The Scottish Rural Medicine Collaborative BULLETIN

OCTOBER 2021

Team work

SRMC extends remit to take in more primary care professions

Full story on page 2

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

FACING THE FUTURE ... 1

Board approves plan to support broader range of professions

Recruitment and retention an issue for others in multi-disciplinary teams — not just GPs

PLANS to broaden the remit of the Scottish Rural Medicine Collaborative to involve a range of multi-disciplinary team (MDT) professions have been signed off.

Since it was established in 2016, the SRMC has been working to improve the recruitment and retention of general practitioners in rural areas.

However, at its September meeting, the collaborative's programme board approved proposals to offer the learning and experience it has gained from working with GPs to other professions working in rural primary care.

A paper to the board pointed out that it was suspected that the unmet needs of MDT professions were similar to those that exist for GPs.

While the SRMC would like to be of benefit to all MDT professions, the board accepted that, because of limited resources, it would be necessary to prioritise which of the 12 allied health professions the collaborative will engage with.

The intention to improve engagement with MDT professions has been recognised by the collaborative for some time now. Indeed, last year this was reinforced by securing both nursing and applied health profession representation on the programme board.

The aim now is to develop relationships with MDT professions with the objective of improving recruitment and retention, while continuing the SRMC's work with GPs.

> **We believe this will contribute meaningfully to improving the sustainability and resilience of primary care in Scotland**

"We believe this will contribute meaningfully to improving the sustainability and resilience of rural primary care in Scotland," the paper stated.

The SRMC's project team will now work to raise awareness of the collaborative within MDT professions and will seek to develop a better understanding of recruitment and retention issues facing these professions.

This month's programme board meeting considered a range of suggestions as to how the collaborative might support MDT professions, including the possibility of applying the successful 'Rediscover the Joy of General Practice' initiative, currently used solely for GPs, to others working in rural primary care.

Board members also agreed that the SRMC should continue to monitor rural health professional vacancies.

They were told that in August there were in the 10 regional health boards represented on the collaborative 42 AHP vacancies advertised, 32 practice nursing vacancies, 30 vacancies for mental health professionals and 16 NHS pharmacy vacancies. There were also 42 advertised GP vacancies.

It is acknowledged that these figures, culled from advertising, are for indicative purposes only.

Tell us your stories about recruitment and retention challenges and solutions.
Please contact scottish.ruralmed@nhs.scot

MESSAGE FROM THE CHAIR

Widening remit a 'natural' move

THE widening remit of the Scottish Rural Medicine Collaborative (see previous page) was "probably inevitable".

That's the view of the SRMC's senior responsible officer, Pam Dudek, who said the decision to support a greater range of primary care professions, beyond solely general practitioners, was a "natural" one.

"GPs will always have our support", Pam said, "but all rural areas are struggling with recruitment and retention across all professions. There remain ongoing challenges with GPs but it makes good sense to work to define the needs of MDTs (multi-disciplinary teams) and enhance our support to rural primary care."

Pam told the June issue of *Bulletin* that the SRMC had entered a period of reflection and taking stock, in part forced upon it by the pandemic.

"We are starting to emerge from that with a refreshed focus around recruitment and retention in general practice," she said shortly after chairing the SRMC's programme board's September meeting. "Now, we need to look beyond GPs and establish the needs and views of others in primary care. What are their profiles like? What's their situation regarding supply, availability and training?

> **My hope is that we can facilitate the sharing of views**

"I would like to get the message across that we want to encourage people to enter this debate. Different people see through different lenses and we need to bring them in to get a diversity of ideas about how to meet the challenges ahead. That's why, for example, we are recruiting clinical leadership from other professions to the programme board."

Pam went on to explain some SRMC thinking about its future role, with a greater emphasis on facilitating and supporting change rather than effecting change itself.

"There are groups all over the place dealing with rural matters; a network we are part of and need to continue to engage with. My hope is that we can facilitate the sharing of views and information. To do that we need to meet the challenge of getting people to understand what the SRMC is all about."

Pam said she believed that keeping its focus and having a clear objective would help the SRMC to raise its profile but she acknowledged that particular projects such as the 'Rediscover the Joy of General Practice' initiative (see page 15) helped to "sell" the collaborative to those not familiar with it.

"'The Joy' has become the go-to example of our project work," she said. "It has had a very clear outcome and it has been successful. The principles around 'The Joy' have shown that there is a need for more flexible working arrangements – and this would be attractive for other professions too. And so while we want to be about making connections and sharing intelligence we are not discounting further project work."

However, Pam cautioned that the SRMC had to temper its aims and ambitions with realism, explaining: "Of course we want to get buy-in from the [regional health] boards but we have to accept that we are all about to face the most difficult winter we have ever faced. In fact, it feels like winter all year round in terms of delivering healthcare. We are all facing extreme challenges."

However, she said she believed the SRMC's work in developing recruitment and retention solutions by promoting different ways of working remained important.

"There's no one solution to this," she said, "but I believe the SRMC can, by working with others, help to make a difference."

Housing shortage a barrier to recruitment

THE chair of the Scottish Rural Medicine Collaborative has called for action to tackle the shortage of permanent and affordable housing in remote and rural areas.

As chief executive of NHS Highland, Pam Dudek is well aware that there are parts of her board's area, particularly on the west coast, where house prices are beyond the reach of many people.

And that, she maintains, is a very real barrier to recruiting people to work in these areas.

