

The Scottish Rural Medicine Collaborative BULLETIN



DECEMBER 2019

PAGE 3: Demand grows for Joy

Talks have been taking place on how best to meet the growing demand for a pilot scheme which has recruited doctors to provide necessary cover for GPs in small, remote practices in the north of Scotland. The initiative, Rediscover the Joy of General Practice, saw the recruitment of no fewer than 27 GPs to work in four board areas. Now, its expansion is being considered.

PAGE 4: Website gets new look

Feedback is being sought on a revamped GP jobs website.

PAGE 5: Education pathway plans

Consultation on an education pathway for remote and rural advanced practitioners in Scotland has been completed and the results will be announced soon.

PAGE 6/7: Recruit finds Joy

We speak to one of the 27 GPs who have signed up for the 'Rediscover the Joy of General Practice' initiative.

Further funding approved

The Scottish Rural Medicine Collaborative has received what's been seen as a "welcome endorsement" by the Scottish Government in the form of funding of more than £340,000 for 2020-21. Full story on page 3.

PAGE 8/9: Rural fellowship

We report on the GP who has swapped the Himalayas for the West Highlands.

PAGE 10: Board's new members

More people have been recruited to the board of

the SRMC and for the first time it now has nursing and allied health professional representatives.

PAGE 11: BASICS getting bigger

An organisation that provides quality training in pre-hospital immediate care is providing new courses.

PAGE 12/13: In the picture

The SRMC has been active at a host of events throughout the country.

PAGE 14: Coming soon ...

'Rethinking Remote' conference planned.

Welcome to the Scottish Rural Medicine Collaborative

THE Scottish Rural Medicine Collaborative (SRMC) was set up with Scottish Government funding to look at ways of improving the recruitment and retention of remote and rural general practice.

The SRMC works across 10 health boards – Grampian, Highland, Orkney, Shetland, Western Isles, Dumfries & Galloway, Ayrshire & Arran, Fife, Tayside and Borders – all of which are represented on the programme board, as are NHS Education for Scotland, the Royal College of General Practitioners Scotland, the Scottish Rural Health Partnership, the British Medical Association and the Rural GP Association Scotland RGPAS.

There are also representatives of allied health professionals and nursing.

Working in a rural location offers unique opportunities and challenges. As such, recruitment and support services for medical professionals in these regions need to reflect this.

Current services are fragmented and sometimes difficult to coordinate or even identify.

The SRMC is working with 10 NHS boards to identify the barriers seen to diminish the primary care workforce in rural Scotland. It's hoped that ultimately the SRMC will help to develop a unified recruitment strategy and create a community of rural GPs, boards and other stakeholders to provide support through education and professional networking.

The collaborative has its own [website](#) and [@NHS_SRMC](#)



Senior responsible officer
Ralph Roberts
Chief executive, NHS Borders
ralph.roberts@nhs.net

Meet the SRMC's project team, from left to right...

Project manager
David Priest
david.priest@nhs.net

Project manager
Shirley Feaks
shirley.feaks@nhs.net

Programme manager
Martine Scott
martine.scott1@nhs.net
m. 07972 754530

Project manager
Ian Blair
ian.blair@nhs.net



Collaborative secures further government funding

MOVES to devise and test new ways of promoting GP recruitment and retention in remote and rural parts of Scotland have been given what's been seen as a "welcome endorsement" by the Scottish Government.

Following talks with the British Medical Association and the Remote and Rural General Practice Working Group, the Scottish Government agreed to invest £2 million to support primary care redesign and to address workforce challenges in remote, rural and island practices.

And more than £340,000 of that sum has gone to the Scottish Rural Medicine Collaborative (SRMC).

The money – £342,218 to be precise – represents the SRMC's funding for 2020-21, and the fact that it has been confirmed a year in advance is

particularly appreciated by the collaborative.

