

# The Scottish Rural Medicine Collaborative BULLETIN



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We introduce you to the next chair of the SRMC, the present senior responsible officer, Ralph Roberts, having decided to stand down.

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Work is progressing on what it's believed will be an



○ Meet Dr Simon Willetts, who is swapping his job in a busy practice in Dumfries for the role of Colonsay's GP. As we report on pages 5 and 6, Dr Willetts will be joined at work by his wife Claire, who will be practice nurse on an island that's been described as 'the Jewel of the Hebrides'.

invaluable tool for primary care recruiters and trainers.

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**B** EING chair of the Scottish Rural Medicine Collaborative has been both a privilege and a pleasure.

Unfortunately, because of other new national commitments, I have reluctantly decided it is right to relinquish this position because I am no longer able to give SRMC the time and focus it deserves. However, this has prompted me to reflect on my time with the collaborative and to consider the challenges it faces now and in the future.

The SRMC was set up because it was recognised that GP recruitment and retention in remote and rural Scotland has been problematic for many years. Our mission, to devise and put to the test innovative ways of addressing this challenge, was always going to be interesting and challenging but I never imagined at the start that it would also be quite so fulfilling and fun.

I like to think that we have at least now started a process that is

## Message from Ralph Roberts

putting remote and rural primary care on a more stable and sustainable footing and with many other stakeholders have helped to make sure this is an issue that is being addressed at the highest level in the Scottish health service.

To a large degree, our work has involved us supporting colleagues to think out of the box, to come up with imaginative and untried ways of meeting this challenge and help to test out some of these ideas.

A couple of articles in this issue of *Bulletin* allude to the fact that the recruitment landscape in remote and rural primary care has changed markedly because of Covid-19. Working practices have had to adapt and the hopes and aspirations

of many healthcare professionals have changed. People have had the opportunity to reflect on their lives and work and are becoming more receptive to alternative ways of working.

And there is our continued challenge – and our opportunity.

As I hand over to my successor as chair, I so do knowing that SRMC is similarly in reflective mode and is keen to re-evaluate what we have done so far and to reconsider how we make remote and rural Scotland the attractive option for GPs and other primary care professionals that it can be.

The collaborative's work has always been important and absorbing. I am clear that this will continue to be even more so in the future.

I would like to take this opportunity to say a huge thank you to all who have been involved up until now and encourage you to get involved in the future.

# Collaborative to get new SRO



**THE Scottish Rural Medicine Collaborative is to get a new senior responsible officer.**

Ralph Roberts, chief executive of NHS Borders, has served as the SRMC's chair since the collaborative began its work in 2017. However, he will stand aside in spring 2021, when he will take on new responsibilities with NHS Chief Executives in Scotland.

Ralph was appointed vice-chair of the chief executives' group at the beginning of August and will take over as chair of the group from 1<sup>st</sup> April 2021.

He will be succeeded as the collaborative's SRO by Pamela Dudek, who will take over as chief executive of NHS Highland on 5<sup>th</sup> October. She and Ralph will ensure a smooth transition as SRO of the collaborative over the next few months.

Announcing his intention to stand down, Ralph said: "I have thoroughly enjoyed my time with the SRMC and will continue to follow its progress with interest.

"The collaborative has done much to influence the remote and rural primary care landscape and while recruitment and retention undoubtedly continues to be a challenge I believe that the SRMC has an important role in helping to address this. I know that Pam will bring a wealth of experience to the SRO role and believe it will also be an

exciting opportunity to bring new perspectives to the work of the SRMC."

Martine Scott, the SRMC's programme manager, said: "Ralph has been a tremendous support to me, my project team and everyone involved in the collaborative and I know he will remain as passionate as ever about remote healthcare. We wish him well in all his future endeavours.

"Meanwhile, we are looking forward to working with Pam, who I know will be a worthy successor to our first chair."

Pam Dudek, who was brought up in rural Angus, joined the NHS aged 16 as a hospital cadet in Kingseat Hospital in Aberdeen and progressed through the ranks following completion of her nurse training in 1987. She went on to hold a number of clinical posts in mental health settings and substance misuse. She then moved into a variety of management and leadership roles in this specific area before branching out into the wider system of health and social care.

Mrs Dudek joined NHS Grampian in 2009 as the long-term conditions programme manager, working cross system and cross agency to delivery improvements at all parts

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## Pam Dudek to take over as collaborative's SRO

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of the pathway. In 2012, Mrs Dudek was appointed deputy general manager of Aberdeenshire CHP, including responsibility for primary care across Grampian, before taking up posts as chief officer for Health and Social Care Moray in 2014.

In Moray she continued to lead primary care in and out

of hours as well as overseeing the integration of health and social care. She was also executive lead for Dr Gray's Hospital.

She said: "Ralph will be a hard act to follow as the collaborative's senior responsible officer but I know he and his SRMC colleagues have done much to lay the groundwork for the future.

"I am greatly looking forward to joining the team."

## Covid-19 reshaping recruitment landscape

# Call to align jobs site to changing realities

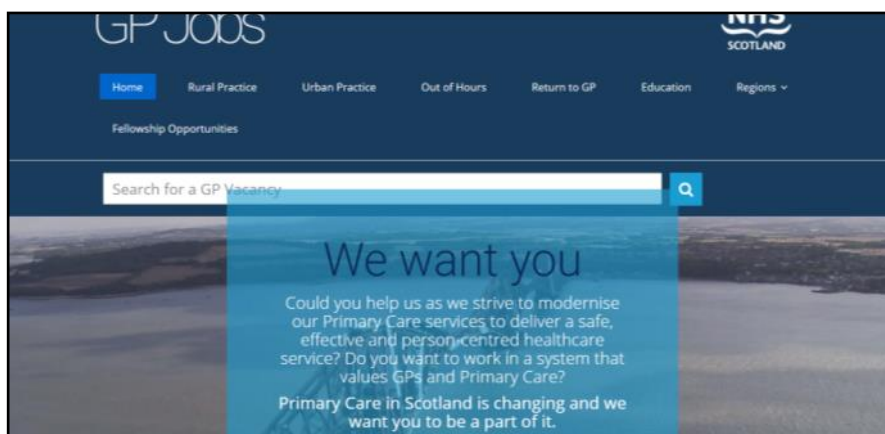
**M**EMBERS of the Scottish Rural Medicine Collaborative Board have been asked to agree on the importance of aligning the service provided by the [GP jobs website](#) in light of changes to the recruitment landscape brought about by the Covid-19 pandemic.

