

# The Scottish Rural Medicine Collaborative BULLETIN



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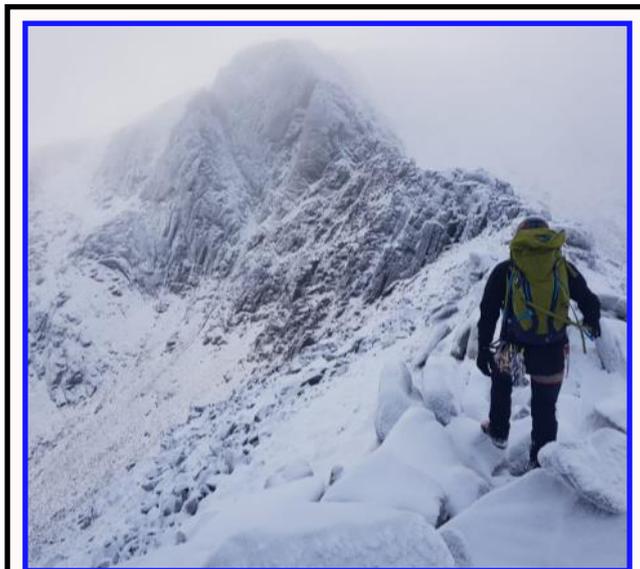
Covid-19 has brought about fundamental changes to our lives and work and it has caused the Scottish Rural Medicine Collaborative to face new challenges in terms of developing strategies to improve the recruitment and retention of GPs in remote and rural Scotland. But SRMC chair Ralph Roberts says we cannot reflect and refocus in a vacuum. We need to know from those working in general practice what they want from us.

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A major evaluation of 'The Joy' initiative by an SRMC project manager is nearing completion.



○ Finding his way in remote and rural life is Moray GP Dr Brad Allix. An outdoor enthusiast — he's pictured here in the Cairngorms — Dr Allix is currently enjoying life and work as an acute rural fellow based not too far from the mountains he longs to revisit as soon as lockdown restrictions permit. See pages 7 and 8.

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Work has been progressing on improving the SRMC's online 'shop' window'. Our website's now better than ever.

## Welcome to the Scottish Rural Medicine Collaborative

**I**NITIALY funded via the Scottish Government Recruitment and Retention Fund in 2016, the Scottish Rural Medicine Collaborative (SRMC) has played a significant role in supporting the recruitment and retention of rural GPs.

It has achieved this through working collaboratively with key stakeholders in a supportive and creative environment.

The SRMC outcomes have demonstrated that using the correct mix of individuals, structure and en-

□ As we report on page 14, the Scottish Rural Medicine Collaborative's programme board will meet remotely on 1st July. We intend to report on that meeting on our website as soon as possible thereafter.

vironment allows those with insight, experience and knowledge to exchange views and co-produce effective solutions.

This has been enhanced with professional project management sup-

port and clinical leadership with an emphasis on building relationships and has allowed successful recruitment and retention strategies to emerge.

In future, the work will be fully inclusive of all remote and rural health workers.

Collaboration has led to a deeper understanding of the issues to be addressed and has produced a number of outcomes.

To find out more please look us up on our [website](#) and [@NHS\\_SRMC](#)

### MESSAGE FROM THE CHAIR

# Covid-19 is making us all reflect and refocus

**Y**OU don't have to think back too many months to remember a world that was completely different.

When the Scottish Rural Medicine Collaborative's last Bulletin was published, in December, we could go out freely with friends and family, attend sporting events and even expect to see a GP face-to-face.

The changes in our personal and professional lives have been profound and it's clear many of them will be lasting – and I am sure that applies to the work of the SRMC.

The collaborative exists to think out of the box; to come up with imaginative, untried ways of meeting the perennial challenge of recruitment and retention in remote and rural general practice in Scotland.

We've been doing just that since we were formed but I feel Covid-19 has brought about changes in the way we live, work and think that present new challenges to the collaborative.

I suspect many in primary care have been reflecting on their work and perhaps even changed their career aspirations. We need to understand how these aspirations may have altered and how they can be met in the future.

We like to think we have been pretty good at developing and supporting programmes that better reflect what primary care staff want from their work. The Rediscover the Joy of Holistic General Practice initiative has been successful because it addressed a market for more flexible career options for GPs. The Wanderers and Adventures programme seeks to do the same.

However, we cannot reflect and refocus in a vacuum. What do those in primary care, whose lives and work have been so fundamentally changed by Covid-19, now want from their careers? Do GPs believe we need to develop new recruitment and retention strategies to meet changing aspirations? What issues do we now need to consider in developing a rural multi-disciplinary team recruitment campaign?

Our contact details are elsewhere in this *Bulletin*. Please get in touch if you have any thoughts on how we can address questions such as these.

Thank you – and stay safe.

*Ralph Roberts, Chair, SRMC*

The changes in our personal and professional lives have been profound



# Spreading some Joy around the country

**T**HE success of a pioneering initiative to address the ongoing problem of GP recruitment in rural areas has led to moves to take the scheme nationwide – and into Scotland’s urban communities.