"It's a tremendous shot in the arm for all connected with the SRMC and the various initiatives in which we are involved," said the collaborative's chair and senior responsible officer, Ralph Roberts. "Getting this funding announcement a year in advance is a welcome endorsement of all we are doing, and will help us considerably as we plan ahead."

SRMC programme manager Martine Scott added: "On a practical level, this funding allows us to extend staff contracts and secondments, and that has a domino effect on everything we do. This is great news not only for us but, I believe, for general practices in Scotland's remote and rural communities."

The Scottish Government had previously awarded funding of £275,000

for Year 1 (2017-18) of the SRMC project, £230,000 for Year 2 and £230,000 for Year 3 (2019-20).

The £2 million funding recently announced by the Scottish Government also included £69,450 to support a particular initiative in which the SRMC is heavily involved, the Rediscover the Joy of GP Project. The money goes to NHS Shetland, which is administering the project through a Human Resources Hub.

Mr Roberts added: "Being responsible for the governance and evaluation of 'The Joy' we at the SRMC are of course delighted that this money has been awarded. 'The Joy' is an innovative and exciting initiative which, although still at an early stage, is already proving its worth in a number of GP practices.

"We look forward to supporting the project as it develops and grows."

Demand grows for more Joy

TALKS have been ongoing about how best to meet the growing demand for a new GP recruitment initiative supported by the Scottish Rural Medicine Collaborative (SRMC).

Under [Rediscover the Joy of General Practice](#) – aka 'The Joy' – a team of 27 GPs has been recruited to work for short periods in practices that have had difficulty providing cover when doctors are off ill or on holiday.

'The Joy' operates in four health board areas – those covered by NHS Shetland, Orkney, Highland and Western Isles – but there have been discussions about expanding the scheme to other parts of the country.

Martine Scott, the SRMC's programme manager, said: "It's too early for any big announcements on this but we are aware that there is both a need and a demand to expand The Joy.

"In collaboration with the NHS Shetland-based HR hub that is supporting 'The Joy' we have been looking at how we can match this demand with our capacity to manage it."

She added: "While it should be stressed that 'The Joy' as it is at pre-

sent is a test of change and that lessons are being learnt from this initial phase, we have all been hugely encouraged by how things have gone.

"To have recruited so many GPs to the team was remarkable and, while there have been a few glitches along the way, it's great to see so many of them rediscovering the joy of general practice in places that for too long have had to rely heavily on locums.

"This is already resulting in a reduction in agency costs and is helping to sustain GP practices in remote, rural and island locations. From the patients' standpoint, it is also helping to ensure the provision of high-quality care in these areas."

In considering the best way forward, it's been recognised that 'The Joy' is not just about delivering holistic care in small practices where the doctors involved get to know all their patients. The experience of the past few months has shown that 'The Joy' recruits are empowered to help make a difference in practices that are vulnerable or are failing, rather than simply going in as locums to fill gaps when needed.

Orkney GP Charlie Siderfin, a medical advisor to the Scottish Government and a member of the SRMC board, has helped to get 'The Joy' up and running.

He said: "As things progress, we are looking at a slight change of emphasis, whereby 'The Joy' can support a practice that is beset by recruitment issues to turn things around and get it back on track."

Martine Scott added: "Another aspect that should be stressed is the fact that through continuous improvement within practices and as a team, 'The Joy' doctors are contributing hugely to the sustainability of general practices."

And that point was underlined when the subject was raised at the most recent meeting of the SRMC's board, held in Edinburgh in November.

An update report on 'The Joy' showed between the beginning of July and the end of October the initiative provided GP cover for a total of 44 weeks, 19 of them in Highland, 14 in Shetland and 11 in the Western Isles, involving 12 practices and 10 Joy recruits.

Call for feedback on new-look jobs website

FEEDBACK is being sought on the new-look jobs website developed as part of the Scottish Rural Medicine Collaborative's work to aid the recruitment of GPs.

The [website](#) has been up and running since last year but it has been decided to give it something of a facelift and to update its content.

