £20,000 available for the scheme, via the Rural Fund, and it is hoped that this will facilitate 40 exchanges. Bursaries will be allocated to GPs on a first come, first served basis although a system of prioritisation will be used if there is high demand for the scheme.

Dr Charlie Siderfin (pictured), the SRMC's GP advisor, said: "GPs are subject to internal and external pressures that can lead them to feeling jaded

ed to such an extent that they may lose sight of what they enjoy about being a GP.

"Reflect and Rejuvenate is designed to provide an opportunity for GPs to reflect on these pressures from a fresh perspective, hopefully resulting in renewed enthusiasm and an introduction to fresh ideas."

He added: "There is justifiable concern about GP retention, which can have a significant impact on practices and communities, particularly in remote and rural parts of the country. We hope Reflect and Rejuvenate will play a role in addressing the problem."

More details of the scheme can be found on the SRMC's [website](#).

GPs are subject to internal and external pressures that can lead to them feeling jaded



BASICS

Pre-hospital emergency care protocols under review



WORK is ongoing to review and extend the equipment and protocols for pre-hospital emergency care as delivered by remote and rural practitioners.

BASICS Scotland, with support from Scottish Rural Medicine Collaborative GP advisor Dr Charlie Siderfin and project manager Naomi Swann, are progressing work that was initiated in late 2018 to rationalise PHEC.

Lorna Duff (pictured), BASICS Scotland's general manager, said: "This is picking on work to come up with a standardised system of training through the PHEC course, equipment with the Sandpiper Bag, and a set of protocols suitable for remote and rural practitioners. It's taken a long time to get traction – it's been a bit stop-start because of Covid – but we're now able to progress things."

She explained that the work was linked with the PHEC courses taken by GPs recruited under the Rediscover

the Joy of General Practice initiative and with the move to develop a drugs bag that is more comprehensive than the Sandpiper drugs pouch provided for those GPs deemed to be 'remote' as opposed to just 'rural'. This is defined as being where there is an expectation that it will take more than an hour for a Scottish Ambulance Service paramedic to arrive and transport critically ill and injured patients to hospital.

Lorna added: "When surveys were done a number of years ago about why people didn't want to come and work in primary care in remote and rural Scotland, one of the big fears that emerged was from people who didn't have emergency care training.

"Their training and experience as GPs who may have worked in an urban setting didn't cover some of the scenarios they could encounter on their own in a remote setting.

"The aspiration is to get any GPs and ANPs working in remote and rural

primary care to all have an in-date PHEC course, and we want to have a more formalised process so that there are protocols and guidelines in place that are suitable for remote and rural work."

One of the catalysts for reworking the protocols was the request by some fixed-resource GPs for more simplified, visual flow chart-style guidelines that they can use on the spot.

Lorna said: "GPs face having cognitive overload. We would always have full written guidelines but we're looking at making the protocols a bit more user-friendly for those GPs who don't encounter emergency situations on their own regularly.

"In essence, we want to give more support to remote and rural GPs, whether they are locums or working full time, to make things less scary for them."

The initiative is based on work undertaken by the Orkney Isles Network of Care (INoC). ScotSTAR will provide a national system of governance for the protocols and BASICS Scotland and the Sandpiper Trust will provide the infrastructure and support for supplying a bag to contain the relevant drugs and equipment, along with online access to the protocols and a spreadsheet to help ensure medication remains in date.



We want to give more support to remote and rural GPs, whether they are locums or working full-time

RGPAS



RURAL general practitioners from throughout Scotland converged on Inverness recently for what's been described as an "excellent and interesting" conference which covered a wide range of subjects.

The proposed national centre for remote and rural health and social care, pre-hospital emergency care and medical volunteering in Ukraine were among the diverse items on the agenda for the annual Rural GPs Association of Scotland (RGPAS) conference, held in the city's Craigmonie Hotel, as well as online, on 12th and 13th November.

RGPAS exists to represent and promote dialogue between rural GPs from across the country and the organisation's chair, Dr Alida Macgregor, told *Bulletin* that the conference proved to be an excellent showcase of rural general practice in Scotland.

She said: "We had roughly 80 people attending, of whom about 25 were medical students. We changed things this year. It used to be that the bulk of the conference took place on a Friday, which obviously proved difficult for some people, so we moved the main day to Saturday, which I think made it more accessible.

"Last year, for the first time, people were able to live-stream online, so we provided that again this year, and we'll

Conference provides 'excellent' forum for rural GPs

continue to make sure that that's an option at future conferences. What's more, all the sessions were recorded so we can make that available to members."

She added: "RGPAS has always been about providing a forum for rural general practitioners, giving them a shared space to learn about and discuss issues that have a rural focus, so the conference has always been an integral part of what we are about. Most of our GPs often work in quite isolated situations so I think they appreciate the ability to come together occasionally."

RGPAS was keen to ensure that there was a broad mix of topics at the conference, including clinical subjects and recruitment and retention of staff.

Dr Macgregor highlighted as being of particular interest at the conference a presentation on menopause and HRT; one on palliative care and the use of Ketamine; and a presentation by GPs working under the rural fellowship scheme promoted by NES.