The ‘Rediscover the Joy of Holistic General Practice’ initiative resulted in a rural support team of GPs being formed for the Highland and Islands, with the 33 doctors recruited for fixed-term placements in the areas covered by four boards: NHS Shetland, Orkney, Western Isles and Highland.

So successful has that scheme been

that a second ‘Joy’ initiative was advertised and a Scotland-wide support team of highly-motivated GPs recruited.

“We had a really good response,” said Dr Charlie Siderfin, who helped launch ‘The Joy’. “Of the 50 applications we received 41 were shortlisted and 28 appointed.”

Unfortunately, a planned assessment weekend in which the recruits were to team up and meet 14 GPs recruited in the first round of ‘The Joy’ had to be cancelled because of the pandemic.

Dr Siderfin, a GP based in Orkney,

a medical advisor to the Scottish Government and a member of the Scottish Rural Medicine Collaborative (SRMC) board, added: “It’s interesting and perhaps not surprising that the number of requests for GPs appointed in the second ‘Joy’ round has fallen markedly as the Covid crisis has progressed. The fact that many GPs are simply not taking holidays just now is probably the biggest reason for that. They have a sense of responsibility to their practice and their community and are simply staying at work.”

In the first round of ‘The Joy’, the initiative was seen as particularly attractive to GPs who had either recently retired or were towards the end of their career, and wanted to experience a new challenge in a rural location.

“We thought for the second round that we would look to attract a different kind of individual,” said Dr Siderfin. “We were thinking about people who were looking for an opportunity to contribute something to a practice and perhaps were looking for a fresh challenge in life. More importantly, they would be supported in facing that challenge.”

“Opening out the Joy to these people, and making it nationwide, has clearly worked, given the response we received.”

However, not only has the Covid crisis impacted considerably on the demand for GPs in the second Joy cohort but there have as yet been no requests for GPs from practices outside the Highlands and Islands.

“If practices anywhere want the help of ‘Joy’ GPs we would be happy to hear from them,” said Dr Siderfin.

More information about ‘The Joy’ is available on the SRMC [website](#).

☐ *Work on comprehensive evaluation of ‘The Joy’ almost completed: See next page.*

## Clinical lead appointed

**S**INCE the last issue of *Bulletin* was published, in December, ‘The Joy’ initiative has gained a new champion.

She’s Dr Chloe Evans, whose portfolio career includes GP work in Shetland and who has joined ‘The Joy’ team as its clinical lead.

There’s a feeling that the GP support teams that were formed through the [Rediscover the Joy of Holistic General Practice](#) initiative may be regarded by some as a sort of locum pool.

But Dr Evans, who practises one month in three in Scalloway, says part of her job in her new role as GP support team clinical lead is to ensure that ‘The Joy’ functions quite differently.

“It is far from a locum agency,” she said. “‘The Joy’ is such a brilliant idea – and it’s definitely joyful. I think the GPs are finding that it is meeting their aspirations and that they enjoy being part of a peer group of like-minded people.”



Key to the clinical lead’s role is ensuring that the support teams remain just that – teams. Dr Evans does this by hosting fortnightly video-conferencing meetings, generally attended by around a dozen ‘Joy’ recruits at a time and encouraging participation in the teams’ WhatsApp group discussions.

“These are often very informal social chats, which is great, but they can also cover professional issues – lately, we’ve been talking about prescribing for example,” said Dr Evans.

“We are also looking at continuous improvement for the team members, something that’s a normal part of being a GP.”

# 'Joy' evaluation nears completion

**WORK** on a root-and-branch review of a project to recruit general practitioners to some of Scotland's most remote areas has almost been completed.

David Priest, a project manager with the Scottish Rural Medicine Collaborative (SRMC), has spent much of the past year working on a detailed evaluation of the 'Rediscover the Joy of Holistic General Practice' initiative (see previous page).

Now, he is about to issue the 70,000-word, 150-page first draft of his report for review by all those who have contributed to it: some 20 people, ranging from HR directors to primary care staff.

The intention then is to offer the completed report for publication by a yet-to-be-determined journal.

David's report is likely to contain more than 40 recommendations and will feature 60 clarified learning points and more than 15 identified success factors.

'The Joy' initiative was designed to recruit GPs on flexible contracts to undertake work placements in remote and rural general practices where recruitment and GP cover had become a problem. It was trialled using the experience of a smaller-scale project on Orkney and NHS 'test of change' methodology.

David's evaluation was deemed necessary to assess if the test of change was successful and whether it had led to improvements and benefits.

He said: "It is important for 'The Joy' team and the Scottish Government to clarify the lessons learned from the initiative if it is to be scaled up to a larger and wider model."

SRMC programme manager Martine Scott said: "This has been a massive piece of work for David and will hopefully be his first publication through [IRAS](#) (Integrated Research Application System). We know that 'The Joy' has made a significant contribution to addressing recruitment challenges but it will be good to have that evaluated academically."

David started work with the SRMC last April. He had previous experience with NHS Shetland, one of the area health boards involved in the SRMC, and has experience in a range of projects related to public health. More recently, he worked as development manager with Highlands and Islands Enterprise.