An early prototype of the updated website is now available at www.testing15.scot.nhs.net and it features a survey to enable viewers to give feedback on it.

"We felt it was important to give people the opportunity to try out the website and respond to the changes we've made before we proceed much further," said Gavin Venters, web services manager at NHS National Services Scotland and head of the

SHOW (Scotland's Health on the Web) team.

"As with many websites, we felt the site was beginning to age a bit and wanted to make it more modern and engaging. It now has a completely new appearance and uses a larger page, so it can be viewed by scrolling from top to bottom.

"There is more content on the home page, with an image gallery showing Scottish scenes, and we have tried to put the GP job adverts front and centre of the site."

The website is quickly being recognised as an important tool for recruiters and for GPs looking for a new post, and Mr Venters said he was confident that it was increasingly being regarded as the place to go for GP jobs in Scotland.

He said earlier this month (December): "The figure for GPs now using the new administration system to advertise their jobs is 92. In terms of site visits we have at least double what we had last year and are getting between 1,000 and 1,500 visits a week.

"It's going well and hopefully the new look will make it even easier to use."

We have tried to put GP job adverts front and centre of the site

SRMC moves into new base

HAVING been effectively homeless since it was formed, the Scottish Rural Medicine Collaborative (SRMC) now has a base.

The collaborative moved into an office in the Centre for Health Science, Inverness, at the beginning of October, and SRMC programme manager Martine Scott said the move was already making a big difference.

"We had been managing well without our own office but as our work gained momentum it became increasingly clear that we needed a base.

"We now have much-needed storage space, and the office allows us to work more closely as a team and to have face-to-face meetings with others.

"What's more, we can now more easily enjoy all the facilities afforded to us by being in the Centre for Health Science."

The SRMC is sharing its office with the Scottish Rural Health Partnership, with which it has been collaborating.

Our new address is:

Scottish Rural Medicine Collaborative, 'Pathfinder' Office, H202 (Floor 2), South Wing, [Centre for Health Science](#), Old Perth Road, Inverness, IV2 3JH.

New recruit joins collaborative team

A NEW project support person is due to join the Scottish Rural Medicine Collaborative's core programme team in January.

The new recruit will be joining as project support officer to replace Kirsty Dane, who has gone on to pastures new.

We'll introduce our newest colleague in the next issue of Bulletin.

Scotland's Got Talent ... Meet The Hubettes



EVER heard of a '60s-inspired Motown-type backing group called The Hubettes? No, nobody on the Bulletin team had either.

But it has to be presumed that, having given themselves a name like The Hubettes, this foursome from the Shetland HR recruitment hub have aspirations beyond interesting general practitioners in working in some of the country's more remote communities.

We're not aware of Lisa Watt, Angela Watt (yes, they are related), Susan Imrie and Lorraine Hall – aka The Hubettes – having performed together as singers anywhere or of them having made a recording.

They do important work though – that of processing all the Joy GP enquiries, from dealing with initial queries and vetting applicants through to final placements.

What's more, they are being kept busy and now have 30 GPs on their books and a total of 44 hours of GP time covered.

Pictured from left are recruitment relationship manager Susan Imrie, HR director Lorraine Hall, recruitment hub co-ordinator Angela Watt and primary care manager Lisa Watt.

For further details contact the team on shet-hb.hrhub@nhs.net or phone 01595 743000 (ext. 3456).

Findings of consultation to be announced at seminar

MEMBERS of the Scottish Rural Medicine Collaborative's board heard at their most recent meeting, in November, that consultation on the education pathway for remote and rural advanced practitioners in Scotland had been completed.

The consultation, by NHS Education for Scotland/RRHEAL, sought both to gather information on precisely what was required by staff working at advanced practice level in a remote

and rural area and to ascertain what challenges they faced.

It also aimed to establish what training currently existed to support rural advanced practice, and to determine what gaps existed in education provision.

Furthermore, it set out to come up with some education initiatives that would enhance the recruitment and retention of rural advanced practitioners.