Dr Emma Watson of NES led what Dr Macgregor described as a "really useful session" on the proposed national centre; Professor Angus Watson gave a "very moving" talk on medical volunteering in Ukraine; a report was given on the dispensing working group and on the Saturday morning BASICS Scotland joined the conference to stage a simulated major incident using students as casualties.

Outside the conference, Dr Macgregor said she believed RGPAS continued to have an important role. She explained that the association's committee had to reform after a hiatus caused by Covid. The organisation held a "really positive" AGM and it now had a number of actions to take forward, including continuing discussions on national guidance, governance and financial support for dispensing; engagement with medical students and making further representations on the GP contract.

She added that work would start shortly on planning the 2023 conference.

HOUSE CALLS

How paramedics helped solve GP recruitment problem for practice

PARAMEDICS are helping to ease GP recruitment challenges in part of Dumfries and Galloway by doing general practice house calls.

A cluster of three GP practices in the Machars area of Galloway as well as practices further to the west, covering the Rhins of Galloway, have been using Scottish Ambulance Service paramedics to do house calls in an initiative which was first piloted there three years ago.

And Dr Charlie Dunnett, lead GP in Wigtownshire, shudders at the thought of trying to manage without the paramedics.

Dr Dunnett, of the Galloway Hills Medical Group in Newton Stewart, said: "We were down to two doctors when it started and were struggling. Without the paramedics I would genu-

inely have to reconsider our future."

The initiative started before the implementation of the new GP contract but the terms of the contract have meant that it is now embedded, at least until funding for it is renewed, in the way the cluster functions.

"In fact, there is a prospect of it being introduced in the Dumfries area," said Dr Dunnett.

The GP added that as well as helping to make the practices involved more stable, the paramedics "made a difference" in terms of improving patient care, helping to ensure continuity of care and giving each patient a little more time on a house call than a GP could. The fact that the paramedics all came from the local community was also a "big plus", he said.

He added: "Although this is a relatively costly model we believe it is

worthwhile. It has solved a problem and we have not had significant push-back from our patients. What's more, it does not impact on the work the paramedics ordinarily do. What they do for us is additional work, and there is guaranteed backfill to ensure that their usual work carries on as normal.

"I'm a strong supporter of the model and can see it being applied elsewhere. That said, it does lend itself perfectly to an area like the Machars, where the nearest big hospital is 55 miles away."

While the paramedics are doing the bulk of his practice's house calls, Dr Dunnett explained that he and his GP colleagues still saw patients in their homes if required.

"It may be that the paramedics identify someone who should see a GP and so we will go out and follow up on their house call," he said. "We now have an arrangement that works well for us and our patients – and I feel that our paramedics are an important part of our family."

Dr Dunnett, a member of the BMA's Scottish GP committee, is well versed in trying out new ways of working. The September issue of *Bulletin* reported on his use of a groundbreaking model whereby NHS pharmacists have been formed into hubs to deliver to general practice services in Dumfries and Galloway.

As he explained in relation to the pharmacy hubs but could well have been thinking about his use of paramedics: "We don't have enough GPs so we have to change how we do things. But it is not about services to help GPs cope; it's about new services designed to deliver patient care with added value for patients and, at the same time, making life a little easier for GPs."

REDISCOVER THE JOY ... 1

PLANNED activities under the Rediscover the Joy of General Practice scheme (see pages 10-12) are "progressing satisfactorily", the Scottish Rural Medicine Collaborative's programme board has been told.

While the scheme is funded separately by the Scottish Government, the SRMC supports its ongoing operation and future development.

A report to the programme board's meeting on 24th November explained that the RtJ scheme continued to work with health boards and individual practices to understand their sustainability issues and to consider how the GP support teams established under the scheme could make the greatest impact.

Among the examples of how it

Board given 'Joy' update

is working that were highlighted to the board were the provision of regular remote paramedic clinical supervision given by an RtJ GP to a group of practices and the remote support given by a GP to a Western Isles practice with regular skin/dermatology clinics.

In the period from April 2020 to March 2021, 275 weeks of cover were provided by RtJ GPs; 270 weeks of cover were provided from April 2021 to March this year and 183 weeks of cover were provided from April to November this year.

RURAL FELLOWSHIP ... 1

New co-ordinator sets her sights on widening scheme

A NAIRN GP has taken over responsibility for co-ordinating the popular rural fellowship programme promoted by NHS Education for Scotland (NES).

Dr Debbie Miller (right) has succeeded Dr Gill Clarke, who for many years was in general practice in Forres.

The rural fellowship scheme was set up by NES in 2002 and sees up to 10 newly-qualified GPs securing a one-year fellowship in a remote and rural practice in the hope that they might consider working in some of the country's more isolated communities as a career option.

The fellowship is run on a co-operative basis between NES and rural health boards, with funding provided on an approximately 50:50 basis. As well as gaining experience living and working in rural practices, the fellows are given protected educational time to work on pre-agreed projects. Each fellow is allocated a mentor to offer advice and help with any difficulties that may arise.