As well as working with the SRMC he has been working shifts on the NHS24 Covid telecare hub in Inverness.

His 'Joy' evaluation work is being supervised by Frances Hines, NHS Highland's research, development and innovation manager.

## New website promotes staff wellbeing

**T**HE new website designed to promote the wellbeing of health and social care professionals in Scotland has been welcomed as an "innovative and useful" resource.

The [National Wellbeing Hub](#), in which a wide range of national, local and professional bodies are involved, is designed to support those who work in health or social services at a time when Covid-19 has changed all our lives.

With the catchline "You look after us, so we'll look after you", the hub hosts a variety of resources for managers, employers and individuals in the sector, and signposts them to useful information and other sites where help and advice are available.

It also features video clips featuring health and care professionals, as well as one by Clare Haughey, Scotland's Minister for Mental Health.

Martine Scott, programme manager with the Scottish Rural Medicine Collaborative, said: "Scotland's health and care professionals are doing exceptional work looking after our sick and vulnerable during the pandemic.

"However, it is vitally important that they also look after themselves as best they can, which is where this innovative and very useful website comes in.

"We would urge all involved in health and social care to visit the site and, if they need to, use it."

**It is important for 'The Joy' team and the Scottish Government to clarify the lessons learned from the initiative**





# Video promoted island's GP role

○ Dr David Binnie pictured on the beautiful island of Colonsay, where he shared the role as the island's GP with his wife Dr Jan Brooks. Their successor is about to be appointed.

**A COUPLE** who worked for 10 years as GPs on the Inner Hebrides island of Colonsay are about to be replaced.

And one of the tools used to help fill the vacancy created by the retirement of the husband-and-wife team of David Binnie and Jan Brooks was a video that, according to Scottish Rural Medicine Collaborative project manager Ian Blair, summed up all that is good about general practice in Scotland.

He said: "Being a GP in some of Scotland's more isolated communities can certainly be challenging but with that come rewards that GPs may not necessarily get from working in, say, an urban practice.

"[The video](#) shows Dr Binnie neatly summing up everything that's good about it."

With a population of just 134, Colonsay has been described as the "Jewel of the Hebrides".

Ten miles long and two miles wide, it's a little more than two hours from Oban by ferry and its GP practice is just about as remote as one can get in Scotland.

But Drs Binnie and Brooks see their relative isolation as one of the key attractions to their work.

As Dr Binnie is reported as saying in *The Observer* newspaper earlier this year: "The challenges are also the benefits. The isolation gives you this extra sense of responsibility and reward.

"Dealing with illness in a remote setting taxes your medical skills but you get far longer with your patients and get to know them as people."

The couple's job satisfaction is cou-

pled by a love of Colonsay that's so strong they intend to remain on the island in their retirement.

The vacancy was advertised by NHS Highland with support from [the practice](#) and its four-person patient representative group, chaired by Eileen Geekie, who moved to the island from England four years ago.

She said: "I would like to see that someone will see this as a life-changing opportunity: a chance to do something completely different.

"We know it's a niche role which may narrow the pool of people who may be interested, but we also know what a wonderful place this is.

"Colonsay is a lovely island, completely unspoiled, with no crime and a tremendous sense of community."

The Colonsay video was produced by Colin McPherson, a professional videographer and a friend of the island's GPs. He also took the photograph above.

□ We hope to have news on the replacement for Drs Binnie and Brooks in the next issue of **Bulletin**.

**Dealing with illness in a remote setting taxes your medical skills but you get far longer with patients and you get to know them as people**

## How doctor discovered rural fellowship scheme

**A SIMPLE twist of fate can sometimes change your life – just ask Dr Brad Allix.**

A keen climber, walker and cyclist, newly-qualified GP Dr Allix had set his heart on emigrating to Canada or New Zealand's South Island, where he could work in a rural practice and indulge his love of the great outdoors.

And so he took himself off to a BMJ careers fair in London, where he thought he could get information about visas for working overseas. Little did he know that a chance conversation he had with a stranger there would result in him being where he is now, in Elgin, sharing his time between general practice and Dr Gray's Hospital.

He explained: "I just happened to meet someone on the NHS Scotland stand who started telling me about the rural fellowship scheme.

"I find it strange how things happen in a moment that can potentially change your life."

The rural fellowship scheme Dr Allix referred to is run by NHS Education for Scotland to give new doctors a taste of life and work in a rural environment.

The hope is that the experience will persuade them that rural general

# The chance meeting that helped shape GP's career

practice in Scotland can offer a fulfilling and rewarding career.

Dr Allix picked up the story: "The evening after this chance conversation I went out with some friends and told them I didn't know if I would be moving to the other end of the world after

all. This fellowship scheme really appealed to me."

Dr Allix became an acute rural fellow in August last year and said the 12-month scheme was meeting all his hopes and expectations.

"It's been good," he said, "and now I plan to stay in Scotland.

"I had been to Scotland before, for walking and climbing, but moving here had never occurred to me until this came up. Now, I will be looking for work here when the fellowship finishes. I've been told there might be something coming up in Wick and I might consider that. I'm staying flexible but I think I would like to work as a rural practitioner and split my time between general practice and hospital work. Really, it's all up in the air at the moment."