"The SRMC will not resolve this problem on its own but it is something I have raised with MSPs and councils in my board area," she said. "The chief executives of Highland and Argyll and Bute Councils have both spoken to me about this. It's clearly a problem that has to be addressed."

It's an that's highlighted elsewhere in this issue/ On page 12 *Bulletin* reports on an allied health professional who has landed what she regards as a dream job on Islay but has been unable to find accommodation on the island.

ADVANCED NURSE PRACTITIONERS … 1

We catch up with Highland's rural support team

ANP hit squad playing key role on west coast

IN what is believed to be a unique initiative, a 24-strong team made up mainly of advanced nurse practitioners (ANPs) is providing vital primary care services in one of the most remote parts of the country.

NHS Highland's rural support team (RST) was set up in part to address difficulties posed by GP recruitment and retention issues in isolated communities.

And while some people may have questioned the efficacy – and perhaps even the ability – of ANPs to provide some services perceived to be the domain of general practitioners, the team's lead nurse is confident that such reservations are being dispelled.

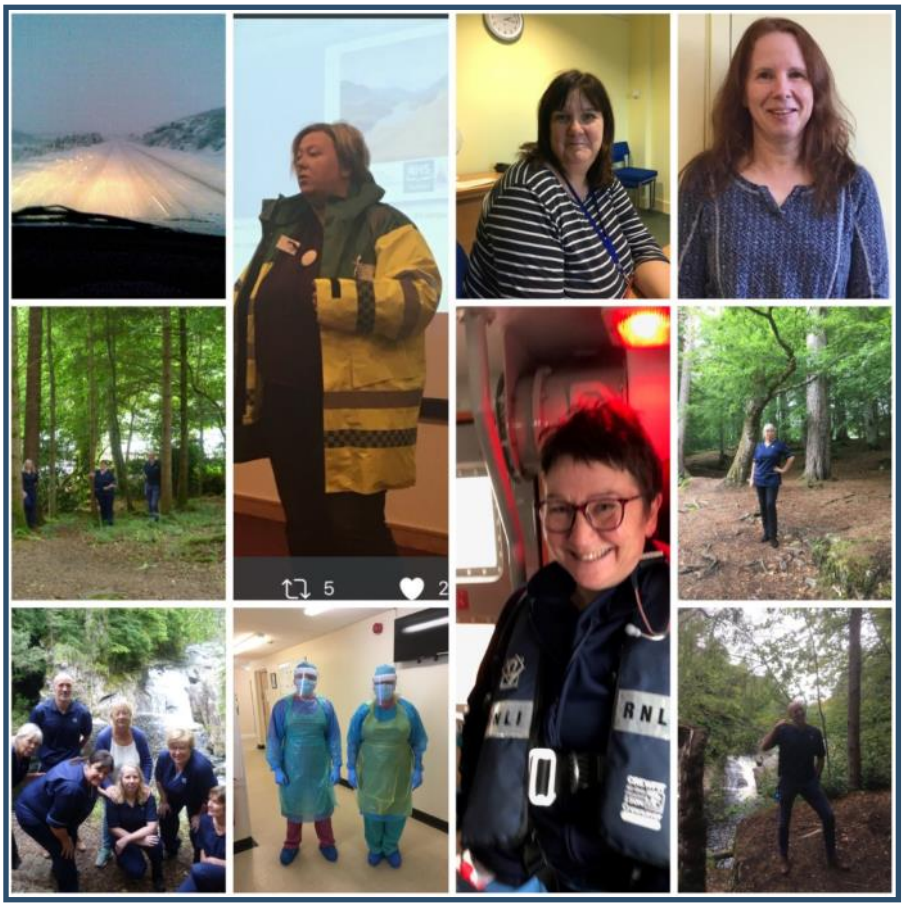
"When we arrived on the scene GPs didn't know who we were or what we can do," said Cathy Shaw. "I think we are now at the stage when many GPs can't do without us.

"There's also been a change in how our patients view us. Initially, some may have felt disappointed: 'Oh, I am just seeing a nurse'. And of course, there will always be some who say they would rather see a doctor than an ANP but members of the rural support team have become experienced at putting people's mind at rest. Patients have come to accept us – and in some cases actually prefer having a consultation with an ANP."

The RST may be a relatively new and imaginative concept, with care being doctor supported rather than doctor led, but it is now a valued element of primary care provision in Skye and Lochalsh, Wester Ross and Lochaber. The multi-disciplinary team of nurses and paramedics, all of whom are educated to an advanced MSc level, provide both unscheduled and scheduled care in GP practices, enhanced community hospitals and urgent care settings.

And though the work may be interesting and varied, and the workplace one of the most beautiful parts of the country, Cathy acknowledges that not everyone is cut out for a place on the team.

"It's definitely not for everyone," she said. "It can involve driving many miles on single-track roads in all sorts of weather [Cathy lives on the east coast, in Helmsdale, many miles from the area the team covers], or even sometimes uncomfortable boat trips to see patients. The ANPs may at times feel isolated from their colleagues or family members. Phone coverage can be patchy.



"There are a great many challenges but there are also fantastic opportunities and rewards."

As potential team members are told in a recruitment document put together for the RST, "You'll need to be flexible, a good communicator and team worker, happy to work on call,

Continued on next page

ADVANCED NURSE PRACTITIONERS ... 2

Team has 'high aspirations'

Continued from previous page

and confident to make decisions with only remote support from elsewhere. But for those looking to step up and do something a bit off the beaten track, you will be supported to do something quite special.