Dr Miller has vast experience as a GP working in rural and semi-rural communities, providing out-of-hours and community hospital cover. As someone with a passion for education, she is an experienced education supervisor and training programme director for the Scottish rural track programme. In July she took over the roles of assistant director of GP education for the north of Scotland and rural fellowship co-ordinator.

Dr Miller said she was "delighted" to take over the rural fellowship role.

She said: "We all recognise the contribution that the rural fellowship has made in recruitment in rural re-



gions in Scotland, and this is evidenced by the fact that many of the GP mentors are rural fellows themselves.

"It's a really good scheme that we'll continue to support. It gives young doctors the opportunity to test the waters in a remote practice and to experiencing life working in a rural environment while also acquiring skills.

"If you look at the number of ex-fellows who remain in remote and rural general practice, you can see that the programme is a success."

She continued: "One of the things

I'll be interested in is making sure that other rural regions in Scotland, in particular the Borders and Dumfries and Galloway, engage in the scheme."

That, she added, would involve developing relationships with "the right people", such as primary care managers, in various boards.

There are 10 rural fellows in the current cohort – there were more applicants than available posts – with the GPs scattered throughout remote and rural Scotland, though mainly in the north and west of the country.

RURAL FELLOWSHIP ... 2

ASK people what they know about the island of Islay and there's a good chance the word whisky will feature in the answer.

Ask Dr Kate Coombes, though, and you may well be told about a place where she has been learning new skills, gained confidence in remote and rural working – and enjoyed some amazing wildlife.

Dr Coombes (29) started work on the Inner Hebridean island in August as a member of the latest cohort of rural fellows – newly qualified general practitioners who sign up for a year's working in a remote and rural practice under a long-standing initiative promoted by NHS Education for Scotland (NES).

Originally from York, Dr Coombes went to medical school in Newcastle and did her GP training in the North East of England. After completing that, she applied for a rural fellowship, having always been drawn to the countryside outside her professional life and being attracted to remote and rural general practice.

"I have always enjoyed hiking, running and swimming so rural working fits in with what I enjoy doing outside of work," she said.

"But I have always wanted to work more rurally. I think you get a better feel for the community and you get more continuity of care.

"That's why I thought about applying for the fellowship. It gives you the opportunity to gain new skills because it's a bit daunting to go from city medicine to rural medicine."

Like many professionals thinking about moving remote areas, Dr Coombes had to consider how the switch could also work for her spouse. Luckily, her husband Liam, who works in financial advice, was able to secure a contract allowing one year of remote working, and so he has been able to leave their Newcastle home to be with his wife on Islay.

"I would love to carry on working in a remote and rural area after the fellowship is finished but we'll have to look at how it fits in with our life," Dr Coombes said. "I definitely want to work in rural medicine somewhere but we have to find a way of making it work with family, friends and Liam's job."

Islay has three small general prac-



○ Rural fellow Dr Kate Coombes pictured on a hillwalking outing with her husband Liam

Why rural practice is just perfect for new GP Kate

tices that work together to deliver primary care on the island.

However, as well as working mainly from the island's Port Ellen practice Dr Coombes works in Islay Hospital in Bowmore, and that's an aspect of the rural fellowship she has found particularly rewarding.

She said: "I really enjoy the variety of work between the GP and A&E. When you do work in the hospital you may well see patients you saw as a GP so you know their history and it's good to be there for all paths of a patient's journey."

Another aspect of her work she has come to value is the weekly get-together she has with other members of a multi-disciplinary team.

She said: "It's great to have a team discussion with community nurses, the GPs, the OT and the physio about anyone that you see.

"I like the fact that you have that team approach. You wouldn't get that in the same way where I worked in Newcastle, and I think that can cause a

breakdown in social care; it's not as cohesive there as it is in the island."

Although English, Dr Coombes added that she would "definitely" like to continue working in Scotland.

"You can't get this sort of GP work anywhere else in England. The remoteness and the out-of-hours and A&E work you get here is what I really enjoy.

"I think that as a GP working in a hospital you become more competent at managing acute situations and gives you a greater variety of work."

Outside work, Dr Coombes and her husband have been enjoying the great outdoors and particularly with island's wildlife.

"We've had eagles flying past our front window and we have a lot of migratory geese at the moment," she said. "There are dolphins and seals and we've started doing work for the wetland bird survey on the island."

Dr Coombes' interest in the natural world has fed into another aspect of the rural fellowship: the dedicated time it provides to allow newly-qualified GPs to pursue a particular professional interest.

In her case, Dr Coombes has been looking at working on what is known as "nature prescribing": prescribing outdoor activities such as walking or looking at wildlife to patients who may have stress-related illnesses or mental health issues.

"I haven't got far with that work yet but it's definitely something I want to get involved in," she said.

REDISCOVER THE JOY ... 2

GP felt 'a bit jaded' in his last role. He doesn't now

AT 62, Dr Cameron Wilson had been in the same inner-city general practice for 33 years, much of the time as a senior partner.

He didn't feel burnt-out, he says – "maybe just a bit jaded".

And then, towards the end of last year, he saw an advert in the *BMJ* for vacancies under the 'Rediscover the Joy of General Practice' (Rtj) initiative.