Now aged 32, Dr Allix is from Hampshire and studied Medicine at the University of Bristol, after which he moved to London to work in Whipps Cross University Hospital. A spell in A&E in Co. Fermanagh, Northern Ireland, followed.

"I liked it there," said Dr Allix. "It's quite similar to Dr Gray's in many

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○ Dr Brad Allix enjoying a pre-lockdown day in the mountains

## How young doctor's career path took a chance turn



○ **ABOVE AND BELOW:** Dr Brad Allix indulges his passion for the great outdoors

*Continued from previous page*

ways. It's a fairly rural area, with lots of farms. I had never lived in a place like that before and I quite enjoyed it."

After a four-month time-out in Nepal, where he did some climbing, Dr Allix returned to his home county to do his GP registration training.

"The plan at that stage was to move to Canada," he said. "I loved the idea of being in a place where there were mountains right on my doorstep. "But before I moved there I wanted to spend some time nearer my family, and found myself working in a large suburban practice."

However, after an 18-month placement in a hospital and 18 months in a general practice he found the call of the countryside was hard to resist.

It's something that was the overriding factor behind him becoming an acute rural fellow in Moray but Dr Allix said he was also attracted to it by its structured format. One of four fellows in the current cohort, he says he has enjoyed the variety the scheme has given him: three-month place-

ments in general practice; six months of acute hospital work and the rest of the time on an individually tailored learning programme. The acute work has been at Dr Gray's Hospital, the GP experience in Dufftown and Tomintoul, and Forres, and his educational project has been looking at Lyme disease diagnosis and coding.

Of course, like everyone else, Dr Allix has found his plans, and the na-



ture of his work, impacted by the Covid-19 pandemic. Scheduled placements in Broadford on Skye and in Wick had to be cancelled and he has had to get accustomed to consulting remotely rather than face-to-face with his general practice patients.

"I find it quite unnatural to speak to patients over the phone or by video-conferencing," he said. "I had experience of VC during my registration training so I was familiar with it but, while I know it is necessary in the circumstances, it's not perfect."

Another consequence of Covid-19 has been frustration at not being able to get out on the hills.

"Just before the lockdown I managed to get to the Cairngorms and the North West Highlands for some climbing, and I intend to go back when the lockdown ends. I've also been looking at some sea cliffs that I'd like to climb."

□ For further information about the rural fellowship scheme, contact its coordinator, Dr Gill Clarke ([gillian.clarke1@nhs.net](mailto:gillian.clarke1@nhs.net)).

## International recruitment support

# Mathew helps to spread the net worldwide

**R**ECRUITING general practitioners from overseas has taken a significant step forward with the addition of an expert in the field to the Scottish Rural Medicine Collaborative's board.

SRMC programme manager Martine Scott said that having Mathew Pay (right) on the team significantly improved the likelihood of foreign doctors having a smooth passage into remote and rural general practice.

"We are fortunate to have someone with Mathew's skills, experience and contacts on board," she said. "He is a fount of knowledge in this field and I know our work will be made considerably easier by having him on hand."

Glasgow-based Mathew has joined the board as manager of NHS Scotland's International Recruitment Service (IRS), which was commissioned by the Scottish Government in January 2019 to facilitate the sourcing, recruitment and selection of candidates from outside the UK.

From the outset, it was determined that Mathew and his small team would pilot a new means of international recruitment. Rather than persist with the board-by-board recruitment process that has been historically used, the idea was to focus on particular medical specialities in which vacancies were hard to fill, with targeted recruitment campaigns in various countries around the world.

The IRS's first stab at such a campaign involved addressing a shortage of people in psychiatry. The IRS identified

that there were 60 psychiatry vacancies in 11 health boards and then advertised these vacancies in various parts of the world. That resulted in 81 applicants, 56 of whom were subsequently shortlisted. Some of these candidates withdrew for a number of reasons and of the 29 who were eventually interviewed, 20 were offered employment in Scotland.

Next for the IRS came a campaign to fill vacancies in anaesthetics. Twenty-two vacancies were identified and, after advertising overseas, 90 applicants came forward, of whom 15 were deemed suitable for shortlisting.

"We are part of the NHS but are operate like an outsourcing service for health boards looking to recruit from other countries," said Mathew.

And the help the IRS offers is extensive and varied, including answering candidates questions on everything from UK driving licences and banking to places of worship and schooling for children.

"We try to make the transition to Scotland as smooth as possible," said Mathew.

As the IRS says on its website: "The service is aware that depending on the background, nationality and experience of the candidate, the process may not be simple."

Mathew continued: "International recruitment is very different than recruiting from within the UK. Let's take a candidate from, say Egypt, who was trained and qualified there. We are able to tell recruiting boards how that



**We are part of the NHS but operate like an outsourcing service for health boards**

candidate's qualifications relate to what may be required in this country. Individual boards simply don't have the capacity to do that sort of thing as we can."

But as well as acting reactively to support candidates, the IRS takes a front-foot role in promoting NHS Scotland as a place to work, under the 'Scotland Is Now' banner.