The SRMC board noted that a report was being prepared to provide

further evidence of the various components of a new education pathway.

NES/RRHEAL are planning to hold a seminar on 29th January to inform representatives of remote, rural and island NHS boards and Scottish universities of the key findings of the consultation.

It will feature presentations on national and international remote, rural and island healthcare provision and delegates will be able to take part in a question-and-answer session on the education pathway.

Rural fellow swaps Himalayas for West Highlands



Dr Olivia Wolff with daughter Ailsa and her Border collie take to the hills

**And you
thought
Ballachulish
was remote!**

MOST newly-qualified doctors who join the rural fellowship scheme run by NHS Education for Scotland do so to get a taste of life and work in a remote and rural setting.

That couldn't be said of Dr Olivia Wolff. For you can hardly get more remote and rural than the place she did voluntary work in 2015 – 4,800 metres above sea level in the area around Mount Everest.

Today, she's a few months into her rural fellowship in the west of Scotland, working three days a week in Fort Augustus and Ballachulish. It's a relatively remote part of the country and Olivia has been there long enough to recognise that practising there has its challenges.

But they're nothing compared to those she encountered when working in the Himalayas.

Olivia went to Nepal to deliver altitude medicine as a volunteer with

Continued on next page

From the mountains of Nepal to those in Lochaber

Continued from previous page

the International Porter Protection Group, running a rescue post in the Gokyo valley.

The group was set up after a young Nepali porter working for a trekking company died as a result of altitude sickness. Its aim is to prevent such tragedies, and while in Nepal Olivia ran clinics, providing treatment for local residents, porters, who were seen free of charge, and trekkers, who had to pay. Teaming up with two other doctors, she also gave regular talks about altitude sickness and porter welfare.

But there was one tragedy Olivia could do absolutely nothing to prevent while she was there.

She wrote about it for the website [The Adventure Medic...](#)

The season had started with us having to dig our way into the rescue post as there was an unexpectedly large amount of snow. Gradually it began to thaw and the clinic became busier as more trekkers passed through. By mid-April, it was starting to feel more like Spring and the work was winding down. It had been a quiet morning on Saturday 25th and we were just sitting down to a tasty egg and chips, when all of a sudden the ground began to shake. We knew immediately that it could only be an earthquake, and lunch was quickly abandoned as our natural instinct made us run outside. It seemed to last for an eternity but must have been as little as a minute.

It was a very surreal feeling, and after it stopped, we just looked at each other, all thinking the same thing, 'Did that actually happen?' The mood was strange, with people standing around outside, not quite sure what to do. A few local women were crying, in an understandable response to the shock of losing their homes and livelihoods. We were amazed that no-one had been injured, only a very minor bruise to someone's arm.

With a magnitude of 7.8, the initial quake had flattened large parts of Kathmandu, whilst causing devastation across the nation. 8,676 people are known to have died, and more than 22,000 have been injured across the country. Everest base camp was also badly hit when the quake triggered an avalanche, claiming 18 lives and causing multiple casualties.

On 12th May, a second big quake, with a magnitude of 7.3, hit the area. Olivia picks up the story...

We had just returned to Kathmandu and checked into our hotel. We were on the second floor when the whole building started shaking. It was ten times more terrifying than the first one, being in a busy built up area, with the stairs moving from side to side as we ran down as fast as we could. Outside on the street, people were running in all directions, screaming in panic. There was no open space nearby to go to, so we just had to stand at a crossroads and hope that the buildings around us were stable enough to withstand the tremors. Fortunately for us they were, however, this time I was aware of the possible aftershocks, and felt much more vulnerable.

Now working with the charity Australian Himalayan Foundation, Olivia helped with the rescue efforts, walking from village to village, reviewing dam-

**We like it here
and I'd like
to stay in this
area**

age to buildings and handing out tents, sleeping bags and medicines.

It was, she wrote, an experience she will never forget.