"The benefits to living and working in the Highlands are significant and very often under-estimated.

"Good quality health and social care services based on specific community needs are crucial to the viability and sustainability of remote and rural communities – to be part of this is extremely exciting and rewarding.

"The contributions we make to our patients and their communities can often feel truly genuine and personal, and it sometimes feels we are in the privileged position of being able to ensure first class care, without heavy consideration of targets or metrics! Though we are a relatively small and new team, we have high aspirations."

RST member Lynne MacDonald works as an advanced practice nurse across the North West Highlands, linking up with a multi-disciplinary team that includes general practitioners, practice managers, pharmacists, Scottish Ambulance Service staff, community nurses and hospital-based clinicians.

She explained: "I enjoy being part of the multi-disciplinary team which enables us to provide excellent quality holistic care to patients. I support several GP practices with scheduled care which includes surgeries, home visits, prescribing, referrals, managing emergencies and surgery admin duties. I may well be at a base without a GP being on the premises but will have access to telephone help if required."

Lynne's role involves a great deal of travel. She spends several nights a month away from home and also does some shifts in unscheduled care in West Lochaber. She has attended training in pre-hospital care for both adults and children. And she uses video conferencing and email to keep in touch with colleagues when they cannot meet face to face.

❍ **Two members of the rural support team to work on Eigg**

> **Practices that have been working with the RST are now saying to us: 'If we cannot get a doctor we want an ANP'**

One such colleague is ANP Janice Stephenson, who is based in either of Skye's hospitals.

She observed: "I find my role within the hospital team stimulating, rewarding and at times nerve-racking but always conducted in a supportive environment where my input is valued and appreciated.

"As a member of the rural support team I am always learning new skills and techniques to help manage whatever comes through the door, whether I am working in the main hospital in Broadford or as a lone clinician in the urgent care centre in Portree. One of my colleagues once said: 'Every day is a school day', and I hope this never changes!"

Working to ensure equitable, sustainable and accessible healthcare provision means the team has had to adapt as new challenges arise, and Cathy Shaw is now finding that the RST is increasingly involved in in-hours work.

"Practices that have been working with the RST are now saying to us: 'If we cannot get a doctor we want an advanced nurse practitioner'. I think that shows how valued we have become."

Cathy, who was named Leader of the Year in the most recent Scottish Health Awards, joined NHS Highland from the West Midlands, where she was a hospital matron working for a busy inner-city trust.

"It was a very acute environment and totally different from what I am doing now," she explained. "But I wanted a change in my life and needed a fresh challenge. I've certainly got that – and I'm enjoying every minute of it – even if all the driving can sometimes get a bit tedious!"

SMALL ISLES

Buddy plan to support isles' support workers

THEY are just about the most exclusive group of employees in primary care in Scotland.

And the three rural health and social care support workers on the Small Isles have now become part of the rural support team (see pages 4&5) which delivers care to residents along a large stretch of Scotland's west coast.

The role of support worker for the islands of Eigg, Rum, Muck and Canna was created under Being Here, the initiative which was very much a forerunner to the Scottish Rural Medicine Collaborative. Like the SRMC, the Being Here programme was given responsibility to devise and try out innovative ways of addressing the problem of GP recruitment and retention, and the Small Isles was one of its test areas.

The death of the islands' resident doctor meant that GP services had to be delivered for a spell by a series of locums – a model that could never be sustainable.

And so it was decided that GPs from the mainland would go to the islands on rotation, and that islanders would be recruited as support workers to meet basic health and care needs when the doctors weren't there.

> "I've become quite passionate about healthcare on the islands

Initially, four support workers were appointed, each one contracted to work just two hours a week to carry out tasks such as taking patients' blood samples and dressing wounds.

Today, there are three on the islands – two on Muck and one of Eigg – and only one was a member of the original team.

And the way primary care services is delivered on the islands has changed over the years, so that now a GP from Skye and an advanced nurse practitioner (ANP) from the rural support team takes turns to visit each of the islands once a week.

It's a system that works well, according to Lynne Macdonald, the ANP who most regularly does the Small Isles run. And it's being made simpler by the fact that the island's health and support workers now come under the RST's umbrella and are being supported by 'buddies' from the team.

Lynne explained: "The idea of the buddies is to give additional back-up to the support workers. I think they felt they would appreciate having someone to call if they needed help and advice. This may be about IT, which can be a big issue in remote and rural areas, or they may want to speak to an ANP about a clinical issue. We're now looking to develop the buddy system further so that the support workers know they have professional friends they can call whenever they want."

Lynne, who lives in Invermoriston, comes from a practice nurse background and worked in Fort Augustus for 20 years. She joined the RST when it was set up at the time of Being Here, and she has now become a well-known and regular visitor to the Small Isles.

She said: "I think some of the islanders were worried that no-one would care for them when one of the visiting GPs, Dr Geoff Boyes, retired. However, they get me and Dr Julie Kermorgant, from Skye, and I think that works for them."

Besides her Small Isles duties Lynne works mainly in salaries GP practices in Acharacle, Glenelg, Torridon, Applecross, Mallaig and Broadford.

"I really enjoy the variety of my role," she said. "This job wouldn't be for everyone. For example, I often drive 1,000 miles a month. But I absolutely love it – and I've become quite passionate about healthcare on the islands."

