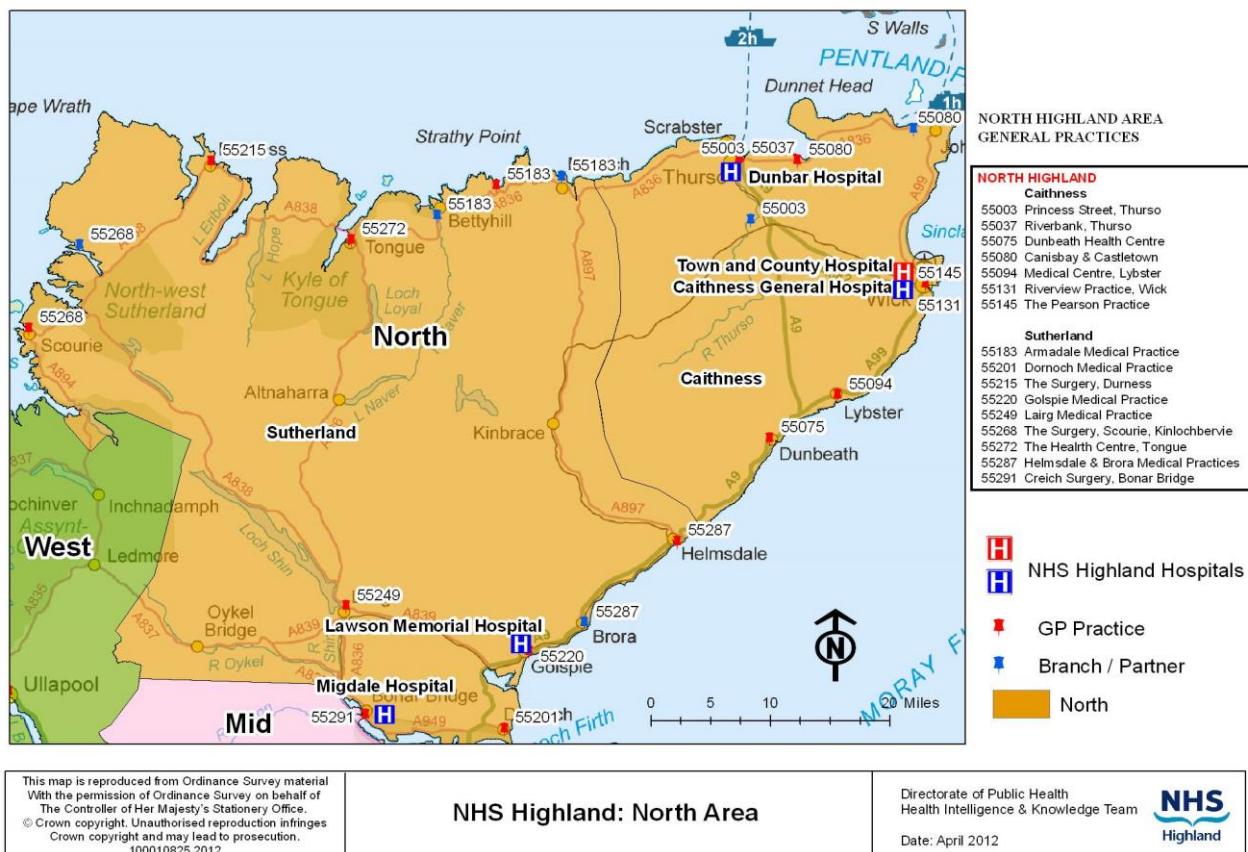


# NHS Education for Scotland

## Rural Fellowships in General Practice – Local Job Information

### Information for NHS Highland, North: Caithness, East Sutherland and North West Sutherland Rural Fellowships (2 posts available)

#### Background



The North area is part of the North & West Operational Unit within NHS Highland. The North area manages community health and social care services in Caithness and Sutherland for around 40,000 people across 7,882 square km.