The IRS, which is progressively making itself known in health boards in Scotland and with key overseas contacts, first came to the attention of the SRMC at a major recruitment event, BMJ Live.

"We saw the valuable service the IRS was providing to health boards and immediately recognised that they knew their stuff and that they would help us address some of the many bottlenecks we knew recruiters in remote and rural areas were facing when it came to international recruitment," Martine Scott said.

"Now, we know that if an overseas candidate has particular issues or queries, we can forward them to Mathew

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# International recruitment expert on board

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and his team. They are a knowledgeable, time-saving resource for us and to recruiters.”

Brexit and new immigration legislation, the Scottish visa, GMC registration and training ... there's no shortage of issues on Mathew's desk. And while he deals with these, he is constantly feeding back to the Scottish Government on his team's experienc-

es, suggesting ways by which international recruitment can be improved.

Meanwhile, the IRS continues to receive a huge number of speculative applications and queries: 1,200 in its first nine months.

“The message is getting out there,” said Mathew. “Scotland is an attractive place in which to work – and remote and rural Scotland has its particular attractions.

“The key is getting our message

right in each country – and that message has to be different for different parts of the world.”

Martine Scott concluded: “While Covid-19 has changed many of our priorities, recruitment will remain crucially important.

“Thanks to Mathew and his team, the pathway to remote and rural general practice in Scotland for doctors from overseas is being made much less challenging.”

## The lockdown ‘quick-fixes’ that could become fixtures

### Collaborative looks to help exchange of good ideas

**T**HE Covid-19 lockdown is forcing us all to change the way we do things.

But are some of the changes we are having to make in our lives and work likely to become part of our

lives when the current crisis is over?

Many in the NHS suspect that they will – and the Scottish Rural Medicine Collaborative (SRMC) has been looking at developing a means of collating, recording and sharing examples of

enforced “quick fixes” that may in fact prove to be long-term solutions.

The collaborative's programme manager, Martine Scott, said: “We know of a great many things that are now having to be done differently and we think it would be a great shame if some of the lessons we are learning because of Covid-19 are lost when this crisis ends.”

The SRMC has drawn up a [guidance paper](#) to help GP practices in rural areas detail the changes they have made.

It invites them to set out the problem they had to solve, explain what challenges they faced in solving it and state how they felt the changes they made could be applied in the future.

Martine added: “Since we announced this initiative a few months ago we have had some very positive feedback, including from some of our contacts overseas.

“There are many examples of how people in the health service have had to think out of the box and come up with creative solutions to new problems.

“We would like to see these good ideas being shared with others.”

## Key platform for Covid help

THE organisation [Scottish Rural Action](#), which seeks to improve the lives of people in rural communities, has issued its latest newsletter – and there's a heavy focus in it on matters relating to the Covid-19 pandemic.

Among the articles featured is one on the [Connecting Scotland](#) initiative, set up by the Scottish Government in response to the coronavirus crisis to support vulnerable people who are at home and are digitally excluded. It aims to connect up to 9,000 people who are not already online, on a low income and at high risk of severe illness from Covid-19.

It also features links to the [National Rural Mental Health Forum](#), which has recently launched an online platform on its website where practitioners can share ideas and resources, and to Alzheimer Scotland, which has produced a [leaflet](#) explaining what people with dementia might expect if needing hospital treatment with Covid-19 or any other illness.

Ralph Roberts, chair of the Scottish Rural Medicine Collaborative, said, “Scottish Rural Action provides an excellent resource for anyone working in the country's remote and rural communities.

“The Covid-19 situation is changing by the day and Scottish Rural Action is proving to be a ‘go-to’ platform for information and signposted links.

“As it says on its website, it is important that we pull together, share ideas and support each other during this difficult time.”

## Collaborative given thumbs-up in Ritchie Report

**T**HE Scottish Rural Medicine Collaborative (SRMC) is looking forward to repaying the faith shown in it by an influential working group.

At the turn of the year the work of the SRMC was given the “thumbs-up” in a report by the Remote and Rural General Practice Working Group, chaired by Professor Sir Lewis Ritchie.

The group, with members drawn from a diverse field of expertise across rural primary care, was set up to support the transformation of general practice and primary care services in Scotland in the wake of the new GP contract.

The [working group's full report](#) featured 12 recommendations, one of which was: “The Scottish Government in concert with all stakeholders should work together with the Scottish Rural Medicine Collaborative to develop innovative solutions to support retention and recruitment of remote and rural GPs and broadening multi-disciplinary team workforce at all career stages.”

However, the Covid-19 pandemic has effectively put the brakes on much of the SRMC's work, meaning it has been unable to press ahead with fulfilling the Ritchie Report recommendations.

# Working group's backing for SRMC

“We have been doing what we have been able to do in the circumstances,” said SRMC chair Ralph Roberts, “but clearly the pandemic has forced us to put much of our work on hold.

“We feel we were given a pat on the back by the working group and we're looking forward to showing that we can meet the aspirations set out in its report.”

The group said in the report that it welcomed the work of the SRMC “in bringing together rural health boards

and other key stakeholders including BMA, RCGP and NES to co-produce creative solutions to rural recruitment and retention challenges”.