The site has been billed as the "one-stop shop for all GP jobs throughout Scotland" and the number of users has increased substantially since it was launched nearly two years ago – an "encouraging story", a report to board members noted. However, although the site is adequately managed, its ongoing development has stalled due to lack of capacity within the NSS SHOW team, which manages it.

Martine Scott, SRMC programme manager, reported to board members that "emerging requirements" from GP practices and boards were influencing the career intentions of those who work in primary care.

"It is important that any recruitment activity or resource take these changes into account," she told board members.

The lockdown had seen significant reductions in GP locum requirements, suggesting that some locums may be seeking greater job security or would



○ The GP jobs website's home page

consider alternative ways of working.

What's more, NSS had seen an increase in applications to training programmes due to restrictions on international travel, and it may be more likely that GPs working abroad would want to return to the UK, meaning that there was an improved opportunity to attract them to Scotland.

Board members were also told that there was emerging evidence that NHS Scotland, particularly in rural areas, was an increasingly attractive place to work; NHS Shetland recently had 47 applicants for one hospital post.

It's felt that there should be a "joined-up approach" to ensuring that the website be aligned with changing

circumstances and the development of a 'Once for Scotland' approach to future recruitment in primary care.

It's been proposed that the SHOW team should be provided with additional resource to develop fresh, creative input to the website's design. I

t's also suggested that SRMC project manager Ian Blair should provide additional resource to the SHOW team to enable effective relationships with GP practices using the site.

Board members were advised that this was a chance to maximise and future-proof the development of the [SRMC's own website](#), the yearly wheel and the [GP Recruitment Good Practice Guide](#).

# 27 recruited to new GP support team

## SRMC board members briefed on jobs initiative

**M**EMBERS of the Scottish Rural Medicine Collaborative's programme board have been given an update on progress with the 'Rediscover the Joy of Holistic General Practice' initiative, designed to provide GP cover in rural practices where recruitment has been a challenge.

A paper to board members showed that in the year to July 2020 'Rediscover the Joy' GPs had provided 192 weeks of activity across 23 practices.

Many of these practices now had a rotational model with the GP support team of 'Joy' recruits ensuring continuity and consistency.

Covid-19 had impacted on the scheme, with some practices having booked 'Rediscover the Joy' GPs but subsequently withdrawn these requests during the lockdown.

However, the Hub team managing the scheme had re-engaged with these practices and were once again picking up bookings from them.

Programme board members were told that the Hub was now reviewing what GP practices the 'Joy' was unable to support and understand the reasons for this.

The update to board members also noted that the SRMC had agreed to progress a Scotland-wide 'Rediscover the Joy' initiative and that this had resulted in 27 GPs being recruited.

A virtual meeting with 19 of these GPs took place on 8<sup>th</sup> August to start the process of building the Scotland-wide team.

As with the first round of 'Rediscover the Joy' GPs, recruited to work in practices in the NHS Shetland,

**We look forward to seeing the final report being published and made available to a wider readership**

Orkney, Highland and Western Island board areas, a WhatsApp group was being set up to support engagement and reactive placement opportunities.

Meanwhile, the 'Rediscover the Joy' initiative has been judged an "unequivocal success" in a draft interim report.

SRMC project manager David Priest has spent several months working on a root-and-branch evaluation of the 'Rediscover the Joy' project which led to the creation of a rural GP support team.

And at their first meeting of 2020, held 'virtually' on 1<sup>st</sup> July, members of the SRMC programme board were given a sneak preview of David's findings.

Based on their input, the report is being amended. It is hoped that, following peer group review, it will be formally recognised by NHS Research Scotland and published in an appropriate journal.

A summary of the draft interim report, which was also presented to the SRMC programme board, outlined the areas in which the initiative had been successful.

Among the findings were that:

- more than 46 GPs had been or were in the process of being recruited
- by the end of March 2020, 138 weeks of quality GP cover had been provided to 31 practices in the four board areas covered: Highland, Western Isles, Orkney and Shetland
- 'Joy' GPs did feel that they had 'Rediscovered the Joy' of general practice.
- the scheme helped to retain many GPs who would otherwise have retired and been lost to the NHS

However, the interim report identified areas for improvement, including the need for greater consistency in induction support for GPs not familiar with Scotland; the need for more effective communication between all parties involved in 'Rediscover the Joy' and the need for wider continuous professional development opportunities for 'Joy' GPs.

The evaluation work also made a series of recommendations on possible future expansions of ['The Joy' programme](#).

Martine Scott, the SMRC's programme manager, said: "We look forward to seeing the final report being published and made available to a wider readership later in the year."

**What's it like being a 'Rediscover Joy' doctor? We speak to a member of the new Scotland-wide GP support team. See page 16.**



# The 'Jewel of the Hebrides' gets new doctor

**The search for a new doctor to take over the GP practice on the island of Colonsay is over.**

Dr Simon Willetts has been appointed to succeed the husband-and-wife team of Drs David Binnie and Jan Brooks, who are retiring after 10 years as the island's GPs.

Dr Willetts, who has been a partner in Greyfriars Medical Centre, Dumfries, since 2003, will take over in October and will also form half of a husband-and-wife team as his wife Claire is to be practice nurse.

Drs Binnie and Brooks saw the practice's relative isolation as one of the vacancy's key attractions – not that Dr Willetts needed to be persuaded, having spent some time practising on Colonsay as a locum GP.

He said: "I am thrilled and delighted to have the opportunity to live and work on Colonsay, tending to the health of the islanders and their guests.

"I am also aware that I have very big shoes to fill and I hope to carry on where the current GPs left off when they retire later this year."

He added: "Clearly the first priority

is to see the island and its folk safely through the Covid-19 challenge to calmer waters.