We also provide some acute services, including a wide range of out-patient and in-patient services at our local hospitals. Caithness General Hospital in Wick is designated as a Rural General Hospital and has consultant-led surgical and medical teams. Services available include A&E, Assessment & Rehabilitation, General Surgery, General Medicine, Palliative Care, Renal Unit, CT Scanner and Theatre. A wide range of associated services are available including Day Surgery, Dietetics, Physiotherapy, Occupational Therapy, Radiography etc.. There are also a wide range of visiting services from Raigmore Hospital, Inverness.

In addition there are four GP led Community Hospitals: Wick Town & County, Dunbar Hospital, Thurso, Lawson Hospital, Golspie and Migdale Hospital, Bonar Bridge. As well as 16 GP practices, there is a wide range of community services including

community nursing, mental health services, allied health professionals, community dental and community pharmacy.

The area has a very varied landscape from mountain to the lonely flow country and some spectacular coastal scenery, which will appeal to someone who loves the outdoors. This post offers the opportunity to live and work in some of the UK's most beautiful and unspoilt countryside.

## **Location**

The rural fellow will spend at least 22 weeks of the year working in a variety of Remote and Rural Practices across the North of Scotland covering the annual leave and study leave requirements of the principals in the practices. Service commitment i.e. annual leave and study leave cover is required in the following areas:

### **East Sutherland**

East Sutherland divides into two different kinds of landscape, coast and glen and is defined to the south by the long bite of the Dornoch Firth and the Kyle of Sutherland and to the north on the A9 at the Berriedale Braes. Along the A9 are the coastal communities of Golspie, with Dunrobin Castle nearby, Brora with its Heritage Centre and distillery and Helmsdale with its Timespan Heritage Centre. There are also many archaeological sites in the area. The area is especially good for anglers, with excellent golf facilities in Dornoch, Brora, Golspie and Helmsdale. There is also plenty of choice for walkers, mountain bikers and wildlife watchers.

### **Golspie Medical Practice**

A a two GP Practice with 2,000 patients. The practice has opted out of OOH's and provides cover to Lawson Community Hospital for inpatients and the minor injuries unit. Golspie is approx 52 miles from Inverness to the south and 51 miles from Wick to the north.

### **Brora/ Helmsdale Medical Practice**

A three GP practice, with 2,500 patients. Based in two health centres in Brora and Helmsdale. They also provides cover to Lawson Community Hospital for inpatients and the minor injuries unit. Brora is 6 miles from Golspie, and 10 miles from Helmsdale.

### **Lawson Memorial Hospital, Golspie**

Practices in East Sutherland refer patients to both Raigmore Hospital and Caithness General Hospital. Visiting consultants from both Wick and Inverness visit the Lawson.

### **North West Sutherland**

This area probably has the most distinctive landscape of any part of mainland Scotland, with its bare and rugged appearance, from its beautiful mountain landscape, natural features such as Inverkirkraig Falls and the Inchnadamph Caves, to beautiful beaches at Oldshoremore, and Sandwood Bay and finally the most north-westerly point at Cape Wrath. Communities are generally small with Lochinver, Scourie, Kinlochbervie and Durness being the main villages. This is excellent country for walkers – including

Scotland's most northerly Munro, Ben Hope. The wild places are very rewarding for bird watchers, while anglers have a huge choice of hill lochs, some seldom visited.

### **Scourie/Kinlochbervie & Durness Medical Practice**

Prior to 1<sup>st</sup> July 2015 this was two single handed GP practices, but on the retirement of the Durness GP, this is now one NHS Highland salaried GP practices over three sites with health centres in Scourie, Kinlochbervie and Durness. The practice is dispensing at all three sites and has approx 900 patients. The practice is currently covered by one permanent salaried GP and GP locums

The practice provides OOH's cover Monday – Thursday but has opted out at weekends when it is provided by locums. Scourie is 99 miles from Inverness and 15 miles from Kinlochbervie. Durness (closest village to Cape Wrath) is 118 miles from Inverness and 19 miles from Kinlochbervie.