As a proud Scot living and working in England, the prospect of practising in a beautiful part of Scotland without the responsibilities associated with being a partner appealed to him greatly. And so he retired from his busy practice in Preston, Lancashire, and sought to rediscover some of the lost joy of general practice.

When *Bulletin* caught up with Dr Cameron, he was a fully-fledged and extremely contented Rtj general practitioner putting in a three-week stint in Tongue on Scotland's north coast, having put in a week there in May, his first taste of Rtj work. He had spent July practising at Broadford and Carbost on Skye, enjoyed what he called a "cracking month" in "fabulous" Lochaline and had worked for a fortnight in Lewis and another in Shetland.

"I've really enjoyed it," he said. "There are a lot of plusses. I feel that I am doing a good job and that I am getting a good work/life balance.

"I am working in a fabulous part of the world and I feel I am part of a team in which everyone – the admin staff, other GPs and colleagues and the diverse and interesting bunch of other 'Joy' GPs – is pulling in the same direction. It's been great – a real eye-opener, really."

For all his enthusiasm for his role as

“
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an Rtj GP, Dr Cameron admits he had reservations before signing up for the scheme.

He explained: "I had a feeling when I saw the advert that this was something that might suit me but, really, I didn't know if it would. However, I felt I was prepared to give it a go, and I'm glad I did."

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."

Settling in a new career in remote and rural Scotland hasn't been a culture shock for Dr Cameron. He is originally from Hamilton and has a share of a family house on Skye, so he says he's quite comfortable working in remote communities.

And as for single-handed working, that hasn't fazed him either, for after graduating in 1982 he spent five years

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○ Dr Cameron Wilson, enjoying occasionally working and living in some of Scotland's most beautiful places

It's all change for Cameron

Continued from previous page

working as a doctor in the Royal Navy.

"Being the only doctor on a ship or submarine gave me a taste for practising medicine in an unsupported environment," he said.

Dr Cameron's practice in Lancashire was, he said, "large and successful", operating over three sites and with 15,000 patients. It was vastly different from what he's now experiencing, working as a single-handed GP.

"It sounds a bit daunting but it's not," he said. "These practices are incredibly efficient and provide a very good level of patient care. I feel part of the communities I work in and a really

like the practical stuff in being a GP. You do things as a single-handed GP that some folk might see as challenging. I'm not thinking about the emergency stuff but the day-to-day things you are expected to do like child vaccinations and cervical smears.

"These are all things that the vast majority of GPs, particularly males, in inner cities or the Central Belt just won't do. Here, you need to be a bit more hands-on, which I like."

Dr Cameron and his wife Nadine live in Leyland in Lancashire and have a flat in Bothwell in South Lanarkshire, though she occasionally joins him when he's working as a 'Joy' GP.

"I'm not sure she could hack living

in the remote and rural parts of the country where I work but she has enjoyed joining me now and then," he said.

"We're getting the best of both worlds."

As for the future, Dr Cameron says he sees no reason to doubt that he'll stick with the RtJ scheme.

"I think I'll probably look to work four to six months a year with the Joy scheme," he said.

"It's not about the money; I don't need to work but I have professional pride to do the job properly and I can do that now.

"I'd like to think I can keep going for as long as they'll have me."



○ Dr Wilson hits the high spots—thanks to the RtJ initiative

REDISCOVER THE JOY ... 3

NOT every doctor would want to work in a remote and rural community – but Dr Claire Russell (right) isn't among them.

For Dr Russell (51) now has something of a portfolio lifestyle, working as a general practitioner on the 'Rediscover the Joy of General Practice' (Rtj) scheme and doing voluntary work delivering healthcare to isolated communities in Peru and Tanzania.

"It's the perfect blend for me," she said.

And it's a blend that came about as a result of her decision to leave the large practice in Alva, Clackmannanshire, where she worked for 22 years.

"I gave up the partnership in March because I felt it was time for a change," she said. "I wasn't quite ready to retire but I think I was starting to burn out a bit, especially with Covid. I particularly like seeing patients but with Covid the job changed, with a lot more telephone work, and I could see that patients were getting frustrated at not seeing their GP.

"It was time to do something new and when I first saw the 'Joy' project it immediately appealed.

"I wanted to rediscover the joy of being a GP because I thought I was beginning to lose it."

Being an Rtj GP may be something new for Dr Russell but it's not radically different from her voluntary work with the Vine Trust, a Scottish international charity which enables volunteers to provide medical, home-building and care support to communities living in severe poverty in the Amazon in Peru and alongside Lake Victoria in Tanzania.

She has been to Peru four times and once to Tanzania, for two weeks each time, and she plans to return to Africa in February. The work involves teaming up with other volunteers and local people to deliver primary care to people in remote and rural communities who otherwise would not have access to healthcare.

"I have always found it very refreshing in terms of returning from trips to work in the NHS again. It gives



And now for something completely different!

me a different perspective and I always feel better for it."

The same could be said of her Rtj work. Since becoming a 'Joy' GP she has practised in Kinlochbervie, Tarbet, Carradale and Kilcrennan, and when *Bulletin* spoke to her she was working in Brae, Shetland.