"I would then hope to guide the practice such that the island population can have the best mix of easy access to their doctor while not missing out on the advantages of an expanded healthcare team offered by the current process of redesign of primary care services in Scotland."

Dr Rebecca Helliwell, associate medical director of Argyll and Bute Health and Social Care Partnership, said: "Dr Willetts is a very experienced GP and I am delighted that he will be providing medical services on Colonsay. It is great news for the local community and he brings a wide range of skills and knowledge which will be a real asset to the service.

"I am sure that he will embrace island life to the full."

The Colonsay vacancy has been promoted with the support of the island's four-person patient representative group, whose chair, Eileen Geekie, said in an earlier issue of *Bulletin*: "I would like to see this as a life-changing

opportunity: a chance to do something completely different."

Martine Scott, programme manager of the Scottish Rural Medicine Collaborative, said: "It's hard to think of a better example than Colonsay of all that is good about remote and rural general practice. They don't call this island the 'Jewel of the Hebrides' for nothing.

"The island's current doctors will attest that practising in places like this is not without its challenges but it also provides an excellent opportunity to do interesting and rewarding work in a place where community really matters."

Originally from Banchory in Deeside, Dr Willetts graduated from the University of Aberdeen in 1987, having previously attended the city's Robert Gordon College.

He spent three years working in a private practice in St Helier on Jersey before moving to NHS Dumfries and Galloway, where he was clinical lead of the regional major incident team.

As well as working with the 12,000-patient Greyfriars Medical Practice in Dumfries for 17 years he has been a GP locum in remote and rural communities throughout the north and west of Scotland, including Orkney, Caithness, the Small Isles, Skye and, of course, Colonsay, where he practised for one month in 2015.

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**It is great news for the local community and he brings a wide range of skills and knowledge which will be a real asset to the service**

## Colonsay gets new GP – and practice nurse

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“It was February – and not a particularly clement February at that,” he recalled.

Dr Willetts is a member of BASICS Scotland and a Major Incident Medical Management and Supplies (MIMMS) instructor.

Aged 56, Dr Willetts sees his new job as probably the last of his career.

“I think this post will see me through,” he said. “More than that, I think it will probably prolong my working life, and that’s one of the attractions of it. It’ll give me more headroom to practise and I won’t be doing what I call sausage-machine medicine.

“I think I’m really looking forward to total immersion in the practice and the island. We have a spaniel and there are nice beaches for walks. Being away from the madding crowd certainly sounds appealing; I’ll do a spot of fishing and my wife will do some cycling and we’ll enjoy spending time just thinking about the wind and the tide.”

And, with the couple set to live in the health board house that the practice rents, Dr Willetts said he was also looking forward to his commute to and from work – a journey of all of 30 yards.

The doctor’s wife, Claire, is a com-

# ‘Jewel’ roles for husband and wife team

munity nurse and she’ll be teaming up with her husband as practice nurse on Colonsay – a working relationship that’s new to both of them.

“Having the back-up and support of another clinician is very important – and she’s the best nurse I know,” said Dr Willetts. “I think we both feel that this move will be a real challenge that will benefit us both professionally.”

Claire is a former Marie Curie nurse with a particular interest in palliative care. She is also a tissue viability nurse and is pre-hospital emergency care trained. She plans to train as a dispenser.

The GP vacancy on the beautiful Inner Hebridean island – population 134 – attracted considerable media attention, not least because the practice is just about as remote as Scotland can offer. Ten miles long and two miles wide, Colonsay is a little more than two hours from Oban by ferry. Dr Willetts is moving to a practice that covers Colonsay and the neighbouring small island of Oronsay.

Drs Binnie and Brooks will be staying on the island in their retirement. Their plans include spending more time with their grandchildren and being ‘crofters of leisure’.

## Covid-19 exposes weaknesses in islands’ health infrastructure

**T**HE pandemic has exposed some fragilities in health infrastructure in island communities, a report has revealed.

The Strathclyde Centre for Environmental Law and Governance has just published the final report of a survey it carried out with social enterprise and digital media company Island Innovation on islands and Covid-19 between March and June.

With information from 83 islands in 52 countries across the world – including input from Shetland, Orkney, Barra, Jura, South Uist, Tiree and Scottish islands generally – the report highlights trends during the containment phase of the pandemic.

It also lays out some practical recommendations for island policy makers

and stakeholders as they look to promote a more sustainable and resilient future post-Covid.

One of the key messages from the report is that overall islands performed very well during the containment phase.

“Their population has been kept safe and away from the worse health consequences of Covid-19,” says the report.

“While the island geography has helped, the success of islands during Covid-19 was also due to timely and stringent measures adopted throughout the lockdown period.”

However, it makes clear that, despite apparent success in dealing with Covid-19, in most islands – especially those with small populations – health

infrastructure is limited and in some cases poor.

It adds: “While going forward there could be options to improve health services on islands through increased funding and digital innovation, the reality is that in some cases the costs may be perceived to outweigh the benefits and such improvements may not take place. It is hence necessary to strongly take account of the fragility of island health systems should a second wave of the pandemic materialise.”

Martine Scott, programme manager of the Scottish Rural Medicine Collaborative, said: “This is an important report and I commend it to anyone with an interest in rural health.”

The report can be accessed [here](#). The survey also has a [website](#).

# Work progresses to get wheel in motion

**W**ORK is progressing on the development of what it is hoped will become an invaluable tool for anyone involved in primary care recruitment and training.

Initially conceived as a platform to aid GP recruitment, the scope of the yearly wheel being developed for the Scottish Rural Medicine Collaborative is to be broadened to include education and training for wider multi-disciplinary teams as well as doctors.