❍ **A teaching session on Eigg**

TRAINING ... 1

Pandemic forces NES to rethink education for general practice nurses

THE future of general practice nurse (GPN) training is being shaped – for the better – by Covid -19.

That's the view of Vicki Waqa, national co-ordinator for GPNs with NHS Education for Scotland (NES), who told *Bulletin*: "We have had to change such a lot because of the pandemic and I wonder why we didn't do so before."

The key difference has been the relatively rapid switch from face-to-face to online delivery of training.

"Prior to Covid nurses came [to the Golden Jubilee National Hospital in Clydebank] for 10 days of face-to-face training through a year-long programme. That obviously involved a lot of travel for some of them and was a significant time commitment.

"However, with the pandemic we have had to completely redesign the course and moved it online, obviously with the in-practice work element built in. What that has done is completely opened up GPN training, reducing a big barrier that existed to those in remote and rural communities."

> **The result is developing a primary care workforce where everyone values each other's role**

The move to online training has also meant that the course could be reconfigured. Previously, the programme involved one cohort a year; now there are three, with 16 learners in each cohort.

Another marked change enforced – again for the better – by the pandemic has been the delivery of PBSGL (practice-based small group learning) and CPD (continuing professional development) services for general practitioners and general practice staff.

A CPD needs analysis was conducted across Scotland since the pandemic was declared and services are now delivered online.

"We've had great feedback from remote and rural practices," said Vicki. "They're telling us that previously people have been unable to attend six-hour sessions in person because of the time and travel involved. They don't need to now and we are able to handle far greater numbers than before."

She added: "With PBSGL we have had pharmacists and nurses and have just finished a pilot for physiotherapists. The result is developing a primary care workforce where everyone values each other's role and together working out what's best for the patient – the person who should be at the centre of all it."

TRAINING ... 2

Work continues on remote health credential

PROGRESS is continuing on the development of a rural and remote health credential for clinicians working in a hospital setting.

Members of the Scottish Rural Medicine Collaborative's programme board were given an update on the work at their most recent meeting.

"Although the credential is not yet approved progress is being made," a paper to the board explained, adding that interest in the development of the credential – and the challenge to get it right – was encouraging.

A submission on the credential was submitted to the General Medical Council and evaluated by its Curriculum Advisory Group. Feedback from the group was generally positive but the GMC has asked both for clarification on the credential's critical progression points and for a guidance document for learners and trainers to support their progress through the credential.

EVENTS ... 1

Remote healthcare conference planned

PLANS are now in hand for the third Rethinking Remote conference, focusing on innovative solutions in remote and rural health and wellbeing.

Being organised by the Scottish Rural Health Partnership and supported by the Scottish Rural Medicine Collaborative, which will be represented at the event, Rethinking Remote 2022 will be held on 28th and 29th April.

The first of this series of biennual conferences were staged in Eden Court, Inverness, but the event has now been moved to the MacDonald Aviemore Resort to ensure that the auditorium, accommodation, exhibition area, posters and workshops are all within one purpose-built complex.

The conference brings together colleagues with an interest in remote and rural healthcare and wellbeing from academia, healthcare education, social care, emergency services, armed forces and industry.

It provides partner organisations and sponsors with an opportunity to network with stakeholders not just from Scotland and the UK but across the world.

And it is being promoted as "a unique opportunity to connect and engage with multi-disciplinary professionals who all have an interest in remote and rural health and wellbeing".

The conference has grown since it was launched in 2016 and is now established as a key event in the remote medicine calendar.

A call to submit abstracts for posters and oral presentations will go out in November and full conference details will be available soon at www.rethinkingremote.co.uk

Supporting the event as a sponsor

Continued on next page

EVENTS ... 2

DECISION-MAKERS and key influencers will be brought together at the annual Best Practice Show next month.

To be held in the NEC in Birmingham on 13th and 14th October, the conference will have as its central theme "the future of general practice" and will feature addresses on, for example, "The new NHS landscape" and "Learning the lessons of Covid-19: where does general practice go next?"

The conference, which was established a decade ago, has been billed as "the UK's number one event for the primary care and general practice community". Further details are on the show's website.

Overlapping with the Best Practice Show will be the RCGP Conference, to be held in the ACC Liverpool on 14th and 15th October.

The conference's dedicated website describes the it as "must-attend event of the year for GPs and practice team colleagues". It will showcase the latest clinical and policy developments and bring together a range of speakers from the UK and around the world. The Scottish Government has booked space at the event and the SRMC will be part of the team exhibiting under the Scotland Is Now banner.

Dynamic Earth in Edinburgh will host the World Extreme Medicine Conference from 13th-15th November. More details are available here.

Another major event to be held this year is MIMS Learning Live, to be held in the NEC, Birmingham, on 16th November. This clinical learning event is a practical one-day course for GPs and nurses that focuses on red flags, helping them to identify serious differential diagnoses and spell out what to check for to safeguard patients who present with everyday symptoms. Again, information is available on the event's website.

Key dates for your diary...

The Vasco Da Gama movement – the Europe-wide network for new and future family physicians --– will hold a forum in Edinburgh on 28th and 28th January. Details are not yet available but the SRMC hopes to have a presence at it.

Also next year, the 27th WONCA Europe conference will be held from 28th June to 1st July. WONCA Europe is the academic and scientific society for general practitioners in Europe.