"There's a lot of joy in being a GP and there's certainly a lot with this job," she said. "Working on this scheme offers flexibility, allowing me to pick and choose where I work. I'm also free of the partnership responsibilities and administration I used to have, and I can see lots of beautiful parts of Scotland I haven't been to before."

Dr Russell's practice in Alva was a

“I gave up the partnership because I felt it was time for a change”

large one, with 13,000 patients and 10 GPs.

"It was big and busy," she said, "and it was very different from what I'm doing now. I recently did on-call for the first time in 20-odd years, for example. I didn't sleep very well that night though as it happens I wasn't called at all."

Dr Russell's husband, who took early retirement, occasionally joins her from their home in Dollar, Clackmannanshire, when she is doing her Rtj placements.

She said: "He came to Kinlochbervie for the whole two weeks I was there, which was good. It's worked well for us."

But are there any negative aspects to being an Rtj GP? Dr Russell sees one, though she admits: "It's not one anyone can do anything about."

She explained: "Having been a partner in the same place for a long time I slightly miss the continuity of care I could provide. I would quite like to follow up cases and see what happens with patients but that's not always possible."

EVENTS

100-plus attend BASICS conference

MEMBERS OF THE Scottish Rural Medicine Collaborative have been briefed on a number of key recent events in which the SRMC was interested.

The BASICS Scotland Conference was held in Aviemore in early September and the pre-hospital emergency care content for the 100-plus delegates included demonstrations of mechanical CPR devices, facilitated sessions on psychological first aid for lone responders and clinical workshops on chest assessment in the field and emergency pre-hospital birth.

The conference attracted remote and rural GPs, ANPs and paramedics, BASICS Scotland responders, medical students, ED consultants and registrars, retrieval practitioners and para-

medic university lecturers.

The SRMC had been lined up to contribute to sessions at the planned Remote and Rural Scottish Centre of Excellence Festival of Learning, to have been held in September on Skye. However, the event was cancelled due to the passing of Queen Elizabeth II.

Nearly 80 people, including experienced GPs and students, attended the RGPAS Conference, held in Inverness and virtually on 12th and 13th November (see page 6).

Finally, the World Extreme Medicine Conference 2022 was held in Edinburgh and virtually from 19th to 21st November. The event attracted some 900 delegates but although the Scottish Government committed in principle to fund a team it was unable to attend.

Dates for your 2023 diary

SEVERAL major events of interest to healthcare professionals have been flagged up to the Scottish Rural Medicine Collaborative's programme board as being of particular interest.

The 28th WONCA Europe conference will be held in Brussels from 7th to 10th June next year, with "Making Choices in Primary Care" as its motto. The SRMC had a successful presence at the 2022 conference in London – an event which incorporated the RCGP's annual conference. Details of next year's event are available on the [SRMC's website](#).

Penrith will be the venue for the National Centre for Remote and Rural Medicine Conference to be held on 7th and 8th June 2023. This 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. See [here](#) for details.

The Best Practice Show 2023 will take place on 11th and 12th October; see [here](#).

Finally, the RCGP's annual Primary Care Conference and Exhibition will be held in Glasgow on 19th and 20th October. It is being billed as "the must attend event of the year for GPs and practice team colleagues", and will showcase the latest clinical and policy developments and bring together an impressive range of national and international speakers; see [here](#).

SURVEY

Fears raised for the future of general practice

GENERAL practice in Scotland faces a "catastrophic" future unless more is done to tackle GP recruitment and retention.

That's the warning from Dr Andrew Buist, the chair of the BMA's Scottish GP committee, following a major survey which showed that general practice is buckling under current demand, with no improvement in capacity over the past 12 months and further gaps in staffing.

More than a third of practices that responded to the survey reporting having at least one GP vacancy – up from just over a quarter this time last year.

The survey also found:

- 81% of practices said that demand was exceeding capacity – with 42% saying demand substantially exceeded capacity.

- Only 4% of those who responded said capacity was exceeding demand.

Applying data gained from the survey to the position across the country, BMA Scotland has estimated there may be as many as 312 WTE (whole time equivalent) vacancies across GP practices in Scotland.

Dr Buist said: "While our current struggles are in part due to increased demand, it is also clearly because we don't have enough GPs.

"Recruitment is essential – but we also need a renewed focus and commitment on the retention of GPs so we can boost overall numbers.

"We cannot allow things to get any worse – it will be catastrophic for the system if they do.."

There were 420 responses to this survey – which accounts for 46% of GP practices in Scotland.

MERGER

HELPING to make remote and rural general practices more sustainable is at the heart of everything the Scottish Rural Medicine Collaborative does.

And it's integral to a new development involving three practices in the north of the Scottish mainland.

Last year, NHS Highland successfully merged two of its GP practices, Lybster and Riverbank in Thurso. Now, the board has agreed to integrate a third practice into a unified primary healthcare team with a new name: Three Harbours Medical Group.

The area has long had GP recruitment and retention issues but NHS Highland primary care manager Wendy Edwards told *Bulletin* that it was hoped that the merger would make it easier to attract

Caithness practices join forces

members of staff in the future.

