

The Scottish Rural Medicine Collaborative **BULLETIN**



Just how remote and rural can you get?



Young GP says hello from the Falklands: See pages 6 & 7

MARCH 2018

Memo to rural GPs: We're here to help!

WHATEVER concerns some people may have about the proposed new GP contract, an assurance has been given that the **Scottish Rural Medicine Collaborative (SRMC)** exists to support doctors.

But Ralph Roberts (right), the collaborative's chair and chief executive of NHS Shetland, stressed: "It is important to make clear that the SRMC is neutral on the matter of the contract.

"The SRMC was set up quite independent of negotiations around the contract, which is the outcome of discussions between the Scottish Government, the BMA and GPs.

"Our job is to make sure that, however the contract is implemented, we support rural GPs. We need to do everything we can to ensure that working as a rural GP is an attractive option for people."



And Mr Roberts added that not only did rural practice need to be better promoted; it was important that the process of moving into practice in Scot-

land's remote and rural areas be made much easier.

"There is quite a lot of work to do on that," he conceded.

"Obviously, much can depend on individual circumstances: on who is applying and who is advertising. But it's clear that the process can present difficulties we need to overcome."

Mr Roberts added that he believed much also needed to be done to raise awareness of the collaborative and its work among rural GPs.

"I am not sure that our profile is as high as I would like," he said.

"There is quite a lot of interest from a small number of people, but we need to reach out to all GPs. In a sense, this is a problem that's a mirror of the issues around being a rural GP.

"As a group, they are quite isolated, and we need to make them feel less so and to share knowledge and information

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Welcome to the Scottish Rural Medicine Collaborative

THE Scottish Rural Medicine Collaborative (SRMC) was set up with Scottish Government funding to look at ways of improving the recruitment and retention of remote and rural general practice in Scotland.

The SRMC works across 10 health board areas – Grampian, Highland, Orkney, Shetland, Western Isles, Dumfries & Galloway, Ayrshire & Arran, Fife, Tayside and Borders, all of whom are represented on the programme board, as are NHS Education for Scotland, RCGP Scotland, and the Rural GP Association Scotland. It is also working with the INTERREG:

making it work (MiW) programme.

Six closely linked rural GP projects with distinct objectives have been set out for the two-year programme. These are:

- **Recruitment strategy/good practice guidelines.** This is aimed at improving the consistency and effectiveness of recruitment.
- **Recruitment yearly wheel.** This will identify and help promote appropriate recruitment events.
- **Marketing resources.** This will explore look at developing a rural GP recruitment website.
- **Community of practice.** This will provide an online forum to share knowledge and experience.

● **Recruitment and retention toolkit.** This will consider how potential or new employees in remote and rural general practice can have a structured approach to activities and plans to integrate them into their communities. It will cover community recruitment, community integration and employers' recruitment support.

● **Recruitment support.** This will look at ways of providing specific support for employers of rural GPs.

It's hoped that ultimately the SRMC will help to develop a unified recruitment strategy and create a community of rural GPs, health boards and other stakeholders to provide support through education and professional networking.

Tangible outcomes will help to spread the word about us

A SURVEY of rural GPs has highlighted concerns that too few doctors know of the existence of the Scottish Rural Medicine Collaborative (SRMC).

But Dr Kate Dawson, who represents the Rural GPs Association of Scotland (RGPAS) on the collaborative, said that was a situation she hoped to see change soon.

"Our survey sought to establish what GPs knew about the SRMC and what they felt they could get out of it," she explained.

"We found that most of those surveyed did not know about the SRMC and what it's meant to do. In fact, some people even questioned its relevance.

"However, I feel that will change when some of the tangible things that are currently well progressed within the SRMC come into fruition: things like a 'good recruitment guide' for rural GPs."

Dr Dawson conceded that issues

around the GP contract may have influenced some of the scepticism about the SRMC, but added: "The collaborative has to be non-partisan as far as the contract is concerned. We have to take cognisance of it and acknowledge the impact people feel it will have on recruitment, but our work is relevant, irrespective of the contract."

She explained that, as a front-line GP based in Benbecula, her interest in the SRMC's work was influenced by experience.

Speaking during the collaborative's recent workshop in Edinburgh (see page 3), she said: "We have two long-standing vacancies in our practice, having gone from six to four senior partners within six months over two years ago - I know the issues and difficulties about rural GP recruitment."

