

Scottish Rural Medicine BULLETIN



NOVEMBER 2017

What is the SRMC?

The Scottish Rural Medicine Collaborative (SRMC) is a programme funded by the Scottish Government's GP Recruitment and Retention Fund. It began formally in November 2016.

The programme - Chaired by Ralph Roberts (Chief Executive of NHS Shetland) - is about developing ways to improve the recruitment and retention of GPs working in a rural setting across ten Health Board areas in Scotland - Grampian, Highland, Orkney, Shetland, Western Isles, Dumfries & Galloway, Ayrshire & Arran, Fife, Tayside and Borders.

Also involved are NES, NHS HR Directors, RCGP Scotland and the Rural GP Association.

The six projects being developed by the SRMC are:

1. Rural GP Recruitment Good Practice Guidelines
2. Rural GP Recruitment Yearly Wheel
3. Rural GP Marketing Resources
4. Rural GP Community of Practice
5. Rural GP Recruitment and Retention Toolkit
6. Rural GP Recruitment Support

The aims of these projects are to bring together and act upon recommendations from several successful initiatives such as the *Northern Peripheries: recruit and retain (2012-14)* and the *Being Here: rural sustainability (2014-17)* programmes. The SRMC is also working with the INTERREG: making it work (MiW) programme.

Appointment of clinical lead advisor

She is a well known face in the Scottish rural GP landscape. Dr Gillian Clarke has been appointed by the SRMC to help co-ordinate and deliver the key outcomes from the programme.

Dr Clarke provides the equivalent of 4—6 sessions a month and began her SRMC post at the end of July 2017. The need to have a dedicated clinical lead was identified by the programme board in 2016. Dr Clarke's responsibilities will mainly be to provide expert clinical insight and to foster relationships between the ten participating boards. A long pedigree within rural practice will no doubt come in useful as she has trained in the most Northerly training practice in Britain, became a single handed inducement GP on the West coast of Shetland and then a GP Obstetrician in Lerwick, Shetland. She moved to her current practice 11 years ago in Forres, Grampian and is passionate about rural practice in Scotland as co-ordinator for the Scottish Rural GP Fellowship programme.

SRMC Chair Ralph Roberts endorsed Dr Clarke's appointment as being "absolutely critical to the success of the SRMC. I am delighted to welcome her to the programme. I would encourage any rural GPs to contact us - as we want to hear what they have to say".

If you wish to know more about the Rural GP Fellowship programme in Scotland please follow this link to the NES webpage

Rural [GP-fellowships](#)

Email gillian.clarke1@nhs.net



Follow us on Twitter



[@NHS_SRMC](#)

SRMC across 10 NHS boards

In June 2016, the Scottish Government announced funding for a range of innovative projects to improve GP recruitment and retention.

These included the formation of the Scottish Rural Medicine Collaborative, whose work is now well under way. The collaborative, which is chaired by NHS Shetland chief executive Ralph Roberts, will seek to develop a unified recruitment strategy for GPs, and create a com-

munity of Scottish rural GPs, health boards and other organisations to provide mutual support through education and professional networking.

With the 10 health boards involved, the Scottish Rural Medicine Collaborative will be considering effective ways of using the expertise within each board to work across boundaries. No mean feat!

So, what's been happening ?

A strategic programme board has now been established and meets on a quarterly basis.

Much valuable time has been spent establishing a working plan to ensure that there are achievable outcomes from this programme of work. Initially it was challenging to co-ordinate, but there are now dates in place, well into 2018.

The VISION:

Scottish Rural GP roles will be innovative and highly sought after places of work, and the staff in them will have increased enjoyment and value from their work and be able to contribute positively to the health of the rural population

Envisaged outcomes:

- i. Increase in first round recruitment of rural GP vacancies
- ii. Rural GP job satisfaction will increase
- iii. Co-ordinated and sustainable resource to support rural GP recruitment and retention
- iv. Structured and specific remote and rural development planning will be

'business as usual' for GPs

- v. No recruitment contact will be lost
- vi. Strategic approach to remote and rural GP recruitment in Scotland
- vii. Reduction in locum cover required for remote and Rural posts
- viii. Measurable improvement in relocation support

How will we meet the objectives?