She said: "It is early days as the practices haven't fully merged yet but we hope that in time we will have something that's much more resilient."

And that can only be good for patients in the far north-east corner of the country.

NHS Highland believes the

move will enhance how patients access services. With shared systems, it's hoped to improve access and patient choice, partly by sharing the workload across the three sites.

Furthermore, staff will be working in a larger multi-disciplinary team which will assist with the ongoing recruitment and retention of key posts, creating opportunities for training, development and career progression.

NHS Highland's head of primary care, Jill Mitchell, said: "Creating an environment for education, training and development is important to attract and retain staff. GP recruitment is challenging at the moment and the integration of these practices will allow us to develop career portfolios attracting GPs to Caithness."

SURVEY

Vacancies pose threat to islands' health services

HEALTH services in the Highlands and Islands have been put under the spotlight in a large-scale survey of the area.

More than 5,000 people were quizzed earlier this year in the 'My Life in the Highlands and Islands' survey on issues ranging from the cost of living and energy efficiency to transport and connectivity.

The survey, commissioned by Highlands and Islands Enterprise, also covered health and people retention – two issues that are at the heart of the Scottish Rural Medicine Collaborative's role.

On health, the survey found that the majority of households say they have a GP (90%), a dentist (76%) or a midwife or health visitor (61%) within a

20-minute drive. Relatively small proportions (3%) can only access a GP and midwife or health visitor online.

However, around one in 10 are unable to access a dentist or mental health services either within a 20-minute drive or online, 59% can access a physiotherapist within a 20-minute drive, while six per cent can only do so online.

Awareness of which health services are available locally is lower for certain services, which may reflect levels of usage.

A substantial proportion of households (46%) don't know whether mental health services can be accessed either in person locally to them or online, and levels of awareness are also

lower for home care services for the vulnerable or elderly, midwifery or health visiting services and physiotherapists.

Overall, the survey found, households in Lochaber, Skye and Wester Ross and Argyll and the Islands are more likely to face challenges in accessing services.

The survey also found that housing for local families is the top priority that people in the Highlands and Islands identify as being needed for their community to thrive in future.

Just under half of the region's residents regard housing as the top priority.

The results of the survey can be accessed [here](#).

NEWS FROM THE SCOTTISH GOVERNMENT

Government announces extra places for GP trainees

THE Scottish Government has announced an expansion of medical training posts that will see 152 additional places created for trainee doctors in 2023.

The government will provide £37 million over the next four years.

This equates to a 2.5 per cent increase in the current Whole Time Equivalent (WTE) workforce of 6,100 trainees.

NHS Education for Scotland (NES) recommended the Scottish Government fund the creation of additional training places in a number of key specialties including general practice.

Trainee doctors currently make up 42 per cent of doctors employed by NHS Scotland health boards

The additional training places include 35 general practice posts.

Return-to-work process for NHS retirees simplified

NEW national guidelines have been drawn up to make it easier for retiring NHS staff to return to support the health service as it continues to recover from the pandemic.

The arrangement for 'Retire and Return' streamlines the process to let experienced staff take up a part-time post while drawing their pension.

It was developed in partnership with employers and trade unions following calls for a simpler process.

Health and Social Care Cabinet Secretary Humza Yousaf said: "Employees who are considering retirement have skills and experience that are invaluable to the NHS, and I am pleased we have been able to answer the demand for a quicker and easier process to let those who wish to continue in a part-time role to do

so. This plan allows staff to apply to return to work part-time when they start the process to retire.

"It can be the same job or a different role in the same job family, and some will prefer to return to a lower grade with fewer responsibilities, or take on a mentoring role with newer members of staff.

"Staffing in Scotland's NHS is at a record high, and this policy will help health boards continue to strengthen the workforce while allowing individual members of staff the flexibility to continue working in the NHS for longer, by varying the nature or pattern of work, to best suit their needs.

"As the NHS continues to recover and remobilise from the pandemic, it is more important than ever that we retain experienced staff with the skills we need to provide high-quality care."

New hubs planned for Near Me consultations

THE Near Me video consultation scheme is being extended so that patients can use it in community settings such as libraries, community and health and care facilities as well as their own home, the Scottish Government has announced.

The platform is already being used for around 40,000 consultations a month, helping to ease pressure on the health service and saving people time and money travelling to appointments.

Near Me consultations include hospital outpatient appointments, GPs and a wide range of other services including

care homes, dietetics and mental health support. Patients should be offered the option of a Near Me appointment, if appropriate, by the hospital, GP practice or other service, along with details of a website address for its video clinic.

Now patients will be able to visit 55 hubs across Scotland which have set up areas for private video consultations thanks to funding from the Scottish Government. The hubs provide confidential space, good connectivity and help for those with low digital confidence or no access to a suitable device.

Health Secretary Humza Yousaf

said: "Face-to-face appointments will always be there for people who need them, but Near Me has many benefits to patients, including saving time and money.

"It is valuable in giving them options on accessing healthcare in a way that is easy and comfortable for them. It allows multiple family members to join consultations and saves patients having to take time off work or organise childcare.