### **Caithness**

This is big country, with wide skies and dramatic seascapes, and rolling moors merging westwards into rugged peaks in North Sutherland. Wick and Thurso are the two main centres, both with a good selection of shops (including Tesco) and other amenities. The coast between Wick and Thurso is spectacular and includes, near John O'Groats, the Duncansby Stacks, as well as Dunnet Head (with amazing views of Orkney). Castle of Mey, the home of the late Queen Mother is also near by. Inland the dominating feature is the Flow Country, with miles of interlaced pools and lochs. There is also a wide range of attractions with heritage and archaeological interest. You can golf on Britains most northerly mainland course, while angling, wildlife cruises and other wildlife activities are on offer.

**Castletown/ Canisbay** – a two GP practice, based in two health centres in Castletown and Canisbay (closest village to John O'Groats). The practice is dispensing at both sites with 3000 patients. The practice has opted out of OOH's which is provided in Wick and Thurso. Canisbay is 19 miles from Wick, and 13 miles from Castletown.

**Riverbank Medical Practice** – a Salaried GP Practice based in Thurso. The practice has 5600 patients and covers the Dunbar Community Hospital and three Care Homes. The practice has an Advanced Pharmacist Practitioner and is in the process of recruiting Advanced Nurse Practitioners.

In addition to the practices above there are opportunities to work in other practices in Caithness and Sutherland.

### **Service Commitment**

Rural Fellows are usually allocated to two or three practices, where they will provide the majority of their service commitment. These practices will be agreed as the beginning of the rural fellow year. One practice will usually be a more remote and rural dispensing practice to give the rural fellow the opportunity to experience all aspects of rural General Practice.

The service commitment practices can be in more than one area eg East Sutherland and North West Sutherland. If required to travel to an area away from their normal base practice, accommodation will be arranged.

13 weeks would be available for the Educational component working in a practice within the North (possibly one of the above) and would be arranged in agreement between the North Primary Care Manager, and NHS Education for Scotland. Alternatively the educational component could be in another part of Highland, and this would again be agreed by the North Primary Care Manager and NES.

### **Duties**

Duties will include the full range of general practice duties during the Rural Fellows time in any General Practice, including working in the local Community Hospital if appropriate. They will be expected to play a full part in all aspects of the practice and work alongside the members of the extended primary care team.

### **OOHs Element**

While based in practices that have opted-out of OOHs there will be no requirement to do any OOHs sessions, however the rural fellows may wish to work in the local OOHs scheme in addition to their rural fellow role. This would be paid in addition to their rural fellow salary. However some work experience will be required in remote practices in North West Sutherland, when the Fellow will have to provide OOHs cover overnight and occasionally at weekends. Attendance at the BASICs course would be expected before covering OOHs in rural areas. Fellows are expected as part of their educational programme to gain experience in Out of Hours and Emergency Care.

### **Supervision in Practice**

A principle in one of the above practices will be identified as a mentor/supervisor and will be available to the Fellow when working in other rural practices.

### **Education in Practice**

Fellows will be expected to join in with the educational activities available within the practices that they are working.

### **Local Educational Opportunities**

A variety of regional educational activities are available including courses such as Advanced Life Support and attachment potential in various part of Highland i.e. Raigmore Hospital and Caithness General etc. The Rural Fellow will also be able to attend local PLT events, along with various local meeting meetings.

### **13 Weeks Protected Educational Time**

This will be organised in conjunction with the service elements of the posts and with the Rural Fellowship Co-ordinator. Fellows will have the opportunity to negotiate additional experience in secondary care, remote practices and to undertake specific course activity as available. Fellows will also be expected to attend the regular meetings of the Scottish

Rural Fellows. This Job Description is not definitive and may be subject to change in discussion with the Fellow, North Primary Care manager and NES.