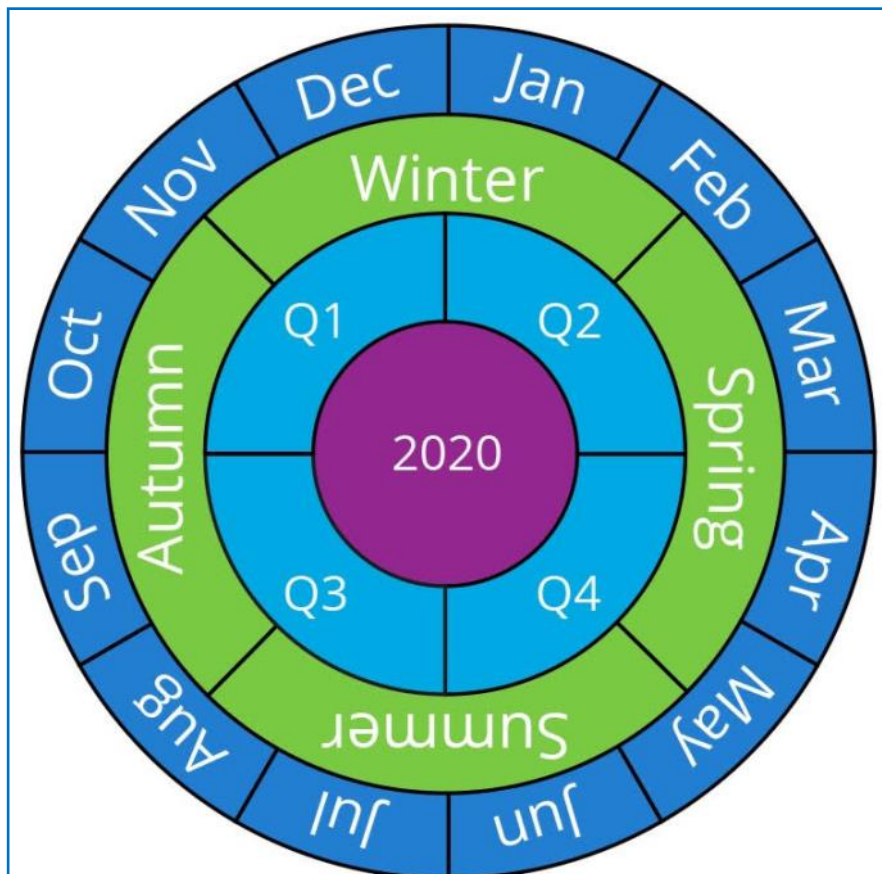
The yearly wheel is an interactive recruitment tool to help plan engagements for a whole range of users.

Using a calendar function at the core, any user – for example, a student, jobseeker, practice manager, etc – will be able to see well in advance the most advantageous time to target advertising, plan to attend a conference to promote their vacancies or look for opportunities to engage with other like-minded professionals in one place.

Many healthcare professionals will recognise the cyclical nature of recruitment: August is when first-year students take up their posts, for example.

It might be worth thinking ahead to proactively encourage them to consider trying rural practice at that point in their career path even though specialist training is still a long way away.

SRMC project manager Ian Blair,



○ What the yearly wheel may look like when complete

who has been working on the yearly wheel's development, said: "The yearly wheel has been in gestation for a long time, because of Covid-19, but it is now operational in Beta form, which

means it's still at the draft stage.

"It will be the role of the SRMC's project team to populate the wheel with information before it can go live."

He continued: "Hopefully, the yearly wheel will be of significant value for people interested in recruitment and training, such as GP practices or the primary care departments of health boards."

Dean Pearson, from NHS National Services Scotland, has been working on the yearly wheel, as well as the GP recruitment website [gpjobs.scot](https://gpjobs.scot) and the SRMC's own [website](#).

**Hopefully, the yearly wheel will be of significant value for people interested in recruitment and training, such as GP practices or primary care departments**

## OBITUARY

# David Heaney, dedicated to improving rural healthcare

**E**VERYONE involved in rural health issues in Scotland will have been shocked and saddened to learn of the sudden death of David Heaney, a close friend of the Scottish Rural Medicine Collaborative. David, who was 55, passed away on 16<sup>th</sup> July.

A major contributor to the development and evaluation of rural and remote health services in Scotland and more widely in the Northern Periphery and Arctic area and beyond, David will be greatly missed by his many colleagues and collaborators.

Ralph Roberts, the SRMC's chair, said: "David was a close and respected associate whose passing leaves a huge vacuum in rural health services in Scotland and further afield."

Martine Scott, the SRMC's programme manager, added: "I worked with David for several years, particularly in the Being Here initiative which was a forerunner of the collaborative, and in Making it Work.

"We submitted several joint funding bids and were fortunate to have him present research findings to two of our programme board meetings.

"His commitment to the develop-

○ *RIGHT: David Heaney, whose sudden death has left a void in the rural health community*

ment of rural healthcare was obvious and his generous and engaging personality made him a pleasure to work with."

Born in Liverpool, David studied Economics at Edinburgh University. In 2003 he moved to the Highlands to work for the University of Aberdeen's Inverness-based Centre for Rural Health, first as senior research fellow and later as associate director.

He led and collaborated on many European regional programme projects and at a more local level made important contributions to the development of out-of-hours care in remote and rural areas of Scotland. In 2014 he completed his PhD dissertation on "Organisational change and remote and rural health care delivery: identifying the attributes of successful innovation".



In 2015 David left the University of Aberdeen to direct his own company, Rossal Research and Consultancy, working from home in Ullapool. Indeed, when Covid-19 lockdown restrictions started David took some delight in observing that the rest of the world had joined him in working from home.

Rossal has played a significant role in forging and supporting international health service research and development alliances as well as informing Scottish Government rural health policy.

In February this year David became a director of a new small enterprise, Highland Health Ventures Ltd, which worked closely with NHS Highland to develop innovations to benefit patients, while bringing revenue to the health service.

Outside his professional life David was active in many aspects of community life in Ullapool, including as a founder member of Lochbroom community radio. He was also an accomplished guitar player.

David leaves a widow, five sons, a stepdaughter, two stepsons and a grandson.

**His commitment to the development of rural healthcare was obvious and his generous and engaging personality made him a pleasure to work with**



**M**OVES are in hand to standardise the training, guidelines and equipment for the provision of pre-hospital emergency care (PHEC) in rural practices throughout Scotland.

A recent paper to members of the Scottish Rural Medicine Collaborative's programme board explained that PHEC provision was seen as a factor in attracting GPs and nurses to rural placements.