One example of this innovative approach highlighted in the report was the ‘Rediscover the Joy of General Practice’ initiative.

The working group recognised the SRMC's achievements and recommended that the Scottish Government supported the collaborative to expand its work into efforts to improve the recruitment and retention of multi-disciplinary teams.

The report highlighted one particular common theme in feedback from colleagues in rural general practice: “... sustainability and recruitment of GPs and other multi-disciplinary team members (an ongoing workforce challenge to general practice throughout Scotland and across the whole of the UK) was exacerbated by the specific circumstances of delivering general practiced in remote and rural areas”.

It added: “We found heartening examples of innovative work taking place, helping to overcome barriers to make best use of new technology, collaborative working, and new models of care. GPs and colleagues championing these developments need to be fostered and further supported.

## Major plan for Scotland's islands backs GP recruitment initiatives

**T**HE Scottish Government's first [National Islands Plan](#), which was published at the turn of the year, has set out a range of measures to improve the quality for people living in the country's island communities.

And, in a section on health, social care and wellbeing, the plan recognises that permanent and rotating island GPs and community nurses “require different skills from those working in more urban settings” – a fact that's key to much of the work of the Scottish Rural Medicine Collaborative (SRMC).

The plan points out that “the Scot-

tish Government recognise that remote, rural and island communities face distinct challenges in delivering primary care services, particularly in recruiting and retaining clinicians, and in ensuring sustainable service delivery”.

It also alludes to the Remote and Rural General Practice Working Group, of which the SMRC is a member, set up by the Scottish Government in June 2018 under the chairmanship of Sir Lewis Ritchie (see story above).

The islands plan points out that the working group supports a range of

initiatives, including one in which the SRMC is heavily involved: Rediscover the Joy of General Medicine.

The plan also reports that the working group is considering opportunities to develop a national centre for excellence in remote and rural health and social care – something that the SRMC featured in its [February 2019 newsletter](#).

SRMC programme manager Martine Scott commented: “We welcome the fact that the country's first National Islands Plan recognises many of the issues the SRMC is working hard to address.”

# BASICS delivers courses remotely

## Charity gets new general manager

**T**HE charity that provides pre-hospital emergency training for medics has a new general manager – and, courtesy of Covid-19, a completely new way of working.

Not only does BASICS (the British Association of Immediate Care, Scotland) now manage its affairs remotely; it has stopped delivering face-to-face training in favour of doing so remotely.

The Perthshire-based body has even changed some of what it actually teaches people, again because of coronavirus.

“The first step for us when Covid started was moving into a ‘virtual’ office, with everyone working from home,” said Lorna Duff, who was appointed general manager in May, having held the post on a temporary basis since February. “We had the advantage of being quite a small team and managed to get that up and running fairly quickly.”

Since then, though, learning to teach during a viral pandemic has been a work in progress for BASICS.

“Not being able to deliver face-to-face training created a big hole for us,” said Lorna. “However, we had an ideas-and-brain-

storming session early on and that’s helped us adapt as we moved forward.”

Lorna gave as an example portfolio courses BASICS had been due to deliver on Mull and in Orkney. Training pods with the necessary equipment were delivered to the sites and BA-

SICS were geared up to provide training remotely by video-conferencing, even on a one-to-one basis.

However, it became clear that there was a demand for such training using online resources, so that people could access it at a time that suited them.

“Frontline clinical staff are having to deal with different shift patterns and it makes sense to help them receive training when they can, perhaps in the evenings at home,” Lorna said.

Another innovation has been hosting podcasts on the charity’s website, with experts talking on a wide range of issues, some of them giving detailed clinical advice and others, such as a Police Scotland speaker, offering a broader overview.

“The podcasts have gone very well with responders and hopefully others involved in pre-hospital emergency care in Scotland,” said Lorna.

“It’s certainly something we’ll be doing more of.”

Perhaps not surprisingly, the BASICS tele-education course has proved particularly popular, underlining the need constantly to adapt in what is a fast-changing environment. This has

included updating and strengthening the charity’s online resources and ensuring that there is a more robust means of providing feedback on courses delivered.

One area BASICS is particularly keen to get right is the provision of mental health support for clinicians.



**T**HE last issue of *Bulletin* came out in December 2019, just days before it was announced that the founder and latterly director of education and medical director of BASICS Scotland had been appointed MBE for his services to pre-hospital care. It would be remiss of us not to mention this deserved honour to Professor Colville Laird (above), a true champion of rural medicine in Scotland.

“Welfare issues have really leapt to the fore in the past few months, and that’s no bad thing,” said Lorna.

She added: “This had been a dreadful time for many people but hopefully some good can come of the changes we have had to make. When you think about it, having people working from home rather than driving to office, with the time and the pollution that involves, is a no-brainer.”

As well as managing BASICS Scotland, a job she does three days a week, Lorna devotes two days a week to managing the Sandpiper Trust, which shares the BASICS office, Sandpiper House, in Aberuthven and which equips specially trained professionals with life-saving medical equipment.