The SRMC was among the many organisations that attended this year's WONCA Europe conference. A paper to the collaborative's most recent programme board meeting explained that 38 people attended the SRMC's booth, of whom 21 left an email and were contacted. In all the event, 1258 attendees from 65 countries.

The SRMC also attended this year's NHS Scotland Event, held online in June.

The SRMC's programme board agreed at its September meeting that the collaborative would continue to review event opportunities to assess their potential benefits. It will continue to identify events targeted at GPs but, in view of its wider remit (see page 2), it will also look at events targeted at wider multi-disciplinary team professions.

EVENTS

'Rethinking Remote' plans

Continued from previous page

or exhibitor is seen as an effective way to raise the profile of a company and promote its work and services to this specialist audience. Companies or organisations that have a product or service that is of interest to stakeholders involved with delivering healthcare or wellbeing support to people living in remote and rural environments are being urged to get involved.

Key to the success of the conference, which grows and develops each time, is the cross-sector sharing of information, ideas, research and solutions from exports both local and international. It provides a showcase for the sharing of practical initiatives that are already making a difference to the health and wellbeing of remote and rural communities.

By combining the delegate rate, dinner and accommodation into one conference package, the organisers have been able to reduce the cost to delegates from previous years.

The conference has five principal themes: disaster planning and pandemics; community engagement; emergency management and pre-hospital care; education and professional support; and technology.

The event's target audience is large and diverse and includes primary and secondary care NHS staff, nurses, midwives, allied healthcare professionals; NHS, military, industry and voluntary sector organisations involved with remote and rural health and wellbeing; health and social care management and clinicians; third-sector organisations and charities involved in supporting remote and rural healthcare; research, education and academia; medical students; healthcare volunteers; and ambulance, fire and rescue services.

The event offers Platinum, Gold and Silver sponsorship opportunities, which give a varying number of full-delegate passes which include entry to all conference sessions and workshops, the welcome reception and the conference dinner (accommodation is not included). There will be some spaces for 30-minute demo/workshop sessions in the main exhibition/dining area.

ADVANCED NURSE PRACTITIONERS ... 3

Role a first for busy practice

THE recruitment of advanced nurse practitioners (ANPs) to general practice in Scotland may be a relatively new phenomenon but at the Varis Medical Practice in Forres it's a very new one.

The practice took on its first ANP, Susan Sangster (pictured), in June and practice manager Fiona Harris told *Bulletin*: "The appointment of Susan has been a great success all round.

"From a managerial perspective, although I could understand some of the GP concerns, my experience of practices with ANP/paramedic working models gave me confidence that this would fit in well here too.

"In the months since her appointment she has quickly gained the confidence of both colleagues and patients and is already a valued team member."

If the practice has been getting used to having someone with Susan's extensive skill set in its midst, Susan has similarly had to adjust.

"We are all finding our feet," she said. "It was always going to be a steep learning curve for me and the GPs at the practice to find out just where I would fit in. Thankfully, it has been working well. When I first came I felt I was joining a friendly, supportive team – and I have not been proved wrong in that. I have been made very welcome.

"And, yes, I suppose I did expect some patients to question being seen by an ANP. However, I've not found that. Although there has not been an ANP in general practice in this area before I think people are getting used to nurses being in a more advanced role."

Moving to general practice has involved a big gear change for Susan. Originally from the Elgin area, Susan worked for many years in A&E in the town's Dr Gray's Hospital, latterly in a minor injuries role. Prior to going into general practice she worked nights and weekends for NHS Grampian's out-of-hours service.

Living in Forres, "just down the road" from the Varis practice's surgery, and looking for daytime employment, Susan felt her new job would be a perfect fit for her.

"I knew some of the team before I came here, and that helped," she said. "In fact, I have worked with some of the GPs before, when they were GP trainees going through A&E – and that makes me feel quite old."

In fact, Susan is 43 and is married to a healthcare professional, her husband being a Scottish Ambulance Service paramedic.

"There's obviously a professional link with him," said Susan. "After all, we are coming across the same patients."

Susan sees her new role as "very varied" but it in essence involves triaging patients by telephone with the opportunity to do face-to-face consultations and home visits.

PHARMACY ... 1

Tony seeks correct prescription to meet recruitment challenge

"WE have to be smart about recruiting better."

That's a sentiment that will be familiar to many working in primary care in remote and rural parts of Scotland.

And it's one that's been occupying Tony McDavitt in recent times.

Tony is an advanced clinical pharmacist and interim lead pharmacist and he has been wrestling with the problem his board, NHS Shetland, has been having recruiting people in his line of work.

"The situation is getting worse and I can't say if it's because there just aren't enough pharmacists or because people don't want to work in far-flung communities," he told *Bulletin*.

"Pharmacy isn't alone in having this problem here. My wife is senior staff nurse at the out-patients department at the Gilbert Bain Hospital and they are facing the same issue. Recruitment is getting more and more difficult."

> **The GP role is getting harder and harder and having someone aboard with specialist skills as a pharmacist is a tremendous asset to practices**

Tony explained that some recent pharmacy vacancies in Scotland's most northerly board have been filled more by chance than design, and he is looking at how his board can be more inventive in its recruitment.

Using Twitter and other social media, linking up with other northern boards to develop a co-ordinated approach to recruitment and tapping on the experience of the Scottish Rural Medicine Collaborative are all options Tony is considering. He's also open to using the islands' marketing agency. Promote Shetland – tagline "Islands of Opportunity" – more creatively.