Olivia (36) is from London and was educated in boarding schools – Aberlour House in Moray and Rugby – before going to Edinburgh University. From there she did her foundation year in Forth Valley, based in Stirling Royal Infirmary. She then took some time out and worked for six months in Christchurch, New Zealand, thankfully before the earthquake that devastated the city in 2011.

She then did some voluntary work in a clinic in Guatemala and, after a few general jobs, started GP training. However, that was interrupted by a three-year stint working in obstetrics in Glasgow.

"I wanted to try it but I realised it wasn't for me," she said, adding that she then went to Liverpool to do a Diploma in Tropical Medicine.

"It was something I had always been interested in," she said. "Career-wise, it was a good time to do it, as I was fairly footloose and fancy-free.

Now, though, Olivia is anything but that, working three days a week in Lochaber and spending the rest of her time at her Spean Bridge home with her family: husband Douglas and baby Ailsa, who is almost two.

Olivia found out about the rural fellowship through friends who had worked on it and applied for a place on the scheme. Co-incidentally, her husband, a primary teacher, had secured a promoted post in a school in Fort William, and Olivia managed to get her fellowship placement in that area.

"We like it here and I'd like to stay in this area," she said. "Hopefully, I'll find work here after my fellowship."

One of the attractions of remote and rural general practice for Olivia is working in small communities and getting the chance to be a part of them.

"It's been a big change from my training practice," she said. "The practices I work with have around 1,500 patients. In Fort Augustus, we have 15-minute consultations; in Ballachulish, because it's a prescribing practice, we have 20 minutes. In my training practice, we had 10-minute appointments and saw 30-40 patients a day.

"I've been working here for only four months but I prefer this. There are challenges, of course. Working as a GP in an area like this you have to be a jack of all trades and have a good range of clinical skills."

As part the rural fellowship, Olivia has had the opportunity to develop those skills. She's been doing a practical palliative care course designed for doctors, has completed her BASICS course and has been studying acupuncture. She has also been able to develop her interest in palliative care, spending some time in the Highland Hospice and with a Macmillan nurse in Fort William.

"It's been great for my career," said Olivia. "I've learnt such a lot and I've thoroughly enjoyed it. It can be quite exactly, though – and, having a toddler, I don't get enough sleep!"

● More information on the rural fellowship scheme is available [online](#).

Meet one doctor who has signed up for new team

GP Peter finds Joy in new challenge

YOU are in your early 60s and you've no regrets about becoming a general practitioner all those years ago. However, you have to look back a few years to find any sense of true job satisfaction. Recent years have not been too kind to your lot. You see more patients than ever and give each one less time, bureaucracy has become one of your core specialities and, try as you might, you are not exactly looking forward to whatever tomorrow might bring at the practice.

Peter Glennon might well recognise you. Indeed, he would most probably agree that he has quite a bit in common with you.

Dr Glennon is 62 and retired at the

end of October last year from a practice in Stafford where he had cared for patients for 32 years.

He didn't take retiring lightly. He gave 18 months' notice of his intention to retire as a partner in the practice and when he finally did bow out, he did so happy that his practice was in good shape.

But what was he to do? He was happy to help out when needed at his old practice but intended to make the most of his retirement by doing more cycling than he had time for when working, reading a lot more, bird-watching and taking walks in the country.

Like many places, there was no shortage of demand for GPs prepared to do locum work in and around Stafford but that was never on his agenda.

And then he read an advert in the BMJ.

Are you looking for a new challenge, a change from your current routine? We are looking for experienced GPs to help us achieve excellence in remote and rural healthcare.

Might this be worth considering? Dr Glennon read on...

Would you like to have the time to address your patients' needs, providing holistic care within a team which knows their patients and community well? Are you interested in delivering modern, high quality, evidence based, Realistic Medicine in the context of traditional family General Practice values? Would you relish the challenges of delivering primary care in the Western Isles, Orkney, Shetland or

Continued on next page



How general practitioner is Rediscovering The Joy...