Pre-hospital emergency care training provided by BASICS Scotland,

## What the PHEC

along with the provision of Sandpiper bags, have become the recognised standard for PHEC in Scotland.

However, NHS Orkney recently developed PHEC guidelines and a standardised emergency drugs bag – work that, programme board members were told, “significantly improved” recruitment to Orkney's remote islands. Furthermore, urban doctors recruited to the rural GP support

team created under the 'Rediscover the Joy of General Practice' initiative identified the provision of PHEC training as an important factor in giving them the confidence to join the team.

The project will set out to standardise pre-hospital emergency care across Scotland, working in partnership with BASICS Scotland, the Scottish Ambulance Service ScotSTAR and the Sandpiper Trust.

The SRMC will provide advice as well as technical and project management skills.

# Three boards unite in teamwork project

## Fresh look at improving islands' healthcare provision

**A** NEW project is being considered to help embed sustainable healthcare provision in remote and rural communities.

Initiated by the health boards in

Orkney, Shetland and the Western Isles, the project – outlined in a paper to members of the Scottish Rural Medicine Collaborative's programme board – will consider ways of working

across primary, secondary, social care and the third sector to improve healthcare provision.

It is hoped that creating integrated professional working systems across traditional departmental structures in health and care will lead to improved staff recruitment and retention.

Each of the three health boards involved has a rural general hospital – there are six in total in Scotland – where providing medical staff can be challenging and expensive.

What's more, each board faces similar issues, such as isolation, transport and small teams of healthcare professionals.

The project, which is still at the feasibility stage, would seek to define the skills and competencies needed to provide urgent and emergency care to island populations. These competencies can then be used to develop a team approach to the design of this care.

The paper to board members was presented by SRMC clinical lead Dr Charlie Siderfin; Dr Kirsty Brightwell, medical director, NHS Shetland; and NHS Western Isles medical director Dr Francis McAuley.

## Spanish GP recruitment idea being considered

**P**ROPOSALS are being considered to develop a project designed to ensure a steady flow of general practitioners from Spain to practise in Scotland.

A recruitment agency has already developed a pipeline of Spanish GPs wishing to work in England and the success of this initiative has prompted the agency to look at expanding the scheme north of the boarder.

A paper to members of the Scottish Rural Collaborative's programme board explained that the suggestion was to develop the project – which would contribute to the Scottish Government's stated aim of recruiting 800 additional GPs to work in Scotland by 2027 – through joint working by NHS Education for Scotland, the International Recruitment Unit and the Scottish Government.

The project, still at the feasibility stage, was being seen one possible facet of a wider plan to develop a GP recruitment bureau for Scotland.

# How has Covid-19 changed primary care recruitment?

**T**HE recruitment and retention landscape across primary care in Scotland has changed considerably because of the Covid-19 pandemic, members of the Scottish Rural Medicine Collaborative's programme board have been told.

They have been asked to agree that the collaborative should use its various networks to better understand the current situation as it evolved.

However, it's been decided not to pursue an earlier plan to undertake a major survey to ascertain just how things had changed.

"Following discussions and further reflection we feel a survey is probably not appropriate," a paper to board members stated, citing a number of reasons.

The paper, by SRMC clinical lead Dr Charlie Siderfin and programme manager Martine Scott with specialist guidance from board members Drs Kirsten Woolley and Denise McFarlane, pointed out that health boards and other bodies were undertaking extensive work to determine how best to adapt in relation to the Covid-19 pandemic and what lessons could be learnt.

In time, health boards would be clearer about their recruitment re-

## SRMC wants clearer picture of evolving jobs situation

**Covid-19 has forced a significant rethink in how we work**

quirements and these could be passed on to the SRMC.

Furthermore, there were already plans to develop a survey for GMS primary care which should provide insights into the situation within GMS practices, and the BMA had already surveyed its membership twice on Covid-related issues.

Board members were told that the pandemic had created a lot of uncer-

tainty and required significant change in practice, bringing about additional uncertainty around Phase 2 of the new GP contract.

"Some GPs thrive in this environment but others find it exceptionally unsettling," the paper explained. "Asking questions around individual's intentions to leave may have a negative effect on some."

It's felt that creating a Rural Reflective Forum could provide support for rural primary care workers that would also help to inform the collaborative on areas for development and support.

It's also felt that the SRMC should act as a think tank, focusing attention on creating supportive structures for rural practitioners, supporting the development of new roles and joined-up methods of working that would be attractive to potential recruits and aid staff retention.

"Covid-19 has forced a significant rethink in how we work," board members were told.

"SRMC should be supporting stakeholders to think collaboratively around how this opportunity can be maximised for rural communities and showcase good examples on the website."

The SRMC programme board's meeting on 1<sup>st</sup> July had noted that the lockdown had seen a significant reduction in the need for locum GPs, and there was evidence that some locums were now looking for greater job security.

There was also evidence that the NHS in Scotland, and particularly in rural parts of the country, was increasingly seen as an attractive career option – NHS Shetland recently had 47 applicants for one post, and the Rediscover the Joy initiatives had successfully recruited more than 60 general practitioners.

"These and other factors point to a step-change in thinking on the part of the primary care workforce," Dr Siderfin told the meeting.

## 'Huge progress' since last meeting

**T**HE next formal meeting of the Scottish Rural Medicine Collaborative's programme board has been set for 25<sup>th</sup> November.

Unfortunately, a 'virtual' meeting of the board scheduled for 19<sup>th</sup> August had to be cancelled at short notice owing to as neither chair Ralph Roberts nor clinical lead Dr Charlie Siderfin were available.

The programme board last met, again remotely, at the beginning of July and SRMC programme manager Martine Scott said: "We have made huge progress since then.

"We know the best way to make progress is through true collaboration and we will look at ways of actively progressing project work either as small groups on Microsoft Teams or individually."

# Course put islands' major incident plan to the test

## BASICS training event in southern Outer Hebrides

**A ONE-DAY** training course on major incident planning in the southern Outer Hebrides has been described as “a real eye-opener”.