Further information on the North and NHS Highland is available at:  
<http://www.nhshighland.scot.nhs.uk>

For more information on Caithness: <http://www.caithness.org/> and for Caithness and Sutherland : <http://www.visithighlands.com/northern-scottish-highlands/>

For an informal discussion feel free to telephone:

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# A day in the life of a rural GP

24/04/2015 | North & West Highland



**By Rachael Crawford, Rural Fellow working with NHS Highland as a GP in Sutherland**

## My morning

I usually wake before 7am and leave the house just after 8am depending on where I am working that day. I work for NHS Highland as a Rural Fellow through a scheme promoted by NHS Education Scotland designed to give newly-qualified GPs a taste of life and work in a rural setting. I am attached to Brora and Helmsdale surgery in Sutherland for most of the time, but for several weeks during the year I get to travel further afield and work in more remote practices, which includes Durness and Kinlochbervie/Scourie.

Morning surgery starts at 8.30am, initially with a number of urgent or 'on-the-day' appointments and

then with routine appointments until around 11am. Following morning surgery, I try to grab a coffee from the staff room and sift through the triage, which involves dealing with medication requests, prescription authorising, doing sick notes, telephone consultations and seeing any extra patients who have been unable to get an appointment if all the slots are filled for the day. Depending on numbers, this can take up to a couple of hours as there's only one doctor on site (except Mondays, when there are two). It is different in North West Sutherland, where due to lower patient numbers we have less demand for appointments and more time is spent being on call for emergencies.

## My lunchtime/afternoon

Most days there are home visits to do: one or two a day in an average week. The length of time spent visiting patients can vary depending on the nature of the visit and the patient's location. I've realised that a unique aspect to rural general practice is the disordered arrangement of crofts. I've not yet discovered the navigation formula for this! The challenge is usually overcome by phoning the patient for directions, unless there is no mobile reception of course.

Lunch is usually had at some point between 12 noon and 3pm. As a GP in a rural practice, I am required to attend any ambulance call-outs, which can occur at any time of day and take priority over other clinical activities. When I'm working in Durness or Kinlochbervie, the ambulance may be a couple of hours away, as is the hospital itself (Raigmore Hospital is up to three hours away or more by road ambulance), and so the responsibility is solely on the doctor to treat the acute medical/surgical problem, at times employing air ambulances if needed.

Compared to working in inner-city practices where the receiving hospital is only a short distance away, spending time working in these areas of Scotland has been a very rewarding and an enjoyable challenge for me. I've felt equipped to deal with this added responsibility, having had the chance to attend pre-hospital emergency care courses run by BASICS Scotland, the study leave and budget for which was provided by NHS Education for Scotland through the Rural Fellowship scheme. Additionally, the Sandpiper Trust enables me and other doctors in rural areas of Scotland to have a kit bag of emergency medical equipment to carry with me in the car.

Afternoon surgery starts at around 3pm and usually the last patient is seen just after 5pm. During the afternoon, in addition to routine face-to-face appointments, any further urgent cases are added to a triage list for the GP, and if necessary these patients can be seen before the surgery closes at 6pm.

### **My evening**

After surgery ends and all the patients are seen for the day, time is then spent doing admin-type tasks, such as patient referrals. We have 15 minutes allocated per routine consultation, which can allow time to do any referrals immediately after the patient leaves. Otherwise I tend to type and send mine at the end of the day.

Admin also involves looking through all of the mail that was received by the practice that day. This includes test results from the laboratory (the majority of which are blood tests), if necessary acting on the results, for example if the patient needs any follow-up treatment, etc. All correspondence received from hospital consultants and other healthcare professions relating to patients is sent to the GP and must also be dealt with, be it simply filed in the patient's medical notes or new treatments initiate. This workload varies and can take anywhere one or two hours.

I usually leave work anytime between 6.30 and 7pm. Some days it can be later and so I find it hard to commit to anything in the early evenings. I used to enjoy going out for runs and exercise classes. However, by the time I have dinner it can be after 8pm but when it is dark and cold out I sadly lack the motivation to do anything except watch DVD box sets!

I love living and working in the Highlands and am very much looking forward to the longer and lighter evenings to be able to get out and enjoy it more.