"The platform has also reduced the need for travel, saving an estimated 57 million miles of travel since January 2020."

PRACTICE PROFILE

No vacancies

THE RECRUITMENT and retention of staff is a perennial problem in remote and rural general practice in Scotland – but we know of at least one Argyll and Bute practice where that most certainly isn't the case.

However, it's not the picture-postcard setting of Arrochar, situated near the head of Long Loch and overlooked by the distinctive summit of the Cobbler, that makes vacancies at the village's GP practice relatively easy to fill.

It is, according to practice manager Angela McKell, because each member of her small team is happy to go the extra mile for the community they serve.

"Staff come here and don't want to leave," said Angela. "I think that's because of our belief in teamwork, we work hard at making new staff members welcome, and we see ourselves as being at the heart of our community. We have become an extension of the families who live here and that makes this a rewarding place to work."

These may well be aspirations shared by many healthcare professionals in remote and rural Scotland but in Arrochar they practice what they believe by throwing themselves headlong into a range of community initiatives.

Setting up food banks or helping young people do voluntary work in Africa may be regarded by some as extra-curricular activities for a general practice – but they don't quite see it that way in Arrochar.

They regard such activities as key to promoting the health and wellbeing of the community they serve and their reward for being respectful of their

Continued on next page

Why recruitment and retention aren't issues for village practice



○ **Dedicated team:** Pictured outside Arrochar's health centre are Dr David Troop, practice manager and nurse practitioner Angela McKell, trainee dispensing assistant/admin/receptionist Shona McLean, dispensing assistant Caroline Smith, trainee dispensing assistant/admin/receptionist Pam Brown

PRACTICE PROFILE

Going the extra mile for rural community

Continued from previous page

community is that they are respected by it.

It's perhaps little wonder that the practice came out eighth in the latest Scottish Government Health and Care Experience Survey (it has previously been No.1) and was among the finalists for the Team of the Year and People's Choice Award in the 2022 Scottish Health Awards.

As the nomination for the awards stated: "This is a think-outside-the-box team who understand the concept of team work, community and wellbeing."

Last year a much-loved member of staff, administrative assistant Julie Armstrong, sadly died. There was a high volume of applications to fill the resulting vacancy. These were people from the local community who were able to see it as a job where they could progress – they start off at Band Two but can work their way up to Band Four.

In March next year, one of Arrochar's two GPs, Dr David Troop, will retire after more than 40 years at the practice. His position has already been filled.

"Getting someone to replace Dr Troop wasn't that difficult," said Angela. "We had one applicant, a GP practising not far from here, and she was exactly what we were looking for. She has the specific skills we will be losing when Dr Troop retires."

Angela and her colleague, practice nurse Jean Cairns, are convinced that their determination to be at the heart of their tiny community – the practice has just over 1,100 patients on its books – has ensured that staff recruit-



○ Dr Simon Ardern flanked by practice nurse Jean Cairns (left) and dispensing assistant Susan Bruce

This is a think-outside-the-box team who understand the concept of team-work, community and wellbeing

ment and retention isn't an issue for them. Helping people outside the consulting room is rewarding and fulfilling work and helps makes the practice an attractive workplace, even though the building it occupies may not be.

An example is the project that helped the practice reach the finals of

this year's Scottish Health Awards. Angela and Jean recognised that Covid hit the economy of Arrochar, a village heavily dependent on tourism, hard.

Jean explained: "When the pandemic hit, all the hotels were closed and the staff from abroad went home. Some of the staff from Scotland were living in hotel residences but getting no pay and a lot of others who had been employed in the village had no income. It became apparent quite quickly that we needed to ease the burden for them."

Jean added: "People would come to us asking us to signpost them to a food bank but the nearest one to us was in Helensburgh. Many people couldn't afford to travel there for food and so we set up a foodbank here."

They bought a small shed, set it up in the village and stocked it with food – including pet food – and toiletries and cleaning products, in part thanks

Continued on next page

PRACTICE PROFILE

Community projects important to practice

Continued from previous page

to a generous donation from a local resident but also with items given by villagers.

As well as setting up the free community larder for those who had seen their income reduced or had lost their jobs, practice staff checked on vulnerable patients to ensure that they had access to food, medicine and free lateral flow tests.

They saw this as part of their role in supporting older people who had become socially isolated – something they followed up by organising a tea dance for over-60s.

By recently recruiting two new staff members, Angela and Jean hope that some of their work time will be freed to allow them to initiate more community projects.

One initiative they are particularly interested in is investigating if they can help set up a u3a group in the area. Formerly known as the University of the Third Age, the u3a is a UK-wide collection of more than 1,000 charities that provide the opportunity for retired and semi-retired people to get together and learn new skills, develop existing interests and have fun.

There are u3a hubs throughout the country and each one has a wide range of groups covering a diverse range of subjects.

Some subjects are academic, such as languages, philosophy or art history; some involve physical activities, such as walking or cycling; and others are more leisure orientated, such as crosswords or board games.

“This is definitely something we



○ Jean Cairns and Angela McKell pictured at the free community larder they helped to set up in Arrochar

want to explore,” said Angela. “Social isolation can have such a big impact on older people’s health and wellbeing and so this could well provide us with our next big project.”