Major incidents are not that common on Benbecula, North and South Uist and associated small islands (population, less than 5,000). However, the islands have an airport, two ferry terminals and a number of maritime industries, meaning there is always potential for some significant accidents and incidents.

“With a small team, even a modest incident could overwhelm our resources,” said Benbecula GP Dr Kate Dawson. “We already had a major incident plan for the Southern Isles but it has never been tested.”

And so BASICS Scotland was asked to come up with a bespoke day of training on major incident planning, and the event drew a wide range of participants drawn from administration, nursing, the Scottish Ambulance Service and the islands' out-of-hours GPs.

And the conclusion? “We learned that our major incident plan is not fit for purpose,” said Dr Dawson. “I think



we already knew that it needed a major review, and this was a good test to show me what was needed with the rewrite.”

The training day was run by Dr Richard Price, a clinical lead from BASICS, alongside Dr JP Loughrey from ScotSTAR and Dr Luke Regan, an A&E pre-hospital immediate care consultant at Raigmore Hospital, Inverness.

Dr Dawson explained: “The design of the day, which featured two imaginary scenarios, was excellent. We started with a short talk on some general principles, followed by a table-top exercise looking at a fictional event.

“After going over our responses, and thinking about what we could have improved on, we went back to talk about specific communications tools, followed by a second-table top event

based on our locality. We then walked through how this would play out with our existing resources.”

She added: “The event was a real eye-opener. Running through the imaginary scenarios, and then walking through how that would have worked with our facilities and our plan, really sharpened our minds.

“The big take-home messages were to make communication simple and to cut down our major incident plan to operational checklists.”

Dr Dawson concluded: “Most GPs will not be a significant part of their locality major incident planning. However, large parts of rural Scotland depend on all sorts of clinical teams like ours. If you are working in an acute rural hospital or similar small and clinically exposed area, I would thoroughly recommend this training.

“This was a bespoke course aimed at training across an entire team in a remote area – and it was exactly what we needed. It was education of the highest quality.”

Since the training day, work has been ongoing to turn what was learned into action. What Dr Dawson described as “our giant document” – the Major Incident Plan for the Southern Isles (MIPSI) – has been turned into an appendix for the overall plan, cut down to action cards only.

In addition, a local emergency WhatsApp group has been set up to keep the key players up to speed.

The course was developed with a view to adding it to the BASICS portfolio course system, which has been supported by the Scottish Rural Medicine Collaborative.

● More on BASICS on next page

**A N** educational film on how best to package patients, ensuring that they can be safely transported, has been shot for BASICS Scotland.

A BASICS clinical educator along with representatives of the Scottish Ambulance Service and Mountain Rescue helped to make the film, reflecting BASICS Scotland's determination to participate in more collaborative work.

BASICS general manager Lorna Duff said: “The film should be a very

useful resource for anyone involved in packaging patients, ensuring that they are safely placed on a stretcher, for example, before being moved on. Patients need to be packaged differently for onward road, rail, air or sea journeys, and this film will show this.”

The Scottish Ambulance Service and Mountain Rescue intend to use the film as a training resource, and BASICS will feature it as part of its online training offering.

## BASICS Scotland takes the pause button off

**A**FTER a necessarily quiet period during the lockdown, the charity that provides pre-hospital emergency training for medics is working hard to prepare for more normal working.

“It’s good to feel that we are taking the pause button off at last,” said Lorna Duff, general manager of BASICS Scotland. “We are now putting in place the plans and personnel that we would have worked on earlier in the year.”

Among these measures is the charity’s responder support project, for which BASICS Scotland has received funding from the Sandpiper Trust and the Scottish Government.

The project is aided by the appointment of two responder support clinicians, who will help to identify training needs and provide support on clinical governance and trauma risk, for example.

They will also help to develop a Scotland-wide support network of BASICS responders, of which there are



○ **ABOVE:** Pre-hospital emergency training charity steps up its work as lockdown eases

192, helping them in any way they can and, it’s hoped, aid retention.

BASICS have used to lockdown to carry out a major review of responder provision which has included ensuring that they have the correct PPE.

Meanwhile, BASICS have also recruited five clinical educators. On-site courses are still problematic for the charity during the lockdown so the new appointees may not be teaching as such, but they will still be able to do development work.

### Short-term cover needed for development project

# Team’s GPs sought to help stabilise practice

**GENERAL practitioners recruited to an innovative scheme designed to support practices with GP recruitment challenges are being invited to provide short-term help in a Tayside health centre.**

In 2015 NHS Tayside took over responsibility for the delivery of services at Brechin Health Centre following the retirement of several senior GPs.

Despite best efforts, GP recruitment and retention has been particularly challenging at the practice, putting both capacity and continuity of care under strain.

Now, the team managing the Rediscover the Joy of General Practice initiative has been working with NHS Tayside to help stabilise the practice as it attempts to recruit permanent GPs.

‘Rediscover the Joy’ is a project operating across Scotland’s health boards and co-ordinated by the Scottish Rural Medicine Collaborative.

The first pilot was run between NHS Shetland, Orkney, Western Isles and Highland, and led to the recruitment of a rural support team of general practitioners to work for up to 18 weeks a year in practices

that previously found it difficult to recruit.

Since then, a Scotland-wide GP support team has been set up under the initiative.

And Brechin Health Centre and the Angus Health and Social Care Partnership are now hoping that ‘Rediscover the Joy’ GPs will provide cover for a six-month project, until the practice gets on a more stable footing.

One ‘Rediscover the Joy’ GP will provide a full-time leadership role for six months from September onwards and it is hoped to attract other team mem-

bers to the project.

Dr Charlie Siderfin, the SRMC’s clinical lead, said: “This is an excellent opportunity for members of our GP support team to help out in a practice that needs support.

“I have been hugely impressed by the determination and innovative thinking shown by the teams at Brechin Health Centre and NHS Tayside as we have worked together to develop this practice development project, and I am sure that the ‘Rediscover the Joy’ GPs who go to Brechin will benefit from an enjoyable and fulfilling experience.”

# New exchange scheme aims to give GPs a lift

**A**N initiative to facilitate exchanges between general practitioners from rural and urban practices is set to be launched by the Scottish Rural Medicine Collaborative.