Continued from previous page

Highland Board areas, where specialist help may be hours away, but where you have a network of local and remote support to help you manage your patients effectively?

This, he felt, might be worth considering, and so he thought about it, and then thought some more and, after discussing it with his wife, he decided to apply.

“The timing was great for me,” Dr Glennon said. “I left my practice in a strong state, I still had plenty of energy and drive and I liked the idea of rediscovering the essence of being a GP without all the bureaucracy that comes with being a partner. I could earn more being a locum in Stafford but I liked the challenge I saw in the advert.”

What was advertised, regular readers of the Scottish Rural Medicine Collaborative’s occasional Bulletin will recognise, was the ground-breaking ‘Rediscover the Joy of General Practice’ initiative. It offered placements ranging from 12 to 18 weeks in remote and rural communities in four health board areas in the north of Scotland – areas that happen to boast some of the most spectacular scenery the UK can offer.

Dr Glennon knew that if his application was successful, he would be away from his wife for spells. However, with a daughter studying in Glasgow and a son living in Vancouver, he felt he had sufficient flexibility in his life to make what is commonly known as ‘The Joy’ work for him.

“I didn’t go into it with rose-tinted spectacles,” he said. “I knew all about the beautiful landscapes but I also knew about the social challenges many of these areas face. However, there’s something appealing about remote locations and I sensed there was



something about this that would suit me.”

It hasn’t let him down. Dr Glennon was one of 27 doctors who were recruited under The Joy and was among those who attended what he called an “excellent” recruitment weekend in Strathpeffer, where he found out more about his new role and met his new colleagues: all first-class, motivated GPs who could help practices and health boards fill the gaps in primary care provision that occasionally arise when a GP takes a break or is ill.

The Joy doctors now form a rural support team and, courtesy of social media networking which allows them to share experiences and solutions, consider themselves to be close colleagues, in spirit if not by geography.

Dr Glennon’s Joy work began in

the Riverview practice in Wick, where he spent four weeks in July, followed by a November week in Acharacle in Lochaber. He has just finished a two-week stint at the Broadbay Medical Practice in Stornoway and will be working in a practice in Carbost, Skye, in January.

“It’s been great,” he said, “though there certainly are challenges. Working in remote locations, you need to be a super-generalist and be able to deal with just about anything.

“I understand that some GPs may be apprehensive about working in communities far away from big hospitals, for example, but that’s part of the appeal for me. What’s more, it’s nice to work as a salaried GP. It’s refreshing to have just clinical work to do without a lot of the bureaucracy.”

Host of new members welcomed to SRMC's team

FOR the first time, the board of Scottish Rural Medicine Collaborative (SRMC) now has members representing nurses and allied health professionals.

Joan Pollard, associate director, allied health professionals, NHS Dumfries and Galloway, and Brenda Wilson, depute director, nursing and care, NHS 24, are among a number of newcomers to the board.

Ralph Roberts, the SRMC's chair and senior responsible officer, said: "The role nurses and AHPs play in primary care settings is increasingly important. GPs throughout Scotland, including those in remote and rural areas, have come to value multi-disciplinary teams and it's great that, having recruited Joan and Brenda, our board is becoming something of a multi-disciplinary team itself.

"We look forward greatly to their input as we continue our work to help support general practice in remote and rural Scotland."

Joan Pollard has been in her current post with NHS Dumfries and Galloway since March 2016. She has worked as a clinician across a wide variety of settings from city-based tertiary acute intensive care to rural domiciliary care.

The last 29 years of her career have been in rural Dumfries and Galloway, where her posts have included some non-clinical roles such as service improvement manager looking at improvement within both acute and com-

Nursing and AHP reps on board

The SRMC can be contacted by email: scottish.ruralmed@nhs.net
Our Twitter account is: [@NHS_SRMC](https://twitter.com/NHS_SRMC)

munity settings and, immediately prior to her current role, as deputy general manager, acute services.