Big projects are something Angela and her colleagues are well used to. In 2014 they led an initiative in which a group of young people from in and around Arrochar travelled to a remote village in Kenya to help build a new medical centre.

Supported by the youth-led charity

Xchange Scotland, the project, ‘Arrofrica’, challenged the youngsters in many ways.

“They had to develop skills they didn’t know they had,” explained Angela. “I like to think that it made them better, more responsible people, and I have no doubt that it help to steer them away from the cycle of drink, drugs and unwanted teenage pregnancies.”

So successful was the project that they followed it up four years later with a similar one, ‘Alba in Africa’, in which nine young people from the area travelled to South Africa to help with construction work, healthcare and education in a community near Cape Town.

Angela, who did a youth work qualification specifically for these projects, recalled how Africa came to be on the horizon for Arrochar’s teenagers.

“We were having a discussion with some of the kids one day and they were asked what they would do if they won the lottery.

“We wanted to encourage them to think out of the box and to discuss their thoughts, and that’s when the idea of going to Africa came up. They asked us: ‘Could we really do that?’ There was only one thing we could say to that.”

Angela-inspired overseas trips didn’t end in Africa, though.

She explained: “When we came back from South Africa, a Ukrainian woman staying in the village invited Jean and I to meet some Ukrainian children who were being sponsored to stay in Scotland for two weeks.

Continued on next page

PRACTICE PROFILE



○ A group of young people from in and around Arrochar pictured in Cape Town, South Africa, on one of a number of overseas trips organised by the practice

Continued from previous page

“We then found out about a training programme in which we could go and teach English in Ukraine.

“And so I went to Ukraine – this was, in 2019, before the war there – with six young people to teach. We had intense training before we went and in Kyiv, and the kids each lived

with a host family in Ukraine. They taught English but they learned a lot from what was an amazing experience.

“It certainly broadened their horizons and I am sure it will stand them in good stead for the future.

“It’s made a huge difference and I believe it will shape their lives for the better.”

And that, Angela and her colleagues

believe, is what general practice should be all about.

The last word comes from the Scottish Health Awards nomination: “It is my pleasure to nominate this phenomenal team and as a means to say thank-you for their endeavours for showing patients and the wider community they care though continuingly trying times.”

Collaborative appoints two new project managers

THE Scottish Rural Medicine Collaborative is looking forward to progressing its work with the help of new project managers.

The collaborative, whose last project manager retired earlier this year, has made what programme manager Ian Blair described as “two very important appointments”.

The new project managers are Naomi Swann, who is originally from East London and whose entire career has been in the medical profession, and 'Pelumi Oyeniyi, who recently moved to the UK from Nigeria and who has vast experience in healthcare provision.

“I’m delighted to welcome Naomi and 'Pelumi to the team and I’m sure they will make a valuable contribution to our work,” said Ian. “Our new project managers have a big job to do as the SRMC progresses its project work.”

Both Naomi and 'Pelumi said they were delighted to have been selected for their new roles and believed working for the SRMC would be a “perfect fit” for them.

“I’m really looking forward to getting down to work,” said Naomi, while 'Pelumi commented: “This is my first major job in the UK and I think it is a good move for me.”

Naomi, whose home is in Aberdeenshire, has vast experience in healthcare, both in frontline delivery and in administrative roles. Coming from a military family, she joined the Army at the age of 16, serving as a trauma medic, and left to work as a paramedic with the South East Coast Ambulance Service and doing temping work with the NHS.

Naomi then got involved in project management with the health service and completed an Open University project management qualification. Her other roles have included working with the North of Scotland Trauma Network and as PA for Cameron Matthew, chief officer with NHS Grampian.

'Pelumi’s extensive career in healthcare began in his home country,

where he his Public Health studies at university covered subjects including epidemiology, microbiology and community health.

His various roles have included working in project management for a Dutch NGO, implementing mobile health projects in remote and out-of-reach terrains, including in Nigeria, Kenya, Malawi and Nepal, doing voluntary international development work, serving as project manager and marketing manager and implementing various

projects for the World Bank.

'Pelumi, whose familiarity with the National Health Service began while studying in Nigeria, came the UK to develop his career. He lives in North Lanarkshire.

While the SRMC has welcomed two newcomers to its core team, it says farewell to another with the resignation due to changing work commitments of nursing advisor Joanne Anderson. All involved in the SRMC wish her well in her future endeavours.

Meet the SRMC’s core team



Chair

Pamela Dudek
NHS Highland
pamela.dudek@nhs.scot



Programme manager

Ian Blair
ian.blair@nhs.scot
m. 07971 820198



GP advisor

Dr Charlie Siderfin
charles.siderfin@nhs.scot



Project manager

Naomi Swann
naomi.swann@nhs.scot
m. 07377 411895



Project manager

'Pelumi Oyeniyi
solomon.oyeniyi@nhs.scot
m. 07417 409693



Communications

Tom Davison
m. 07813 341056



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NHS Shetland

shet-hub.hrhub@nhs.scot

t. +44 (0) 01595 743000 (ext. 3467)