"Hopefully, the idea behind the SRMC – of getting GPs and others around the table to pool their interests and energies – will lead to something positive for the future of rural practice in Scotland."

Chair's memo to rural GPs: We are here to help you!

Continued from front page

about what's going on across rural Scotland."

He said he hoped this publication would help to raise the SRMC's profile, as would ongoing work the organisation was doing across its 10 health board areas."

Mr Roberts said he hoped and believed engagement with rural GPs would improve as they started to see tangible evidence of its work, such as with the development of the new website, www.gpjobs.scot.

Recruitment bureau idea to be explored

A SPECIALIST bureau could be set up to make the process of recruiting GPs easier.

At least, that was one of the ideas discussed at a brainstorming Scottish Rural Medicine Collaborative (SRMC) workshop held in Edinburgh on 15th and 16th February.

Day one of the workshop provided those present with what SRMC chair Ralph Roberts described as “an opportunity to have a free-flowing discussion” on some of the many challenges

faced in recruiting GPs in remote and rural areas.

The second day, however, was more structured and sought to identify clear aims and, in possible, solutions. And one such solution, which will be discussed further, was the creation of a GP ‘recruitment bureau’.

It’s an idea that has gained traction in New Zealand, where ‘relationship managers’ help to ease recruitment issues, guiding applicants and prospective employers through the process.

Mr Roberts said: “Many of the people at the workshop were GPs, and

they are not necessarily the best people to put ideas like this into practice.

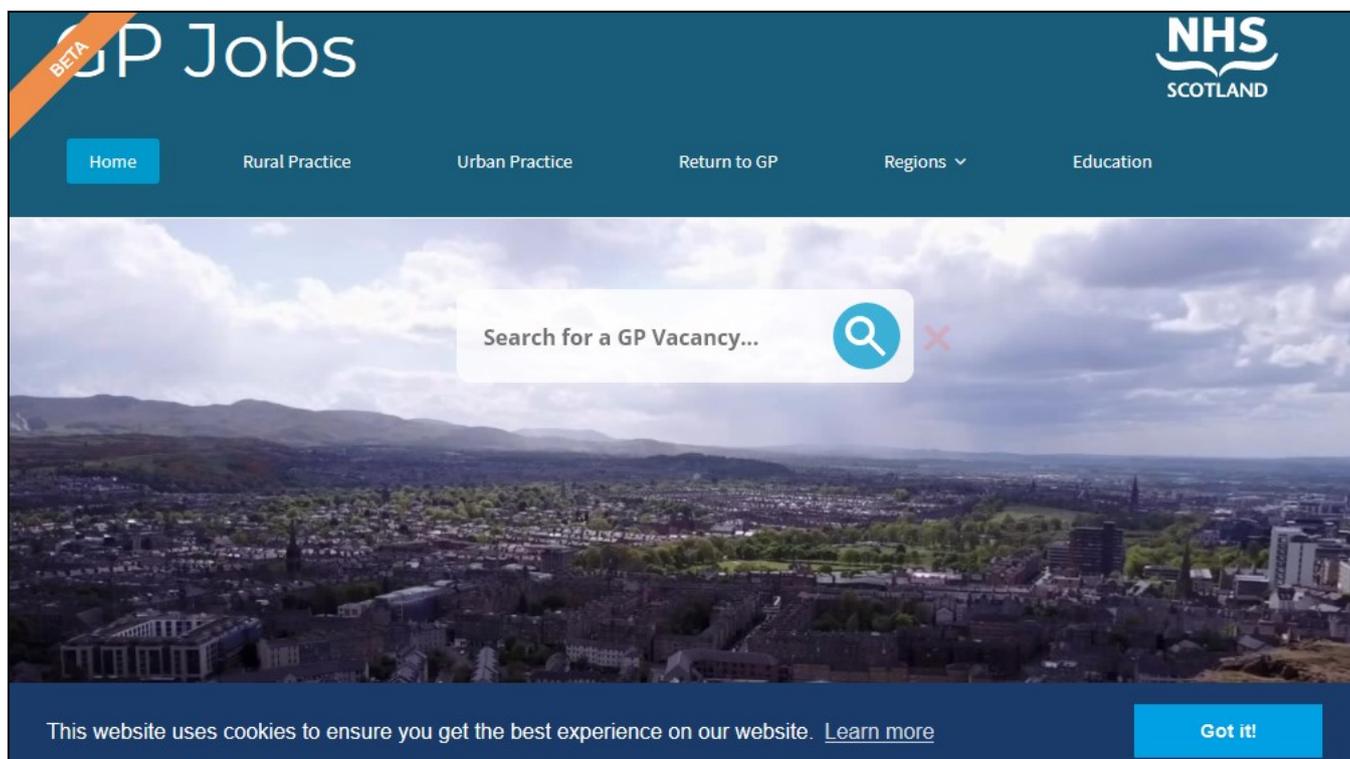
“However, it was felt that this was a suggestion that was worthy of further consideration, and it was agreed to write it up as a spec for the Scottish Government to look at. It may then come back to us, and other stakeholders, for further discussion.”