- a) By understanding and addressing retention issues for working age GPs
- b) By promoting Scottish GP as a positive career choice
- c) By encouraging alumni to stay in/return to Scotland
- d) By developing sustainable models of remote and rural primary care
- e) By supporting educational infrastructure in primary care
- f) By providing high quality support and information for prospective GPs in Scotland
- g) By making the most of expertise of remote and rural GPs at the end of their careers
- h) By supporting implementation of NHS Scotland PIN policies

What have we achieved so far?

- * Participated in the R&R national event in Edinburgh.
- * Participated in the *Being Here* legacy event in Inverness (May 2017) Programme Clinical Lead appointed.
- * Project leadership established for some projects.
- * Strengthened links with Northern Peripheries & Arctic (*Making it Work*).
- * Developed engagement with Boards and individuals. [SRMC Knowledge Hub](#)
- * Established link with ScotGEM.
- * BASICS education proposal funded and progressed.
- * Stakeholder analysis completed.
- * Established links with *Scottish Rural Health Partnership*.
- * Logo for SRMC and Twitter handle established and in use @NHS_SRMC
- * Funded an independent evaluation via NES to specifically cover rural islands GP preferences for CPD

Although Scottish Rural GPs are facing huge challenges, the SRMC aims to play a small but significant part in addressing as many of them as practically possible...
Ralph Roberts, SRMC Chair.

RCGP conference October '17 Liverpool

For the fourth consecutive year Scottish Rural GPs were represented at the largest GP conference in the UK

The Annual Primary Care Conference & Exhibition 12-14 October 2017, Liverpool hosted approximately 1,600+ people from all around the world to attend the conference.

Why exhibit?

SRMC project Manager, Ian Blair explained that 68% of attendees were GPs and a further 16% were students. Therefore it was an ideal opportunity to raise the profile of rural GPs in Scotland; build on attendance from previous 3 years and work collaboratively to promote opportunities for all 10 SRMC Board areas

What we said

"As a GP in rural Scotland, you will not be tied to your consulting room. Your skills will also be applied in many other environments. Home visits may be to a trailer or a castle, and with more time to spend with each patient, there is a special emphasis on quality of care. You will be valued by your community. You will be a true General Practitioner. Being a rural GP gives you opportunity to enhance your career portfolio not only through research, teaching and training, but also by embracing the unique challenges and opportunities presented by rural practice. Be a rural GP – be the doctor you want to be. Come and see us to find out how..."

Are you missing out on a chance to be the doctor you always wanted to be?
#RCGPACT17
Dr Gregor Smith

The team:

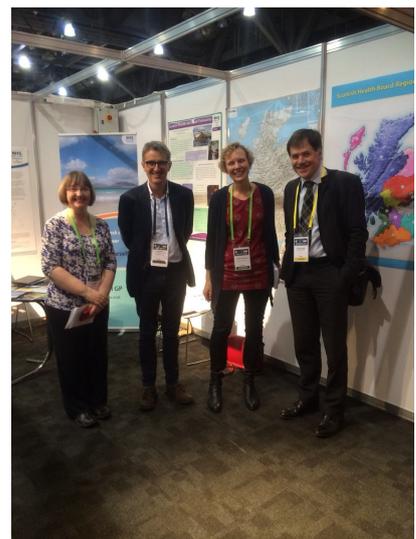
Dr Gill Clarke, SRMC Clinical Lead GP, Forres; Dr Kirsty Brightwell GP, Stornaway AMD, NHS Western Isles; Dr Victoria McGill GP, Kilwinning, NHS Ayrshire & Arran; Fiona Duff, Senior Advisor to Scottish Government Primary Care; Linda Bunney, Head of Primary Care Development, NHS Dumfries & Galloway; Lisa Watt, Primary Care Services Manager, NHS Shetland; Martine Scott, SRMC Programme Manager; Ian Blair, SRMC Project Manager and... "Mooney MacMooface", pictured below



Contacts

The team made contact with 163 people over the two day exhibition. They were often interested in finding out more and surprisingly, some people remembered us from previous years too.

30 people were signposted for immediate follow-up with a view to vacant posts or further conversations. Many were given an opportunity to access the new GPjobs.scot website (see page four).



We had several important visitors on the stand. Pictured (L-R) are Lisa Watt, Dr Neil Kelly (NHS D&G), Dr Kirsty Brightwell and Dr Miles Mack ex-chair of RCGP Scotland. Also, Professor John Gillies, Dr Gregor Smith, deputy chief medical officer and the new chair elect of RCGP Scotland, Dr Carey Lunan.