“BASICS and the Sandpiper Trust are two sides of the same coin,” said Lorna, “though at times they were working in parallel rather than together. Hopefully, we are now better able to work in a more unified way.”



# Training route work funded

**T**HE Scottish Rural Medicine Collaborative has agreed to continue to support work on developing an educational pathway by which healthcare professionals can become advanced practitioners with particular skills to work in remote and rural areas.

The collaborative's executive group has agreed to continue to co-fund the initiative, along with the Remote and Rural Healthcare Educational Alliance (RRHEAL).

Claire Savage, a project officer/researcher with NHS Highland, has been seconded to work on the initiative, which seeks to develop a new standard, accessible and affordable multi-disciplinary rural advanced practitioner training pathway.

Ultimately, it is hoped that providing remote and rural specific education

and training will support the recruitment and retention of a suitably skilled, multi-disciplinary workforce for these areas.

The three-phase programme of work is scheduled to be completed by March 2021, by which time it's envisaged that individual health boards will have been encouraged to promote the educational opportunities the new pathway will offer to rural practitioners.

Earlier this year, a seminar was held in Inverness to pass on to NHS boards and educational partners details of the consultation that had taken place on the subject and representatives of partner organisations gave presentations to delegates.

Details on the work are available on RRHEAL's [website](#). Information on the seminar is available [here](#).

## Shetland role for SRMC board member

**A** MEMBER of the Scottish Rural Medicine Collaborative (SRMC) board has been appointed medical director of NHS Shetland.

Dr Kirsty Brightwell is joining NHS Shetland from NHS Western Isles, where she has served as associate medical director.

In tandem with her role with the SRMC, Dr Brightwell has been part of the team developing the 'Rediscover the Joy of Rural Medicine' initiative, which has been encouraging GPs to work in Scotland's most remote communities.

Originally from London, Dr Brightwell is a graduate of the University of Aberdeen. Her extensive CV also features work for a spell with NHS Highland in Inverness and for the Royal College of General Practitioners in Edinburgh. She has also previously worked with other forensic medicine examination leads to develop a strate-



gy for forensic care. Dr Brightwell is married and has two sons.

Martine Scott, programme manager of the SRMC, said: "Kirsty has long been an advocate of rural medicine and I am sure her knowledge and enthusiasm will be a big asset to NHS Shetland, not least at this particularly challenging time.

"We all wish her well in her new post."

## Bid to protect mental health of key staff

**A** NEW project has been launched to support the mental health of frontline workers during the Covid-19 crisis.

University of the Highlands and Islands researchers have been awarded Scottish Government funding to lead the six-month initiative, which aims to use digital technologies to help NHS Highland health and social care staff cope with the impacts of the coronavirus.

The project will use digital technologies to help prevent and treat psychological distress and also aim to enhance the resilience of health and care workers during the pandemic.

Participants will help to create personalised mental health toolkits, which might include activities like exercise and mindfulness techniques, and will monitor their mood and anxiety levels using an app. They will then get feedback and information about support if they are struggling.

Dr Sarah-Anne Munoz, who heads the university's division of rural health and wellbeing, said: "It's important to understand how we can best support these staff through the current crisis and with any longer-term impacts on their mental wellbeing."

**L**IVING in a rural area can bring its own particular challenges, not least when it comes to mental health and wellbeing.

It's an issue that is explored in a new book due to be published in September.

Co-edited by Dr Sarah-Anne Munoz and Professor Steve F. Bain, interim dean of the College of Education and Human Performance at Texas A&M University, the book is the first to address rural mental health geographies from an international perspective.

"Mental Health and Wellbeing in Rural Regions: International Perspectives" will be of particular interest to researchers and policymakers."

## GPs throughout Scotland embrace video system

# Near Me consultations top 100,000 mark



**U**SE of the Near Me video consulting system by general practitioners is continuing to grow throughout Scotland.

Developed and tested in 2018 and 2019, the Near Me service was initially used mainly in the Highlands, where distances can be an issue.

However, its use was rapidly escalated throughout the country as part of the Covid-19 response. All GP practices in Scotland are now equipped to use it and most are doing so.

There have been more than 100,000 Near Me consultations in Scotland since March, over a third were carried out in general practice. In one week at the end of May 14,090 Near Me consultations took place – a steady increase of around seven per cent on the previous week.

Describing Near Me as “an invaluable tool in the fight against coronavirus”, Jason Leitch, National Clinical Director, Scottish Government, said: “It means people can receive urgent health care and advice remotely from the safety of their own home, without exposing them or NHS clinicians to infection risk. It’s also possible for

GPs and other clinicians to use it from their home if they are at high risk of infection. Offering quick and easy access to health services without the need to travel is vital for patients, especially if they are self-isolating because of coronavirus.”

Clare Morrison, who helped to introduce the new system in NHS Highland, now co-leads the national Near Me programme.

She said: “When Near Me was first introduced, the aim was to improve access to services for patients. This included reducing travel to appointments, minimising the time taken off work to attend and making it easier for people who found it difficult to leave home. Reducing travel also has significant environmental benefit. All these aims remain important, but obviously the current focus on the use of Near Me is to reduce infection exposure.”