The idea will be on the agenda at the SRMC’s next workshop, to be held at the end of April.

How best to support the ongoing education needs of rural GPs will also be considered.



Pictured at the recent Scottish Rural Health Collaborative workshop in Edinburgh are, from left: Dr Annabel Ross, associate medical director, NHS Grampian; Dr Gill Clarke, clinical lead, SRMC; Martine Scott, programme manager, SRMC; Dr Andrew Buist, deputy chair of the Scottish general practitioners committee of the BMA; Dr Michelle Watts, associate medical director, NHS Tayside; Dr Kate Dawson, RGPAS representative on the SRMC; and Naureed Ahmad, policy manager, Creating Health, Scottish Government. Missing from the photograph but present at the workshop are Ralph Roberts, SRMC chair; Gavin Venters, web services manager at NHS National Services Scotland and head of the SHOW (Scotland’s Health on the Web) team; Dr Sonia Devereux, associate medical director, NHS Fife; and Lara Cook, police manager, primary care, Scottish Government.



Work ongoing on dedicated website

WORK is progressing on a new online resource intended to make it easier to link GPs with vacancies in Scotland's remote and rural areas.

As was reported in the November 2017 Scottish Rural Medicine Bulletin, a dedicated GP recruitment website (www.gpijobs.scot) is being developed.

Now, though, the project has moved from 'Alpha' to 'Beta' status, the second of four development phases which will ultimately lead to the completed resource.

The new site is the product of collaboration between a range of partner organisations, and is intended to be a 'go-to' place for all GP vacancies in Scotland. However, it will feature a significant 'rural practice' element, to which the Scottish Rural Medicine Collaborative (SRMC) is contributing.

Gavin Venters, web services manager at NHS National Services Scotland and head of the SHOW (Scotland's Health on the Web) team,

explained that the completion of the 'Alpha' phase indicated confidence that, following feedback, the website contained the appropriate pages.

The 'Beta' phase, which started towards the end of last year, is intended to give an opportunity to look at analytics to assess access figures and to further develop the site.

Gavin explained: "The website had the softest of soft launches and so awareness of it may not be as great as we hope it will be.

"However, statistics on usage are beginning to come through and, as traffic continues to build up, the site is beginning to move up the search engine rankings. I would imagine that in six or so months' time we will have had enough traffic to ascertain just how meaningful the site is proving to be."

The new resource is being developed because it was felt that something in addition to SHOW was needed to flag up GP vacancies in Scotland. The website effectively harvests GP

A GUIDE to the educational resources available to GPs has been produced.

To feature on the new dedicated GP recruitment website (www.gpijobs.scot), the guide was prepared by Dr Gill Clarke, Scottish Rural Medicine Collaborative clinical lead and co-ordinator of the Scottish Rural Fellowship scheme, with help from current and former rural fellows and others.

It features a wealth of material, such as links to websites where information can be gleaned about training and education in a range of disciplines.

The idea is that the guide can be updated on an ongoing basis.

vacancies in SHOW, and also features augmented content such as pages for each of the country's health boards, information on rural fellowships (see page 7), NES and BASICS Scotland, and a link to a map which shows where vacancies exist. There is also information intended to aid prospective applicants from overseas, as well as those wishing to return to general practice after a break or retirement.

Gavin added: "This initiative has been, and will continue to be, the result of a great deal of collaborative work, not least involving the SRMC.