Overall, the team thought it was a huge success and look forward to repeating the experience next year in Glasgow.

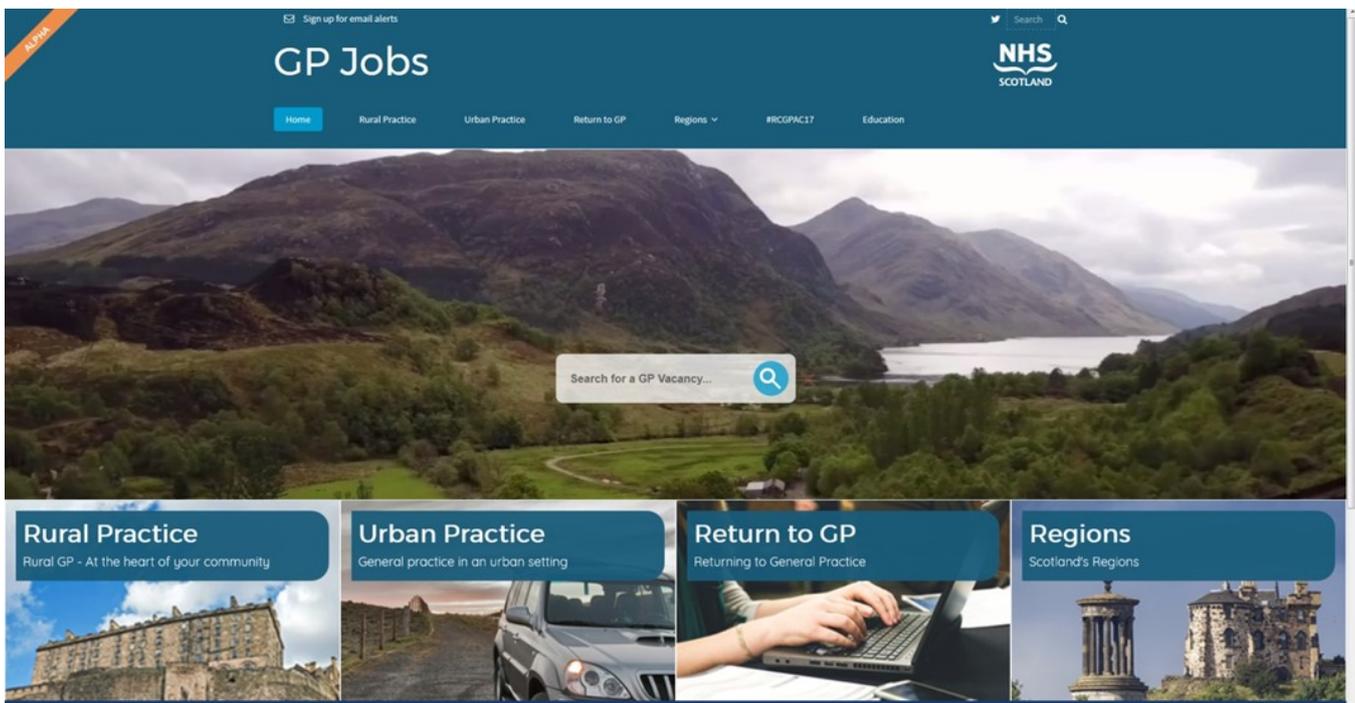
As mentioned earlier, having an exhibitor stand is really starting to keep a consistent message out in raising the profile of rural GP. SRMC Programme Manager, Martine Scott said, "since 2014 there has been a steady increase in enquiries from students and would-be rural GPs. Therefore, it really pays to keep coming".

RCGP Royal College of
General Practitioners

More about the next **RCGP**
annual conference in Glasgow,
October 2018.

NSS and SRMC

Helping to reshape rural GP recruitment services



National Services Scotland, are based in Edinburgh and provide specialist services for every NHS board area in Scotland....

The Scottish Government has commissioned a significant piece of work to be carried out by the NSS SHOW team headed by SHOW service manager, Gavin Venters.

There is work underway to provide a national capability for online recruitment as part of an emerging shared service approach to recruitment. There is also work underway to develop an online resource devoted specifically to GP recruitment. A number of NHS boards also have, or are developing local capabilities in this area.