She has two daughters who have ventured out to establish themselves in the world, leaving Joan time for cooking, painting, walking and throwing pots on the wheel.

Brenda Wilson has been in her current post since August 2015 and has focused on the development of advanced practice in NHS 24 for the past two years. This has included exploring how they can support the wider system of care, considering models

of training and care delivery in areas such as remote and rural, primary care and digital care.

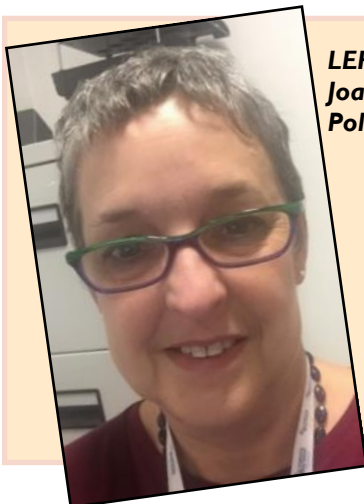
Her previous posts included lead nurse for Raigmore Hospital and clinical services manager for the West of Scotland Burns & Plastic Surgery Service. She has also had a clinical career within operating theatres as theatre staff nurse to theatre manager in a variety of clinical specialities, in both the NHS and private sectors.

Brenda is a volunteer coach with Riding for the Disabled Glasgow and is a member of the board of trustees for Erskine Care and Spina Bifida Hydrocephalus Scotland.

Other recent appointments to the board are the Royal College of General Practitioners' wellbeing lead, Dr Kirsten Woolley; Lisa Watt, primary care manager, NHS Shetland, who replaces Dr Dylan Murphy; David McCaig, who joins as a representative of the Scottish Government and

who replaces Lara Cook; Dr Shawkat Hasan, a GP partner in NHS Tayside; and Dr Lizzie Finlayson, NHS Grampian, a replacement for Dr Iain Small.

Also serving on the board are chair Ralph Roberts, chief executive of NHS Borders; Orkney GP Dr Charlie Siderfin, a medical adviser to the Scottish Government and clinical lead for the collaborative; Dr Kirsty Brightwell, Western Isles; Dr Paul Davidson, NHS Highland's associate medical director; Dr Stephen O'Reilly, Ayrshire and Arran; Dr John Kennedy, Fife; Gavin Venters, NHS National Services Scotland; Dr Greycy Bell, associate medical director, primary care, Dumfries and Galloway; Fiona Duff, senior adviser, Scottish Government; Dr Chris Williams, RCGP Scotland; Professor Sandra MacRury, Scottish Rural Health Partnership; Professor Alan Denison, NHS Education for Scotland; Dr Kate Dawson, Rural GP Association of Scotland; Dr Emma Watson, senior medical adviser, health workforce, Scottish Government; Dr Denise McFarlane, of the BMA; and Pam Nicoll, of the Remote and Rural Healthcare Education Alliance.



LEFT:
Joan
Pollard



RIGHT:
Brenda
Wilson

BASICS start new training courses



WITH a suite of new courses – and something of a new look – training provider **BASICS** Scotland is looking forward to a busy 2020.

BASICS (British Association for Immediate Care, Scotland) provides valuable training programmes to health professionals throughout Scotland with the aim of raising the quality of pre-hospital immediate care.

Its wide range of training courses cover, for example, major incident medical management and support, hospital major incident medical management systems, pre-hospital emergency care and pre-hospital paediatric life support.

However, the Perthshire-based organisation recently launched a new portfolio paediatric emergency day to add to its existing trauma, cardiac deteriorating patients and maternity and neo-natal days.

In addition, it will soon launch an



emergency medical day, as well as others yet to be announced.

As for the new look, BASICS Scotland has secured funding from The Sandpiper Trust which has helped it to replace its old van and trailer with new ones.

BASICS clinical educator Heather Sinclair said: "This means we can continue to take staff and equipment, including our extrication vehicle, out to

remote and rural areas to deliver training, and the new trailer gives us a new demonstration space.