"We are already getting some positive feedback from GPs, and hopefully that will continue as our work progresses."

Government pledges its support for collaborative

THE Scottish Government has pledged its continued support for the Scottish Rural Medicine Collaborative (SRMC).

In December 2017, the Cabinet Secretary for Health, Shona Robison, gave an address to the Scottish Local Medical Committee of the British Medical Association (BMA) in which she stressed that the sustainability of general practice was a key part of her vision for improved healthcare.

She used the speech to set out the

government's position on the new GP contract. But she also outlined her ambition to increase the number of GPs working in Scotland by at least 800 over the next 10 years, and announced additional investment of £7.5 million to fund a number of proposals to recruit and retain more GPs.

Of that sum, she said £2 million would be specifically to support remote and rural initiatives to attract and retain GPs in rural communities.

And she added: "We will continue to invest in the Scottish Rural Medicine

Collaborative.

"We will develop a range of initiatives, including expanding the £10,000 'golden hello' scheme to GPs taking up post in their first eligible rural practice. This will be made available to 160 rural practices, a considerable expansion from the current 44.

"Those 160 practices will also be eligible for an improved relocation package of £5000 per GP to encourage GPs to move to rural areas."

Fiona Duff, senior adviser to the Scottish Government's Primary Care Division, told Scottish Rural Medicine Bulletin: "We believe that the SRMC has an important role to play in encouraging GPs to work in rural practices, and the Scottish Government's job is to support that work in a range of areas, such as in recruiting GPs internationally and in looking at educational requirements.

"It is clear that here is a need to break down barriers to recruitment, while always ensuring that standards remain as high as ever. We also need to make sure that sustainability is built into whatever is done to improve recruitment and retention."

She added: "The collaborative is doing great work in forging links and connections with various stakeholders, and we are looking forward to seeing a clear work plan for the SRMC going forward."

Blairgowrie GP Dr Andrew Buist, deputy chair of the Scottish general practitioners committee of the BMA, was part of the negotiating team developing the new GP contract.

Dr Buist, who attended the recent SRMC workshop in Edinburgh, said: "Very clearly, we need to do everything we can to stabilise rural practice. We need to sell rural general practice better, and to recognise that rural GPs do a difficult and very different job from their urban colleagues, and the collaborative has an important role to play in that."

Why we need to sell rural general practice better...

BEING a rural general practitioner is "fascinating and wonderful" – but not enough has been done to sell it.

That's the view of Dr Gill Clarke, a GP in Forres and clinical lead for the Scottish Rural Medicine Collaborative (SRMC).

Dr Clarke has been in her SRMC post for several months now, and has been busy liaising with GPs and other stakeholders to spread the word about the collaborative's role.

And while she acknowledges that there is much to be done, she feels that the collaborative has got off to a good start in forging relationships with other stakeholders, including those in the rural GP network.

"I feel that the SRMC is raising its profile and that, as far as our educational work is concerned, we are achieving through joint working.

"For example, we are working with the Rural GP Association of Scotland on a project to help with GP retention; we are supporting the BASICS project; we are doing an educational needs assessment, particularly looking at the needs of rural GPs; and we are establishing effective relationships, particularly relating to shared

learning and opportunities for rural GPs and acute care practitioners."

She added: "Going forward, we are trying to work closely with the Scottish Government to support rural recruitment all the way along the pipeline, in particular making sure that medical students who want to work rurally are able to access rural practice."

Dr Clarke said she recognised that there were challenges around the GP contract, but the SRMC also faced the challenge of getting joint working among 10 health boards.

But she added: "This work is very important. For example, I know that there is a struggle for doctors who wish to work in Scotland but feel there are unacceptable barriers to recruitment, such as obtaining information from websites which can be contradictory.

"I feel strongly that rural medicine has a particular niche value in Scotland that is poorly understood. We need to attract people to the profession.

"Being a rural GP in Scotland is so fascinating and wonderful, and that's a message we have to get across as effectively as possible."



Overlooking Stanley Harbour on Christmas Day — mid-summer in the Falklands

DUBLINER Aoife Ní Mhaoileoin knows an adventure when she sees one; she's rowed 2,400 miles across the Pacific and scaled Mount Kilimanjaro.