“There is not currently the overall harmonisation of initiatives at a national level to ensure that all of these initiatives are working to complement, rather than compete with each other. Until a shared or co-ordinated service approach is in place it is not likely that the necessary actions can be sustained over the longer term”. Gavin

vice for GP recruitment that will be supportive of existing initiatives. The intention at the outset though, is to prepare the ground for that service to be taken under the wing of a wider service”.

At the present time there is a dedicated GP recruitment website currently in ‘ALPHA’ status. This means that there

Have you seen
www.gpjobs.scot yet?
Tell us what you think!

explained, “However, there is no time to wait in addressing the issues and a number of themes can be identified where useful work can be done to develop a digital ser-

needs to be active collaboration between boards to ensure that their needs are met. The SRMC have contributed to the Rural Practice element of this website. However, further work needs to be undertaken to establish ownership of the content. “Whilst there is a comprehensive framework in place to accommodate the contextual information as well as the GP posts, we are very aware that the content ownership and governance needs to happen outside of NSS” said Gavin. gavin@nhs.net

“One of our biggest challenges will be finding people to take responsibility for the content —
Gavin Venters”

A NEW organisation has been formed to forge closer links between organisations involved in healthcare in remote and rural areas.

The Scottish Rural Health Partnership (SRHP), which stemmed from the former Scottish School of Rural Health and Wellbeing, is being hosted by the Department of Rural Health and Wellbeing at the University of the Highlands and Islands.

The SRHP is an alliance of partners involved in remote and rural education, research and healthcare.

It will strive to increase collaboration, both nationally and internationally, in the field of remote and rural healthcare, and will co-ordinate programmes of work.

With four key workstreams – education, research, building on partnerships, supporting improved recruitment and retention – the SRHP has already begun planning to host a major international remote and rural conference to be held next year (see below).

Current members of SRHP are NHS Education for Scotland, the Centre for

New rural health partnership looks to forge more collaborative working

Rural Health, the Scottish Funding Council, remote, rural and island health boards and five universities: UHI; the Open; Aberdeen; Robert Gordon and Stirling.

Its steering group is chaired by Profes-

sor Bill McKerrow, associate postgraduate dean, NHS Education for Scotland, who said: “There was a clear need and demand for an umbrella organisation to facilitate learning and share ideas and intellect within the field of rural health.

“The Scottish School of Rural Health and Wellbeing did that, but we now have wider partnerships which include more interaction from health boards.

“There has always been the potential in rural health for the left hand not to know what the right hand was doing, and hopefully the Scottish Rural Health Partnership will help to ensure that does not happen.”

Professor McKerrow added that it was planned to produce an enhanced website, providing what he called a “one-stop shop” for people and organisations with an interest in rural health. And he also stressed the fact that the University of the Highlands and Islands was able to support the partnership administratively to put the new organisation on a stronger footing.

It is expected that membership of the SRHP will grow and change in response to programmes of work and needs.

‘Rethinking Remote 2’ organisers aim to widen scope of — and interest in — event

Highlands set to host follow-up conference

THE eyes of the world – or at least those eyes interested in rural health issues – will be on Inverness next year when the Highland capital hosts a major conference.

‘Rethinking Remote 2’, to be held on 24th and 25th May in Eden Court, will build on the success of a similar event staged in the same venue in May 2016.

That conference highlighted innovative solutions in healthcare provision in remote areas and considered, for example, how innovation in education and training could make a difference to remote healthcare, and the role technology could play in providing healthcare solutions in remote communities.

And while these subjects will also be very much to the fore at next year’s conference, it is hoped that ‘Rethinking Remote 2’ will be wider in its scope – and attract delegates and participants from a larger range of organisations.

The event is being planned by the Scot-

tish Rural Health Partnership, the successor organisation to the Scottish School of Rural Health and Wellbeing.

Professor Bill McKerrow, associate postgraduate dean, NHS Education for Scotland, who is actively involved in the partnership, is helping to organise the conference.

He said: “Last year’s conference was very successful and we hope the next one will be even more so.

“A feedback questionnaire was sent to everyone who attended last year, and the response we received was extremely positive.

“Now, we are hoping that the next one will have wider themes, and include more from those who are at the sharp end of rural health, for example in the manage-

ment of emergency situations, and retrieval services.

“We also engage with industry on remote healthcare issues, such as occupational health providers and medics who work offshore or in desert locations.”

Professor McKerrow added that it was also planned to widen interest geographically in ‘Rethinking Remote 2’.

For example, potential speakers from Norway, Denmark and Canada had been invited, and it was intended to use web-based technology to help people from the UK and further afield who are unable to attend to access the conference remotely.