Reflect and Rejuvenate exchanges are designed to take GPs away from the pressures of their own practices to working in another practice, perhaps with different systems and ways of working.

The hope is that participating GPs will be able to gain a new perspective on their work and their career, and that experiences and ideas can be shared between practices.

Through Reflect and Rejuvenate a GP from a rural practice will swap roles with one from an urban one, typically for one or two weeks.

The GPs will take responsibility for the logistics of the exchange and each one will assume the clinical responsibilities of their exchange partner.

A good practice guide has been developed to help practices prepare for the exchange.

The Scottish Government has made £20,000 available for the scheme, via the Rural Fund, and it is hoped that the funding will facilitate 40 exchanges, each one getting bursaries of up to £500 to support accommodation and travel costs.

Bursaries will be allocated on a first come, first served basis, although a system of prioritisation will be used if there is a high demand for the scheme.

The project is open only to GPs who have been qualified for more than five years and who have been with the same practice in Scotland for more than three years of continuous working.

Orkney GP Dr Charlie Siderfin, the SRMC's clinical lead and an advisor to the Scottish Government, said: "GPs are subject to internal and external pressures that can lead to them feeling

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

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

Ultimately, the aim is to improve the retention of GPs who work in a rural setting – one of the SRMC's key objectives.

A hub-and-spoke model would provide the opportunity for rural GPs to develop an ongoing supportive, educational relationship with a large rural

town partnership, such as Nairn Healthcare Group, with the opportunity to undertake attachments to the practice. It is hoped that this part of the project will be more fully considered by the SRMC programme board in November.

Board members have been advised that inter-practice exchanges may well be more difficult to organise during the Covid-19 pandemic and would have an element of risk attached to them.

Nevertheless, it is felt that it would be appropriate to launch Reflect and Rejuvenate at this stage.

More information about the scheme is available here [\(add link\)](#).

## Blog reflects on big week for GP recruitment

**NO** fewer than 281 doctors will be embarking on GP training this year – 23 more than in 2019.

These figures were revealed last month (August) by NHS Education for Scotland and have been described by the chair of RCGP Scotland as "most definitely a step in the right direction".

In a blog reflecting on what she described as "an important week for GP recruitment and retention in Scotland", Dr Carey Lunan pointed out that the issue was a crucially important area to get right if the future of the GP workforce was to be safeguarded.

She wrote: "The Scottish Government has set a target to increase the GP workforce by 800 headcount GPs by 2027 and in order to achieve – and ideally surpass – this target, we need to see year-on-year increases of doctors opting for a career in general practice."



She went on to welcome the fact that, following recommendations in a report by Professor John Gillies into under-graduate medical education, there was now a commitment by the Scottish Government for at least 25 per cent of under-graduate medical education to be delivered in primary care.

"This is sure to make a significant difference to medical students' perspectives of general practice and I look forward to seeking progress towards this in the years ahead," she wrote.

## Rural fellowship hopefuls being guided elsewhere

# ‘Fallow fellows’ get optional jobs steer

**T**HE Covid-19 pandemic may well be responsible for an upsurge in interest in a scheme designed to give newly-qualified GPs a taste of life and work in remote and rural practices, it's been claimed.

Ironically, however, the rural fellowship programme run by NHS Education for Scotland (NES) is currently in abeyance, meaning potential recruits to the scheme must consider other options.

Forres GP Dr Gill Clarke, who coordinates the Scottish rural fellowship programme, said: "The number of inquiries I have had about the scheme is probably double the normal level and I'm sure that's largely because of Covid.

"The lockdown has given people more time to reflect on their life and on their career aspirations and new GPs are finding the prospect of working in rural practices more attractive.

Shirley Feaks, project manager with the Scottish Rural Medicine Collaborative, is currently working with Dr Clarke at looking at ways to improve awareness of the fellowship scheme.

She said: "We have an opportunity to take a fresh look just now and we have a number of new ideas that will ensure we are ready for the re-launch in 2021."

One such initiative for these "fallow fellows", as they have been called, is being touted in Caithness and in Cowal, Argyll and Bute.

"We came up with the idea of offering them short-term contracts to give them fellowship-like experiences without the usual support from NES," said Dr Clarke.



○ **LEFT:** If there was ever any doubt that the rural fellowship works, consider the example of Dr Holly Tyson. Dr Tyson is pictured with her dog Lewis outside her house in Orkney, where she settled after being placed there on a fellowship, showing that giving young doctors a taste of rural life can leave a lasting impression. On the next page Dr Tyson talks about her career and how it was shaped by the fellowship.

Among those particularly keen on the initiative is Dr Neil Shepherd, a rural emergency physician who works in Caithness General Hospital in Wick.

Dr Shepherd is a former acute rural fellow and knows from personal experience the benefits the NES scheme brought. When it's running, the year-long scheme offers new GPs the opportunity to work in a remote or rural general practice or hospital, with 13 weeks of protected time to pursue academic interests. With the scheme now on hold, Dr Shepherd helped to devise a fellowship-based short-term contract offering hospital-based and general practice experience as well as 20 per cent non-clinical time.

Those recruited to the scheme in North Highland would also be linked in to the 'Rediscover the Joy of General Practice' initiative, and benefit from the support offered to – and by – its rural support team of GPs.

Although the scheme had no takers at the time of writing, Dr Shepherd said it reflected a determination to create remote and rural opportunities for doctors.

"Frankly, if anyone is interested in working with us in Caithness we would be delighted to hear from them," he said. "This is a great place to work and get experience and I am sure we will be able to find something for the right people."

## Fellowship took her to Orkney – and she's still there

# How Holly's career was shaped by scheme...

**I**T may be in abeyance just now but the rural fellowship scheme designed to encourage newly-qualified general practitioners to think about a career in one of Scotland's more remote communities really does work. Just ask Dr Holly Tyson.

Originally from near Chester, Dr Tyson had fond memories of family holidays on Scottish islands, often off the west coast but once at the bird observatory on Fair Isle.