And so when the fledging GP decided she wanted a place on the rural fellowship scheme promoted by NHS Education for Scotland, which gives new doctors a taste of life and work in often remote communities, she clearly determined not to do things by halves.

And that's why 30-year old Aoife is currently enjoying a four-month sojourn in a place that's just about as remote and rural as you can get – the Falklands Islands.

Aoife started her rural fellowship in August at the Lochnaw practice in Stranraer, itself a place well versed in delivering healthcare in remote and rural communities.

She is one of 10 people in the current cohort of rural fellows, and while she greatly appreciates the opportunity the scheme has given her to practise in Dumfries and Galloway for most of the year-long fellowship, there's no doubt that it was the chance to spend four months in the Falklands, in the South Atlantic, that was a real magnet for Aoife.

The link-up with the Falklands was forged by Dr Jean Robson in her capacity as NHS Dumfries and Galloway's director of medical education, and Aoife is the first doctor to benefit from it as a rural fellow.

In fact, she's only the second-ever Dumfries and Galloway rural fellow.

"It's been great here," said Aoife, speaking from her base in Port Stanley, 8,000 miles from home.

"I'm able to work in both primary

REMOTE controlled

We catch up with a doctor who has been getting first-hand experience of how healthcare is delivered on a remote archipelago in the South Atlantic

and secondary care, which is providing great experience for me."

A graduate of Trinity College Dublin, Aoife did her GP training in Elgin and practised in Stranraer as a rural fellow for four months before travelling to the Falklands in December. When she returns to Scotland in April, she will spend 40 per cent of her time with the Lochnaw practice, 40 per cent in general practice in Kirkcudbright and Gatehouse of Fleet and 20 per cent in Galloway Community Hospital, a rural general hospital in Stranraer.

With a partner, Calum Johnston,

currently undergoing his GP training in Stranraer, the Dumfries and Galloway rural fellowship was an obvious choice for Aoife.

"I really enjoy working in a remote and rural environment," she said. "It provides a GP with a little bit of everything in terms of experience."

And in the Falklands, that means Aoife is spending around two-thirds her time in general practice and the remainder in casualty or on the wards of the 29-bed King Edward Memorial Hospital in Port Stanley.

The Falklands Islands has a resident population of just under 3,000, most of whom live in Stanley with the rest in what is known locally as The Camp – effectively, everywhere else in the British Overseas Dependency, with the exception of the Mount Pleasant airbase, home to around 2,000 military personnel.

As well as providing medical services for residents, Aoife and her team also cater for the many fishing vessels and cruise ships that visit the islands.

It all means that there's no shortage of work for the islands' five general

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A rural fellow in the Falklands

Continued from page 6

practitioners, surgeon, anaesthetist, midwife, occupational therapist, radiographers, physiotherapists, health visitor, school nurse and community nursing team, including three CPNs. In addition, support is provided by visiting specialists from the UK.

“We are not part of the NHS in the Falklands,” Aoife explained, “but we do aspire to provide services at the same level as the NHS. People here deserve no less and, like anywhere, we encounter the same rising level of expectation and demand. However, we do have our limitations – there is no CT scanner here, for example – and so some patients may have to be flown to the UK or to Uruguay or Chile for treatment.”

In the GP practice, doctors are able to give patients 15-minute appointments – “I’ll have to get used to less than that when I return”, Aoife acknowledged – but a significant chunk of their time is spent on what they call ‘Camp’ visits, travelling by light aircraft to see patients scattered in small settlements throughout the Falklands.

Before the islands had a reliable phone system, doctors used radio to communicate with some patients, though they are now able to practise through phone calls and emailed photographs. Furthermore, each settlement has a ‘camp chest’ of pharmaceuticals which patients can access with instruction.

“There’s largely a farming population here and the people are quite stoical and hardy,” said Aoife. “They tend to put up with things.”



Aoife on the run in the Falklands

IN 2014, Aoife was part of the first all-female team to compete in the inaugural Great Pacific Race, an extreme endurance challenge which involved rowing 2,400 miles from California to Hawaii.

She and three pals, who called themselves Team Boatylicious, completing what Aoife called “the challenge of a lifetime” in 50 days.

The four women maintained a punishing two-hours-on-two-hours-off schedule, eating mostly freeze-dried ration packs and producing drinking water using a solar-powered purifier.