The event’s organisers are also looking at ways of securing sponsorship for the event to help keep attendance fees as affordable as possible.

“ Last year’s conference was very successful and we hope the next one will be even more so ”

Funding for essential BASICS training approved



Any health boards wishing further information about this development should contact:
Professor Colville Laird,
Medical Director, BASICS Scotland at
claird@basics-scotland.org.uk

BASICS Scotland is introducing a portfolio system for emergency medicine training for remote and rural practitioners and increasing the number and variety of training opportunities available. This new system will be supported by new and innovative methods of remote learning.

BASICS Scotland has been providing prehospital emergency care training to a multi-professional audience of rural practitioners for the past 24 years. The changing needs of these professionals and the changes in health care provision have prompted BASICS Scotland to look the way it delivers education and has gained support from the **Scottish Rural Medicine Collaborative (SRMC)** for this project in the form of funding for a clinical lead co-ordinator post.

Why target Emergency Training?

It is well documented that lack of confidence in dealing with emergencies is a major inhibitor to recruitment and retention of health professionals to remote and rural healthcare. It is hoped that this project will provide reassurance to practitioners that a system is in place to support them in obtaining the appropriate training. Additionally it is hoped that the learning, regarding the delivery of education to remote and rural practitioners, will have wider application and convince potential applicants for remote and rural posts that their access to educa-

tion, for professional development, will not be adversely affected. It is hoped the project will demonstrate the commitment of Rural Scotland to high quality medical practice.

What are the changes?

Remote and rural nurses, paramedics and doctors will be invited to join a new portfolio system for prehospital emergency medicine training. The portfolio will outline an eight day programme of face-to-face training that should be completed every four years. The training will include, trauma management, cardiac resuscitation, Paediatric emergencies, the deteriorating patient, Obstetric emergencies and neonatal resuscitation. Participants will be invited to identify their training needs within the portfolio. The training needs of individual health boards and localities will then be identified and provision made to provide bespoke training provided. There will be an increasing amount of training available and this will be provided as individual days of training on weekdays.

The project will be supported by a team developing new and innovative ways of delivering remote education including use of videoconferencing, social media and potentially video games technology. This will build on the work we have already undertaken providing education by videoconferencing.

This [report](#) shows significant benefits in both time and money from the use of remote learning.

BASICS Scotland will be working in partnership to achieve this. Partners include the NES clinical Skills Managed Educational Network, The Scottish Multi-professional Maternity Development Programme, The NES Mobile Skills Unit, The Emergency Medical Retrieval Service and local resuscitation training officers.

Objective

If this proposal was to meet our expectations every remote and rural health nurse, paramedic and doctor, who wishes, would have access to a locally delivered training programme supported by high quality remote learning materials thus providing the ultimate in cost-efficient and time efficient training. The training would be part of a nationally recognised scheme and employers would recognise the benefits not only of attending the face-to-face training but of the benefits to them, both financial and in staff time, of allowing staff time to undertake remote learning. The portfolio could potentially be expanded to include urgent care training.

Expressions of interest.

The registration software for the system is currently being installed, staff training undertaken and testing carried out. For those interested in participating in the new portfolio system and wishing to register their interest they can do this at:

portfolio@basics-scotland.org.uk

BASICS are needing representatives to promote from each of the 10 participating SRMC boards. Contact details above if you are interested.

Dr Emma Watson has an important focus for work for both the SRMC and the Scottish Government, which she advises on medical education matters.

She explained: "I am looking to ensure that we have high-quality education as a background to work in remote and rural areas and to grow the pool of applicants from these areas across all care functions."

One piece of work in which Dr Watson has been involved has been with the University of Dundee, which launched a pilot 'longitudinal integrated clerkship' for undergraduate medical education in the fourth year of a five-year course.

An initiative that aims to address recruitment issues in general practice and rural areas, it allows students to see patients in general practice and then follow their care into out-patient and in-patient settings.

Another programme, now very much part of the medical education calendar in Inverness, is the 'Doctors at Work' initiative, in which 56 pupils from schools across the Highlands spend a week shadowing consultants, junior doctors, medical students and other staff as they go about their

Medical education playing key role

everyday business.

The programme was launched five years ago, and Dr Watson said: "It's been a tremendous success and I know it is playing an important role in encouraging more young people from the Highlands to consider medicine as a profession."