Tony pointed specifically to a blog on the agency's website advertising dentist vacancies on Shetland.

"Shetland needs more dentists," it reads. "A move to Shetland could mean the opportunity to learn fresh skills on the job, or to run a successful practice, all while discovering the unique joys of Shetland life."

And that's a point Tony McDavitt would underline.

"It's not just about advertising a vacancy," he said. "We need to celebrate the differences about working in rural practice – and how normal things are here. If you are not from Shetland the place might seem completely alien – but it is not. It's a great place to live and work."

As for the role of pharmacy in general practice, Tony said: "The value pharmacists bring to a practice is enormous. The GP role is getting harder and harder and having someone aboard with specialist skills as a pharmacist is a tremendous asset to practices. It's about supplementing what were exclusively GP roles with a mixture of professionals.

"However, we need to get pharmacists here first. There is clearly something challenging about the message we give about our location and we have to address that."

PHARMACY ... 2

'Enduring blackspots' for vacancies

IF location is an issue when it comes to recruiting pharmacists to Shetland (see above) the same could be said, though to a lesser extent, in the Highlands.

In recent times Findlay Hickey has been working exclusively on Covid-19 vaccine delivery but prior to the pandemic he was lead pharmacist for NHS Highland's north and west area.

It's a part of the country that's well used to staff recruitment and retention issues in many walks of life and though Findlay believes pharmacy is no worse off than other healthcare disciplines, he acknowledges that, when it comes to recruiting, geography matters.

"In Highland, Inverness has a very real gravitational pull," he said. "We have generally been relatively successful with recruitment but there are enduring blackspots. It's much easier to recruit to the bigger towns. 'Anywhere half an hour from Inverness', we're often told."

However, Findlay and his colleagues acknowledge that there's a responsibility to have an equitable service for people living in sparsely populated areas, and must strategise accordingly.

The situation in the north of Findlay's patch – in Thurso and Wick – was particularly difficult, with GP recruitment there being on ongoing challenge.

"Practices there were on the verge of collapse," he said, "and we knew that pharmacy had something to offer in terms of taking workload off GPs. And so we were able to recruit good pharmacists who were able to make a difference."

If that example underlines the value of pharmacy to general practice – "Necessity was the mother of invention", as Findlay put it – a real

Continued on next page

RESEARCH

SRMC board supports studies into primary care

MOVES to get a more detailed picture of the state of primary care in rural Scotland are to be advanced.

At its September meeting the Scottish Rural Medicine Collaborative's programme board considered how they might get involved in rural primary care research.

A paper to the board suggested that this might start with a project that brings rural primary care work together, building on work and reports commissioned by the Scottish Government's Rural Working Group.

It added that a thematic approach to research, supported by various stakeholders, could be considered. This could encompass a repository of work such as reports and archive material, perhaps leading to publishing 'A look back at Scotland's approach to rural health issues'.

Individuals working in rural primary care, including rural fellows and rural general and community hospital practitioners, could be supported in research work.

Among the possible research themes suggested to the programme board were an evaluation of services, comparing those available in rural areas with those in urban settings; sustainable models of primary care delivery and Covid recovery in vulnerable communities.

PHARMACY 2

Continued from previous page

invention", as Findlay put it – a real driver of change in the profession was the 2018 Scottish GP contact, which set out the aim of there being more pharmacists and pharmacy technicians working in general practice, reducing GP workload and improving patient care.

"Pharmacy is one of the services that is being developed as part of the GP contact," he said. "And so now people are getting more familiar with the fact that there are more people involved in the health service than just doctors," he said. "

And there are certain things we can offer that GPs can't. One of those is more time. A full-scale medicine review, for example, isn't something that can be done in 10 minutes."

The result, Findlay argues, is not just improved patient care; it's the development of clinical pharmacy as a career option.

He explained: "This is a good time to be involved in the profession. When I was a baby pharmacist wanting to develop my clinical skills I went to a hospital to work. It was all very exciting. The situation in primary care is just like that now. We in primary care can offer lasting and significant careers in pharmacy. And we in NHS Highland believe that we have strong experience in developing skills in what is a very supportive environment. We can develop careers to a very high level here."

However, while recent times have seen what Findlay describes as a "major expansion of pharmacy", he recognises that his profession is in competition with other disciplines for recruits.

"It may be that there aren't as many people as there are positions in pharmacy," he said.

"And that's something we must continue working at. We need to catch people early and train our own if we can."

BASICS SCOTLAND

Training faculty 'doing double delivery' to catch up

THE team at BASICS Scotland has been working flat-out to catch up with training sessions that had to be axed during the lockdown.

"We're doing double delivery," said BASICS general manager Lorna Duff. "Our core team are working their socks off. We have an extremely generous faculty of clinicians who are giving their time for training at a time when their day job isn't exactly easy or settled.

"It's challenging to say the least but we are getting there. We are trying our best to plan things but I still feel it's all a bit 'wing-and-a-prayer'."

Lorna added that the situation was no less challenging for those who lose members of staff to training sessions.

"It's obviously very busy at GP practices these days and so we never get more than one person from a practice at any one time," she said.

While BASICS Scotland is continuing to offer tele-ed courses and online learning, Lorna said she was delighted to see a return to face-to-face training — something that had fallen prey to the pandemic.