And so after she qualified as a doctor she jumped at the chance to undertake a rural fellowship and gain a year's experience of living and working in a relatively isolated part of the country.

That was seven years ago and her fellowship took her to Orkney. She and her husband are still there, and Dr Tyson loves the place.

"From the point of view of attracting doctors to a rural area, the fellowship has clearly been successful as far as I'm concerned," said Dr Tyson. "It's been great for me."

Dr Tyson studied Medicine at Edinburgh University and did her training throughout the Central Belt of Scotland, including Ninewells Hospital in Dundee, before getting a place on the NES fellowship scheme.

As a rural fellow she practised at Dounby Surgery on Mainland but also spent a lot of time covering the outer islands.

"Island work can be very challenging," she said. "Having to get patients transported from the island by boat or plane was a bit unusual but if the weather is bad you have to manage the



**○ ISLAND IDYLL:** Dr Holly Tyson with her children Tess and Emmeline on Orkney, which she now calls home

patient yourself. That could be difficult for a newly-qualified GP but I always had a lot of support from my supervisor or the air ambulance co-ordinator, on the bigger islands, from the nurse practitioners, who were usually very experienced.

"It taught me a great deal and made me a lot more confident about managing situations out of hospital.

"I also particularly liked the fact that all the rural fellows would meet up every few months."

Like all rural fellows, Dr Tyson did some professional development work over the course of the year.

"I tried to focus on things I didn't have much experience of, so I did a BASICS course, as well as courses on dermatology and minor surgery and a FOCUS ophthalmology course."

Now, Dr Tyson is with the Heilendi Practice in Kirkwall, also covering the islands of Shapinsay and North Ronaldsay, and though she has a particular interest in public health and palliative care she enjoys the fact that as a

clinician she is a GP rather than a specialist.

Looking to the future, Dr Tyson said she would like to take the opportunity of doing more of something she did last year: going overseas to do voluntary work. She spent a year in the Bwindi Community Hospital in remote south west Uganda, doing in-patient and out-patient work and helping to develop chronic pain clinics.

"It was a great experience," she said. "Now, I'd really love to be able to continue to live and work in Orkney and take occasional sabbaticals to work internationally."

Meantime, she says she will remain grateful for the opportunity the fellowship gave her to shape her life in Orkney.

"It may sometimes be wild and windswept but I love it," said Dr Tyson, whose outside interests include playing violin with an Orkney ensemble, running, walking and swimming in the sea – "but only when the weather permits".

## We speak to a Scotland-wide GP support team member

**S**HE worked for four years as a salaried GP and became a locum two years ago. Now, Dr Elaine McAdam is part of the Scotland-wide GP support team formed as part of the 'Rediscover the Joy of General Practice' initiative – and she reckons she has the best of both worlds.

"There are huge rewards that come with being closely associated with one practice, knowing the patients and getting involved in the practice's development," she said. "But it does involve an enormous commitment on the part of a GP and it can be an exhausting job."

As for being a locum, well, Dr McAdam can also see the pros and cons.

"It does give you a degree of flexibility and freedom but you can sometimes feel a bit lonely and you cannot contribute to the practice as you would perhaps like," she said.

In the 'Rediscover the Joy' initiative, Dr McAdam reckons she has found the perfect half-way house between the two.

"I would encourage any GP who may feel they are in a bit of a rut in terms of the day-to-day management of their practice to consider this," she said. "There are lots of different ways of doing the same job and I am happy that I have found this one. I have been really impressed."

Dr McAdam, who is 49 and originally from Norfolk, has a somewhat unconventional background as a GP, having first graduated in Modern Languages from Edinburgh University.

"I'm from a medical family but at that time of life I wanted to do something else," she said.



**O ABOVE:** Dr McAdam on a windswept Huisinis beach on Harris. She worked eight sessions per week at Broadbay but was able to go off exploring on her day off.

# Joy's just the job for Elaine

That "something else" included teaching English in France, working for Chambers Harrop dictionaries and then for a charity in East Africa.

Then, when she was 30, she decided to study Medicine. From King's College London she went to Edinburgh University and finally qualified as a GP in 2013. Since then, she's worked mainly in practices in Edinburgh, including four years as a salaried GP in Leith, before becoming a locum, continuing to practise in the capital and in East Lothian.

And then came 'Rediscover the Joy'.

Dr McAdam explained how her interest in the

scheme came about: "After I completed my GP training I remember thinking that the remote and rural fellowship scheme sounded very attractive to me.

"However, my family circumstances at the time didn't allow me to pursue my interest further. Then I heard about 'The Joy' initiative and saw an advert for it in the BMJ. It appealed to me right away."

And so earlier this year she joined the Scotland-wide GP support team of 'Rediscover the Joy' GPs.

She believes the experience team members have is quite different to that enjoyed by members of the first 'Rediscover the Joy'

team, whose remit covered only four northern health board areas.

"Things are very different this year," she said, alluding in particular to Covid-19, "but I think what is the same is the welcome we get from the administration team and being able to feel a component part of the structure of the team. It's certainly a lot different from being a locum GP who flies in and out of a practice."

She added: "I find that the education and peer support side of things hasn't really got going yet. For example, we haven't yet had the opportunity to get together as team members. But I have been impressed

"by the level of experience and clinical confidence shown by the others. Some of them have been GP partners for quite a long time and decided that they didn't want to continue as such any more. I think they are 'Rediscovering the Joy', getting out of a routine they had become used to."

As a 'Rediscover the Joy' GP, Dr McAdam has had a two-week placement at Broadway Medical Practice in Stornoway and recently spent a week "stepping in at the last minute" to work in the Covid assessment centre in Orkney.

Meanwhile, she continues to live in Edinburgh, doing locum work and helping out with the city's out-of-hours service – something which she finds similar to working with the GP support team in that it involves collaboration.

As for the future, Dr McAdam is open-minded.

"I just deal with situations as they arise," she said "but I am finding this to be enjoyable and rewarding. It's been good for me."



# Welcome to the Scottish Rural Medicine Collaborative

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

This has been enhanced with professional project management support 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 Twitter: [@NHS\\_SRMC](#)

## Meet the extended SRMC team



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