Aoife said she was drawn to the race as “an opportunity to test all my physical and mental resources”.

Next up for the adventurous doctor: the 2018 Stanley Marathon, to be held on 18th March.

With internet access is available only at a few ‘hot-spots’, Aoife confesses that she’s enjoyed something of a ‘digital detox’ while on the islands.

She’s enjoyed much more besides. For example, she recently attended within days of each other a fundraising ceilidh featuring a Scottish band and curry night hosted by serving and former Gurkhas. She sees a communi-

ty choir and a swimming club and big plusses, and – this being summer in the southern hemisphere – she’s spent much of her time in her running shoes.

Aoife completed a half-marathon in the Falklands in one hour 45 minutes and has a goal of 3:30 for the Stanley Marathon, the most southerly internationally accredited road marathon in the world.

“I am really enjoying life in the Falklands – so much so that I am now planning a return trip. It’s a wonderful place, and the people are lovely.”

Inverness event to spotlight on remote and rural health

A MAJOR international conference on remote and rural healthcare will be held in Inverness in May.

The conference, 'Rethinking Remote and Rural – Innovative Solutions in Remote and Rural Communities', will be staged in Eden Court on 24th and 25th May.

This, the second 'Rethinking Remote' conference, is being hosted by the Scottish Rural Health Partnership, a Highlands-based grouping which seeks to foster thoughts and ideas sharing to find solutions to the many challenges of providing health care to remote and rural communities worldwide.

The partnership's wide network of national and international colleagues with involvement in remote and rural healthcare includes partners and stakeholders from academia, healthcare

education, health and social care providers, the armed forces and industry.

The conference has five principal themes relevant to remote healthcare: Emergency Management and Pre-hospital Care; Education and Professional Support; Community Engagement; Technology (including drones, robots, satellites and remote diagnosis and communication); and Community Care (including physical and mental health and wellbeing).

Speakers on the first day of the conference will be Professor Jane Farmer, director of the Social Innovation Research Institute at Swinburne University of Technology, Melbourne, Australia; Dr Verity Watson, of the Health Economics Research Unit at the University of Aberdeen; and Brian O'Connor, chair, European Connected Health Alliance CIC ECHAlliance (European Connected Health Alliance). Professor Elaine Mead, chief executive

of NHS Highland, will sum up the day.

On the second day, the speakers will be Professor George Youngson CBE, Emeritus Professor of Paediatric Surgery, University of Aberdeen; Dr Helen Brandstorp, director, Norwegian Centre of Rural Medicine, Tromsø, Norway; Paul Gowens, programme director, Clinical Services Transformation, Lead Consultant Paramedic, Scottish Ambulance Service; and Ian Downie, UK Ambassador, Platform Network Coordinator, European Space Agency Business Applications.

The organisers have extended their call for abstracts to 31ST March. Visit: <https://www.cvent.com/c/abstracts/b5e377d0-b45b-448f-aea5-8aa3e8c4445c>

The deadline for bookings is 4th May. To register, go to: <https://www.isrrh2018.co.uk>

The conference has attracted considerable interest on both LinkedIn and Twitter (@isrrh2018).

**RETHINKING
REMOTE 2018**

Innovative Solutions in Remote and Rural
Communities Healthcare Conference

24TH - 25TH MAY 2018

EDEN COURT, INVERNESS, SCOTLAND
#isrrh2018

Photo by Dr Leila Eadie

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See <http://gallery.ruralgp.com>

Training sights on widening interest in general practice



CONSIDERABLE progress is being made with “exciting” new initiatives designed to widen the pool of people who may ultimately work in remote and rural general practice.

Work is continuing to ensure the success of the ScotGEM (Scottish Graduate Entry Medicine) initiative, which aims to develop doctors interested in a career as a generalist practitioner within NHS Scotland, with a focus on rural medicine and healthcare improvement.

The four-year graduate-entry programme is open to people who have a 2:1 degree or above in any field, such as in Law or the arts, although applicants will have to have done well in Chemistry at Higher or ‘A’ Level.

Dr Emma Watson (pictured) NHS Highland’s director of medical education, advises both the Scottish Government and the Scottish Rural Medicine Collaborative.