"Face-to-face is definitely what people want," she said, "and we are working hard to deliver it."

Meanwhile, Lorna said BASICS were continuing to see a steady growth in the number of non-GPs seeking training.

She explained: "In the early days of BASICS Scotland our training was concentrated on GPs. But over the years we've been seeing more and more paramedics and ANPs, which I suppose reflects the added value that multidisciplinary teams are bringing to primary care."

ALLIED HEALTH PRACTITIONERS ... 4

Island idyll is just the job for Jane

Now all practice ANP needs is a new home

SHE fell in love with Islay many years ago and would go there on holiday with her husband at every opportunity: Easter, summer, even Hogmanay.

Now, at the age of 57, Jane McFarlane is looking forward to leaving Gourock, her home town and a place she loves, to settle on Islay, where she has accepted a post as an advanced nurse practitioner (ANP) with the island's general practice.

It will be a massive change for Jane, lead practice nurse with the Lochview Medical Practice in Greenock.

She'll be swapping a practice with more than 10,000 patients for one with just over 3,000, and she'll be moving into a role that's completely new not only to her but to her new practice – that of ANP.

But there's an even bigger step into the unknown awaiting Jane and her husband, for though she has been offered and accepted her new job, she still hasn't a clue where they will be living.

"We simply cannot find a house," Jane told *Bulletin*. "Getting accommodation is proving to be a real stumbling block as there's nothing suitable for sale on the island.

"We would even be interested in getting a plot and building a house, and renting a place in the meantime, and we have put our name on a waiting list to rent a property from one of the big estates on the island. But we don't know how that will go or how long it will take – and then there will be the sale of our house in Gourock to consider.

> **"Getting accommodation is proving a real stumbling block as there's nothing suitable on the island**

"It's all a bit scary and I am having trouble sleeping at nights. But hopefully it will work out.

"Thankfully, the people at the practice on Islay are very understanding. They have told me that I will be moving into a brand-new role for the practice. They haven't had an ANP before so I won't be replacing anyone and they are happy to give me time to find accommodation."

Jane's experience will chime with many healthcare professionals who have considered upping roots and settling in a remote and rural part of Scotland, where accommodation is often not readily available. Employment for the partner of a clinician who wants to move can also be an issue – but Jane's confident it won't be for her.

"My husband, who is 63, is a manufacturing manager in a factory in Glasgow and, while he won't get a job like that on Islay, he hopes to find work of some sort."

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Island post is 'dream come true' for ANP Jane

Jane trained in the Victoria Infirmary in Glasgow, where she lived for a while before returning to Gourock to work two nights a week in a nursing home.

After five years there she had a six-month spell as a community nurse before taking up a post as a practice nurse in Greenock. A move to a practice in Dunoon followed but she later returned to the Greenock practice where she now works.

"I love my job," she said. "I work with a great team and live in a lovely part of the country. But my husband and I have been going to Islay for holidays for many years and we really love the place. Going there to live and work will be a dream come true."

Yet it was never a dream that Jane ever considered would become a reality, as she explained.

"I really wasn't looking for another job at all. I happen to follow a doctor on Islay on Twitter and a few months back I read a post that said they were looking for a GP for the practice. I tweeted back and said: 'How about an ANP instead?'

"If I hadn't seen that on Twitter I would never have started this ball rolling. Anyway, I later found that the practice was looking for an ANP and after a lot of soul-searching I decided to apply. I was actually interviewed while I was in Islay on holiday, and I was lucky enough to get the job."

Persuaded to take the modules required to become a GP by a friend, Kathy Kenmuir, who serves as Scottish Government professional nurse adviser for primary care, Jane is as yet unsure about the precise nature of her work on Islay.

Her office will be in Port Ellen but the practice, Islay Medical Services, has a surgery attached to the hospital in Bowmore, as well as one in Rhinns. It has six GPs, two practice nurses, one of whom is also a diabetes liaison nurse, and two healthcare assistants.

As for her new patients, Jane understands that Islay has a predominantly elderly population, and is in no doubt that some of them will have some scepticism about being seen by an ANP rather than a doctor.

> **When I first saw that the job was advertised I kept thinking that I would regret it if I didn't go for it**

"That's something I am sure I will encounter," she said, "but hopefully it won't be an issue."

Jane is equally sighted on the fact that living on Islay will not be without its challenges.

"I love island life," she said, "but having been on Islay in every season of the year I won't be going there with rose-tinted glasses. I know the weather there can be pretty wild at times."

However, she does anticipate a better work/life balance and having more time to develop relationships with patients.

"At present I start work at 8.30 and finish at 5.30pm. However, I'm usually at work at 8am and generally don't leave until after 6pm. We're always kept busy. And while I'm in no doubt that I will be busy on Islay too, I hope I will have more time to do other things.

"This will be like a dream for me. When I first saw that the job was advertised I kept thinking that I would regret it if I didn't go for it.

"I can't wait to get started."

Programme board approves budget plans based on range of assumptions

THE Scottish Rural Medicine Collaborative's programme board has approved a proposed budget of £277,000 for 2022/23.

The budget, which is in development, is based on a number of assumptions, including that the SRMC would have a programme manager and two project managers; that it would have paid-for GP and programme clinical leadership (Dr Charlie Siderfin, one day a week); and that it would have two multi-disciplinary team clinical leads (one day a week). Initially these would be for nursing and allied health professionals. Recruitment is in planning but please contact interim programme manager Ian Blair to find out more.