Since 2012, 165 pupils have taken part in the programme, and last year NHS Highland reported that a survey had found that of those who applied for a place in medical school nearly two-thirds were successful and were studying at Aberdeen, Dundee, Edinburgh, Glasgow and St Andrews.

Dr Watson said at the time: "We would like more young people from our rural boards to consider medicine as a profession. We hope that the students we see taking part in these programmes are the doctors we will see coming back to work in the area."

The success of the programme represents a remarkable turnaround from the

situation in 2011, the year before it was launched, when of the 841 people who applied for a place at the University of Aberdeen Medical School, only 25 were from the Highlands – and only four ultimately took up a place.

As a key member of the SRMC board, Dr Watson is keen to ensure that lessons learned from the work of the SRMC are fed back to policy makers within the Scottish Government.



Who are the SRMC and how can I contact them?

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Please don't hesitate to contact us if you would like further information — or just a friendly chat... We would especially like to hear from you if you are interested in representing your NHS board

Join the SRMC 'community of practice' on the knowledge hub

SRMC Knowledge Hub



GPs who benefited from rural fellowships

“Working in an area like this isn't for everybody but I love it. I can honestly say that I look forward to coming to work every day. But I also love my time off; in a place like this, why wouldn't I?”

To explain, Dr Neal is something of a fitness fanatic who spends her spare time surfing, cycling, running, ski-ing, climbing, hillwalking and anything else she can think of to keep on the go. Finding a good work-life balance is important to her – and she had found it at Dunbeath.

So too has Dr Johnny Emery-Barker. Recruited by Dr Neal to share the load at Dunbeath, he too is from the Central Belt and, like her, was attracted to the Highlands by the rural fellowship scheme. That he now works at Dunbeath is in part due to the fact that he spent part of his fellowship year there – he liked it so much that he took the opportunity to work there on a more permanent basis.

As a keen walker, cyclist and camper, he found in Caithness all he wanted in terms of leisure opportunities, but he says that just as important are the professional opportunities afforded by practising in a community such as Dunbeath.

For he has found that a rural practice requires a range of skills that may not always be tapped in an urban setting.

“As GPs, we see more medical emergencies here than in the city,” he said. “It may be quieter here but we're kept on our toes. And I love the fact that patients can call for an appointment and, more often or not, be seen the same day.”

Dr Neal added: “I like the fact that we can get to know our patients, build up a rapport with them and spend a good amount of time with them. We have an ageing population here, many of them with



PEDAL POWER: Dr Fiona Neal gets on her bike

multiple health issues, and think I actually see quite a high percentage of our population.”

But aren't their down sides for a couple of 30-something doctors practising in a remote community many miles from city life?

“I miss my friends,” said Dr Neal. “Oh, and I used to hate online shopping though I have no option here – there aren't many shops around. But there are many more positives than minuses.”

And that appears to reflect the views expressed by other rural fellows when questioned for a study into the initiative by Professor Ronald MacVicar, who has overall responsibility for the programme; Forres GP Dr Gillian Clarke, rural fellowship coordinator for NES; and Dr David Hogg, a partner of the Arran Medical Group and a graduate of the rural fellowship pro-

gramme.

They questioned 66 of the 69 GPs who were recruited to the fellowship between 2002, when the scheme was set up, and 2012, and found that of the 63 who at the time of the study were working in general practice, 46 were doing so in rural areas or small towns in Scotland.

Summarising their conclusions, the authors of the report on the study wrote: “The results underline previously unpublished data that suggests that approximately three-quarters of graduates are retained in important roles in rural Scotland.”

The report featured a case study which highlighted Arran Medical Group's experience of rural fellows, where five of the nine GPs were graduates of the programme.

It stated: “Fellows are able to experience true continuity of care across a variety of settings, and take time out to develop new skills, from emergency care to acupuncture. Some have also implemented new services: eg, vulnerable families and integrated emergency care.

“The practice benefits greatly too. Participation in the programme ensures access to motivated and ‘fresh’ GPs who bring energy and innovation to the practice.

“Our patients see it as a positive initiative as they are aware of the problems in recruiting new doctors to rural practice. In turn, this improves retention of existing GPs and practice staff, who benefit from new perspectives and the enthusiasm that each fellow brings.”

To sum up, rural fellowships work. Just ask people like Drs Neal and Emery-Barker.



WAVE POWER: Dr Neal enjoys a surfing session