She explained: “It has been well established that people who have originally studied something other than Medicine have skills that could serve them as doctors. Law graduates, for example, will understand the importance of critically examining evidence and the implications of decisions and actions, and both these attributes are extremely important in medicine.

“What ScotGEM is doing is changing the face of medicine recruitment.”

It was originally intended to have 40 places in the first cohort of the ScotGEM pilot, although in December last year this was increased to 55. Students on the course are offered a ‘return of service’ bursary, and course fees are paid.

Offers have gone out to those who applied for one of the first 40 places, and second-round interviews will be held in June for the additional 15 places. The courses will start in September and will feature one day a week in a GP setting from the outset.

Year One of the ScotGEM course will be centred on St Andrews, and in the second year it will spread to Dumfries and Galloway and Highland.

In an arrangement with NHS Fife, the students will be led by GPs who have been appointed to work for two days a week as general clinical mentors, supporting the students’ educational needs.

Dr Jon Dowell, a GP and Professor of Medical Practice, has been heavily involved in establishing ScotGEM and is

its programme director at St Andrews.

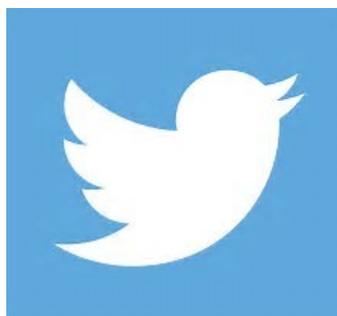
He said: “I am very excited about ScotGEM as it offers a medical school course as a bespoke mission to recruit and train people who have a declared interest in a particular area of medicine.”

Dr Emma Watson added: ScotGEM is just one of a number of new initiatives in this area. Also worth mentioning are bridging programmes at both Aberdeen and Glasgow Universities designed to attract a broader range of people into medicine.

“The aim is to push the boundaries in terms of accessing medical education in a way that has never been seen before in the UK, such as by attracting students from less affluent backgrounds. These initiatives are all very exciting and I know they are attracting considerable interest.”

What ScotGEM is doing is changing the face of medical recruitment

You can follow the Scottish Rural Medicine Collaborative on Twitter @NHS_SRMC



You can check out this this hyperlink if you want to find out more information about the next [RCGP annual conference](#) to be held in Glasgow in October 2018



Royal College of General Practitioners

Sign up now for BASICS training

GROUNDWORK is continuing on developing a new initiative to deliver emergency medicine training to remote and rural practitioners.

And nurses, paramedics and doctors working in remote and rural areas are being urged to register now for BASICS Scotland's new portfolio training programme.

BASICS Scotland has delivered training in pre-hospital emergency care for a quarter of a century.

Now, however, a new portfolio system for training has been developed by BASICS Scotland with the support of the Scottish Rural Medicine Collaborative (SRMC).

The hope is that every remote and rural nurse, paramedic and doctor will be able to access locally delivered, bespoke training.

"A lot of education opportunities for practitioners tends to be sporadic and opportunistic," said Professor Colville Laird, medical director of BASICS Scotland. We are trying with this new



portfolio system to take the opportunistic element out of it as far as possible and to make our training more structured."

Details of the new system were covered in the November issue of the SRMC Bulletin, but Professor Laird said they had now timetabled 14 training visits throughout Scotland, including five in NHS Highland's area.

All but two of the 12 will feature a NES 'mobile skills unit' – effectively a large lorry, complete with the very latest training aids, to deliver on-site educational courses to practitioners.

The portfolio programme is being organised by former Scottish Ambulance Service paramedic Al McLean in

his role as BASICS Scotland's clinical lead for remote educational development.

Al, whose role is part-funded by the Scottish Rural Medicine Collaborative, explained that as awareness of the programme was growing so too was the number of registrations, but he was keen to attract more.

"This is very much a programme for the people by the people," he said. "There are skills days for cardiac, paediatric, trauma, deteriorating patients and maternity, and what is provided at each four-day event depends on local needs."

The first event will be held on Mull from 1st – 4th May, and the second at the BASICS Scotland base in Aberuthven, Perthshire.

Details of others can be found at <https://basics-scotland.org.uk/portfolio-project/events/>

There is more information on the emergency medical training portfolio project, along with registration details, at <https://basics-scotland.org.uk/portfolio-project/>

Meet the SRMC core programme team

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