GPs and others working in the health board areas involved in the Scottish Rural Medicine Collaborative have contributed to a Near Me media campaign by the Scottish Government’s Technology Enabled Care team.

## Testing offered

**P**ERIPETETIC healthcare workers who travel to Orkney to work are now being offered Covid-19 testing on arrival.

NHS staff travelling to Orkney are still being advised to get tested before they travel if they have Covid symptoms or are concerned that they might spread the disease.

However, arrangements have been made available for staff who are not able to be tested before travelling to Orkney, or who are concerned about spreading the virus. Testing is on a voluntary basis.

A significant percentage of healthcare employees who work in Orkney – where there has been a relatively low level of infection – travel to the islands to do so and many are in substantive posts elsewhere.

## Virtual meeting

**A** ‘VIRTUAL’ meeting of the Scottish Rural Medicine Collaborative programme board has been arranged for 1<sup>st</sup> July.

The meeting will consider the programme business case for the collaborative after March next year and will provide an opportunity to update members on the progress of the SRMC’s project work.

It’s also hoped that the board will agree on priorities in light of Covid-19 and identify possible new projects for the collaborative.



## GP jobs website grows in popularity despite dip since Covid

**T**HE website that is fast becoming the go-to place for information about GP vacancies in Scotland is attracting a growing number of viewers.

The [GP Jobs website](#), which is promoted by the Scottish Rural Medicine Collaborative, recorded nearly four times the number of home-page viewers in the period from 1<sup>st</sup> December 2019 to 1<sup>st</sup> June 2020 (17,982 in total) compared with the corresponding period the previous year (4,061).

Probably due to Covid-19, there was a significant decrease in usage in March but a slow and steady increase since then, with an average of 150 users per day from April to June.

Perhaps not surprisingly, this is slightly less than the pre-Covid average.

Nevertheless, the massive increase – 382 per cent – year on year underlines that the website is meeting a clear demand.

Analytics of website usage also

show which pages are being viewed most. The biggest increase in usage was in the Highland Region page (2,861 page views from December 2019 to June 2020 compared with 633 in the corresponding period the previous year, a 351 per cent increase); the Greater Glasgow and Clyde page (124 per cent, to 1,373 page views) and the Lothian page (74 per cent, to 1,796 views).

Monday is proving to be the favourite day for viewing the website.

## SRMC's shop window is now better than ever

**W**ORK has been progressing on refreshing the Scottish Rural Medicine Collaborative's [website](#), giving it a clean new look and beefing up its content.

As the collaborative's 'shop window', the site is seen as a key resource for anyone with a stake – actual or potential – in remote and rural general practice in Scotland.

It features a link to the [GP Jobs website](#), a comprehensive guide to recruitment, blogs, information about various recruitment initiatives such as 'The Joy', details of upcoming events (largely redundant just now because of the Covid-19 crisis), and information about those who serve on the collaborative's programme board.

Ian Scott, a project manager with the collaborative, said: "A website such as ours will always be a work in progress but the changes that have been made to it in recent times have been quite significant.

"Our team, including Dean Pearson, who has been working on the website while employed with NHS National Services Scotland, has done a great job in improving the site, making it more attractive and easier to use."



○ ABOVE: The ever-changing home page of the Scottish Rural Medicine Collaborative's website

**S**TARTING a new job can be challenging – but starting one in the NHS in the face of a pandemic can mean the job develops in ways you may not have imagined.

Harry Zagorski joined the NHS a year ago, working as an assistant procurement administrator.

However, when the opportunity came to work a project support role with the Scottish Rural Medicine Collaborative, he jumped at the chance.

"I wanted to gain more experience and skills and thought this would be a great opportunity," said Harry.

"It's been great for me. It's helped me to develop confidence in speaking to people and I've been doing work I have really enjoyed".

However, he's been doing so remotely from home in the Highlands, linking in by video-conferencing with others in the collaborative's core team.

One of Harry's first tasks was to bone up on a key turning point in

## Project support role gives Harry new challenge

the history of remote and rural medicine in Scotland: the publication in 1912 of the Dewar Report, which described the inadequacy of medical provision in the Highlands and Islands. It in turn saw the development of the Highlands and Islands Medical Service, which is widely seen as having provided a template for the NHS.

"It was quite a read but I found it very interesting," said Harry. "It provided context for much of what we see in the health service today."

One role Harry has particularly enjoyed has been using skills he acquired at school to help develop the collaborative's website.

## Move to new office base on the cards for collaborative

**T**HE Scottish Rural Medicine Collaborative is set to move into a new home.

The collaborative had been based in an office in the Centre for Health Science in Inverness but, with the lease having ended, had to look for alternative premises.

Now, it has reached an agreement to occupy an office belonging to the SRUC (Scotland's Rural College) at Solasta House on the Inverness Campus.

Much of the collaborative's work has necessarily been done remotely in recent times because of the Covid-19 crisis and that will continue until the lockdown is eased.



However, the plan is to move into the new office as soon as it is safe to do so. Social distancing and other necessary safety measures will, of course, be observed.

### Meet the extended SRMC team



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