Among the other assumptions are that clinical leaders will require non-clinical training; that travel costs will be less because of the use of Microsoft Teams; and that the SRMC does not provide funding to external bodies.

At its meeting in September, the programme noted that both the secondment from NHS Orkney of Ian Blair and the service level agreement for Dr Siderfin as clinical lead had been extended to the end of the current financial year.

RURAL FELLOWSHIP

Rural living is no challenge for Jenn

RECRUITING people to work in remote and rural parts of Scotland has always been a challenge, not least because it's often difficult for the recruit's partner or spouse to find work.

But that's not been the case for recently qualified GP Jennifer McGowan, who recently took up a post as a rural fellow at Golspie Medical Practice.

For Jenn's physiotherapist husband Scott already had a job in the area, working as a first-contact practitioner with seven general practices across Sutherland, Ross-shire and Inverness.

"With my husband working here it would have been difficult for me to take up a rural post elsewhere," Jenn told *Bulletin* less than a week before starting her new job.

It's a job that's at the heart of much of what the Scottish Rural Medicine Collaborative does. The rural fellowship scheme promoted by NHS Education for Scotland is designed to give newly-qualified GPs an opportunity to live and work in a remote and rural area, in the hope that they will like it so much that they will want to continue practising in some of the country's more isolated communities.

Although originally from East Kilbride and educated at university in Glasgow, Jenn has always been drawn to rural living.

She's had placements in Fort William, worked in paediatrics there and in Aberdeen and was as a junior doctor in a hospital in Invercargill on New Zealand's South Island.

But it was a spell as a teaching fellow in Inverness, working with Aberdeen University medical students, that got her interested in rural general practice.

❍ **Jenn on An Sgurr on Eigg, with the Rum Cuillin in the background**

"GPs would come to speak to the students about their careers and through them I heard some really positive things about the rural fellowship scheme," Jenn said.

Jenn said she was "very excited" about her new job in Golspie, which involves a 17-mile commute from her home in Tain and working with the husband-and-wife team of Drs Dave Roberts and Kellie Dunbar. Dr Roberts was a rural fellow himself and he is mentoring Jenn during the course of her fellowship.

As well as giving Jenn an introduction to general practice, the fellowship gives young doctors – Jenn is 34 – 13 weeks of protected time to support an individually-tailored learning programme. It's time Jenn intends to use developing two particular interests: women's health and how the pandemic lockdown has impacted the mental health of both patients and staff.

Jenn appreciates that working in a rural community is not without its challenges, not least because rural GPs can sometimes feel more isolated from their peers than those who work in an urban environment.

"I've thought about that and, yes, it's a bit daunting but I also see it as a great opportunity to develop my skills as a GP a bit more," she said.

But it won't all be about work for Jenn, who hopes the fellowship will give her a work/life balance that will give her time to enjoy the great outdoors.

"I like getting out for bike rides, runs and walks," she said. "It's one of the things I like about living in an area like this."

GP RECRUITMENT

SRMC supports spreading Joy

THE ground-breaking 'Rediscover the Joy of Holistic General Practice' initiative, designed to help resolve the problem of GP recruitment in some of Scotland's more remote and rural areas, is to be extended.

The scheme – now better known as RTJ or The Joy – was set up in late 2018 to offer GPs fixed-term placements to practices in the areas covered by the territorial boards of NHS Shetland, Orkney, Western Isles and Highland.

It has proved so successful that plans are being finalised to expand the scheme to three more boards: NHS Tayside, Grampian and Dumfries and Galloway.

Since its launch the initiative has recruited two tranches of GPs, 28 in the first and 30 in the second.

Each group makes up a rural support team of high-calibre, peripatetic general practitioners who commit themselves to placements to medical practices in remote and rural areas. Each GP works 12-18 weeks per annum in blocks of one to four weeks.

The aim is to ease pressure on practices that have difficulty with long-term GP vacancies or with covering for absences or short-term leave. In doing so, 'the Joy' provides an opportunity for participating GPs to reconnect with a more rewarding, hands-on and holistic experience of rural medicine and communities.

Plans to extend the scheme to more parts of the country have been in development for some time and were endorsed by the Scottish Rural Medicine Collaborative's programme board earlier this year.

Now, in light of the success the RTJ has had in supporting under-pressure practices in the Highlands and islands, the scheme is to be extended to Tayside, Grampian and Dumfries and Galloway. Advertisements and job descriptions are being finalised and details will be posted on the SRMC's website.

The *Bulletin* has carried several articles charting the progress of the RTJ since its launch, and several GPs have spoken glowingly of their experience of being part of a 'Joy' rural support team.

"The attraction of 'The Joy' was that it allowed me to be reacquainted with the broad experience of general practice," said one of the recruits to the scheme, Dr Sandy Rough. "I also recognised that it had the potential to do something that allowed me to give something back."

Another 'Joy' recruit, Dr Philip Clayton, commented for a recent issue of *Bulletin*: "What is particularly good about 'The Joy' is that we don't see ourselves as locums; we are salaried and generally very experienced GPs. Honestly, I have never worked with such a knowledgeable and experienced group of people."

And Dr Peter Glennon said of the RTJ: "There's something appealing about remote locations and I sensed there was something about this that would suit 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."

A detailed evaluation of the RTJ has been carried out and can be accessed here.

Meet extended Scottish Rural Medicine Collaborative team

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