"However, at the moment we are incognito as the van has not been branded. We hope to launch it in all its new finery soon though."

● Pictured above is a scene during a pre-hospital emergency care course. Below is a scene from a multi-agency training day on Tiree.





PICTURE GALLERY ... 1

Above: Drs Michelle Watts, Greycy Bell and Sian Tucker at the RCGP conference.

Top Right: Lisa Watt—NHS Shetland Primary Care manager

Right: Professor Helen Stokes-Lampard and Mooey MacMooface, also at the RCGP conference

Bottom right: Dr Simon Randfield (left) talking on the stand at the World Extreme Medicine conference

Below: Extended SRMC team at the RCGP conference, Liverpool





PICTURE GALLERY ... 2



Top: The SRMC programme board in November. On the extreme left is Paul Davidson. With him are: front row — Stephen O'Reilly, Joan Pollard, David Priest and David McCaig; back—Shawkat Hasan, Katie Gambier-Ross (intern), Fiona Duff, Denise MacFarlane, Gavin Venters, Kirsten Woolley, Martine Scott and Charlie Siderfin.

Above: Dr Richard Crosby on the SRMC stand at the World Extreme Medicine conference

Above right: An SRMC programme board workshop, with 'KETSU' activity to map out future options for a primary care recruitment model

Right: Dr Greycy Bell, Dr Kerri Nylon and Dr Chris Williams at Pulse LIVE in Glasgow



WORK is progressing on plans for the third biennial 'Rethinking Remote' conference, to be held in the spring.

Being organised by the Scottish Rural Health Partnership – which shares its base with the Scottish Rural Medicine Collaborative in Inverness – the conference will be held on 30th April and 1st May.

The 2016 and 2018 conferences were staged in Eden Court, Inverness, but the 2020 event will be in the MacDonald Aviemore Resort, which provides accommodation, the auditorium, the exhibition space and workshop areas all under the same roof.

This will be the third 'Rethinking Remote' conference and the event has come to be highly valued as a means of sharing innovative solutions to healthcare provision in remote areas. It is attended by healthcare providers in the public, industrial and military sectors.

The conference has five principal themes – emergency management and pre-hospital care; education and professional support; community engagement; technology (including drones, robots, satellites and remote diagnosis and communication) and community care (including physical and mental health and wellbeing) – and is supported by international speakers of national and world-ranking status.

Professor Sandra MacRury, of the Scottish Rural Health Partnership, said:

Planning under way for next Rethinking Remote conference

"We had around 200 delegates at the last conference and we're hoping for around 250 at the next one. We are promoting it through an increasing number of networks and it is attracting growing interest both in this country and abroad."

She added: "It is important not only as a means of sharing knowledge and experiences, helping people to learn from us as helping us to find out what others are doing in the field of remote healthcare. What's more, it brings delegates from throughout Britain and the world to the Highlands."

Among the speakers lined up for next year's conference are Dr Peder Jest, director of innovation at Odense University in Denmark, whose talk will be on how to deliver healthcare services to people in remote areas and small communities by using individualised healthcare technology.

Adrian Smith, of Satellite Applications Catapult, will give a talk enti-

tled "Connected Pathways to Care in the Community" and Michael Sautter's address will be on "Rethinking Simulation-based Healthcare Quality Improvement – How space and time may be turned from constraints to advantages". Dr Rikard Moen, chief medical officer with Optima Health, will give a talk entitled "Challenges, Governance and Competencies in Working Remotely".

Other topics and speakers whose talks do not yet have a without a title are: Lt Col Mike Smith – prolonged care in remote communities; Clare Morrison of NHS Highland – ubiquitous VC for healthcare; and Dr Ewen McPee, director of the Centre for Remote and Rural Health, Australia.

A call for abstracts for posters and oral presentations for the conference has been issued by the organisers.

Full details of the event are being made available at the [conference web-site](http://www.rethinkingremote.co.uk).



Full conference details will be available soon at www.rethinkingremote.co.uk