

NHS Education for Scotland Rural Fellowships in General Practice

Supplementary Information

Strachur Rural Fellowship – Standard Fellowship – Remote Single Handed Practice

If Rural is good, then Remote is better.

Remote General Practice: when less is more

Strachur Medical Practice is offering a unique new Rural Fellowship post aimed at GPs who are interested in remote single-handed practice. This will focus on the social, co-operative, psychological, and spiritual aspects that set living and working as a GP in remote areas apart from working in towns and cities. Doctors and many patients in remote communities in Scotland are a self-selected group that are drawn to these areas by the natural beauty of the landscape and the relative simplicity and slower pace of remote life. Remote communities are very individualistic, and jarringly different from communities in cities (and even from those of rural towns). Living and working as a GP in an isolated and close-knit community where everyone is your patient brings unique challenges and rewards.



The Aspirational

Remote General Practice is the ultimate in rural practice: a unique and privileged way to practice General Practice. A remote GP plays a central role in the life of their community and in the lives of all the people living within that community. As a remote GP you will practice medicine at a breadth and depth that other GPs can only dream of. You will be the only medical resource in your practice area, which could be a remote rural community or a small island. You will have days when nothing happens, and days when you are called upon to single-handedly provide an emergency response to and manage a serious road crash, then improvise a solution to a social care crisis in an elderly patient in a remote farm, and then spend an hour in clinic with a victim of years of narcissistic abuse in crisis who has moved to the practice hoping the natural beauty of the area would aid with her healing and trusts you to hear her story. Less patients means having the time to do the job “right” and the reward that comes from knowing that your work has purpose and affects an entire community.

The night sky is amazing in Strachur, with almost zero light pollution.

This is a photo taken of the moon using a telescope from the bedroom window in the flat above the practice.



The Perspirational

You will hear a lot about the aspirational aspects of being a remote and rural GP, which is as it should be. This is what draws us to a career as a remote GP. However, your education will concentrate on what [Prof Ron Heifetz](#) (Harvard Kennedy Leadership School) calls the *perspirational* aspects: the hard work that goes into surviving and thriving as a successful remote GP. These are seldom discussed. Remote General Practice is a niche sub-speciality: there are few experts and it can only be learnt by experience. Your year at Strachur Medical Practice will be an apprenticeship overseen by an expert in remote General Practice with 25 years experience as a remote GP covering over 40 remote GP surgeries. The key elements of additional teaching will be based largely on [unknown unknowns in the Johari Window](#) (things that you don't know you don't know about remote general practice).

The Curriculum

The Strachur Fellowship will cover all of the subjects that you need to know to survive and thrive as a remote GP. Many of these subjects are unique to remote practice – or have unique features when practiced in remote settings - and are rarely taught or discussed elsewhere.

Emergencies (Daytime and OOH)

- Managing BASICS equipment (a life of flat batteries and out of date drugs)
- Response driving (option to arrange advanced / blue light driving instruction)
- Ambulance Radio procedure
- Solo responding
- The challenge of finding patients where there are no street names or house numbers
- Responding with the Practice Nurse
- Transporting patients in your own vehicle (sitting or stretcher)
- Insurance implications of transporting patients in your own vehicle
- Remote Major Incidents (eg: a two car crash in a remote area)
- Working at locus when backup is an hour away
- When backup doesn't come
- Challenges in preparing for very long transport times
- The role of reception staff in emergencies
- When you are the only resource
- Dealing with more than one emergency at a time
- Working with HEMS
- Working with Air Sea Rescue
- Working with the Coastguard
- Working with volunteer firefighters
- Working with Mountain Rescue (when it pays to buy biscuits in bulk)
- The importance of improvisation in pre-hospital care
- What to do when HEMS leaves the patient with you
- When the victims are your family / friends / staff
- When the victims are your friend's / staff member's children
- Managing emergencies on an island
- Managing paediatric emergencies in remote areas
- Gaining forced entry into patient's homes
- Managing the violent patient in a remote location
- What to do when a patient with a shotgun license threatens to shoot you
- Managing Psychiatric emergencies in remote areas
- Sectioning people you know well / work with under the Mental Health Act
- What to do when you are called to a suicide by hanging / shotgun / rifle
- When your practice becomes an A&E (1): walk-ins with serious injuries
- When your practice becomes an A&E (2): managing a medical emergency in your carpark
- Responding to emergencies on a motorcycle / rigid inflatable boat / ski-doo
- Managing very long response times (2-24 hours)
- Long Horizons: the importance of looking ahead when everything takes longer

Life as a Remote GP

- Embracing uniqueness: the importance of individualism to remote practice
- Reputation and the remote GP (cautionary tales on how a single event will usually define your reputation for a generation or more in a remote area)
- Setting boundaries (“The story of the island GP who woke up with a patient standing in her bedroom”)
- Confidentiality in places where gossip is the major social currency
- Making friends when everyone is your patient
- Making enemies when everyone is your patient
- Sending your children to a school with 15 pupils (when the staff, pupils, and parents are all your patients)
- Managing everyday conflicts when the person you are in conflict with is your patient (eg: the parents of a child that is bullying your child at school, or challenging a repair bill from the local garage when they are your patients)
- Attending social events and the remote GP
- Sexuality and the remote GP
- Being single as a remote GP (What to do when every hit on Tinder is your patient)
- Spirituality and the remote GP
- Politics and the remote GP
- Social advocacy and the remote GP
- Poor people with rich lives: a different type of poverty
- Living with the loneliness of being a remote GP
- Accepting your unique place in remote society (for better and worse)
- Dealing with invitations to join local committees
- Interacting with the local Laird(s)
- Living with professional isolation
- Living up to the expectations of a tight-knit community of a remote GP
- When being “off duty” has no meaning
- Alcohol and the remote GP
- Living with the intensity of remote life where emotions are magnified
- Learning to live in plain sight: on being unable to hide from your patients
- Living in a community where the only person without direct access to a GP is you
- Spotting and managing burnout (in yourself and your team)
- When the doctor becomes ill – the importance of self-awareness and self-care
- Learning to rely on each other as a community
- The dangers of (the perception of) favoritism
- The dangers of transference and reverse transference in a tight-knit community
- The dangers of dependence in a tight-knit community
- The dangers of needing to be needed
- Living with increased uncertainty
- Ley Lines: the role of historical loyalties and enmities in remote life
- “Look Don’t Touch”: Living in an area of natural beauty but being unable to fully enjoy it because of the need to be available for emergencies

- Living with being trapped: missing key moments in life because you can't leave (funerals, weddings etc..)
- Accepting higher levels of risk that come with remote life
- Living with being a heroic failure (eg: failed home deliveries of premature babies)
- Urbansplaining: managing criticism and prejudice from non-remote peers / managers / regulators who don't understand remote practice
- Chinese Walls in remote GP: Doing an intimate exam on someone and then going for lunch where the patient works an hour later
- Navigating tacit social contracts: how the whole community except the spouse knows about an affair
- Living with nepotism
- Treating people you know / work with / family
- Doing intimate exams on people you know / work with (and when not to examine)
- Dealing with events that devastate the entire community (eg: when a child dies in an RTC on a small island)
- Clusters are more pronounced in small practices: dealing with variance
- Understanding that time is experienced differently when life moves more slowly
- Zen and the Art of Remote General Practice: rare events are common when viewed over a long timescale

General Practice in Remote Areas

- Consultations in remote General Practice
- Home visits in remote General Practice
- The role of the waiting room as a social hub in a small community
- Staff as patients
- Family as staff - when your partner is the Practice Nurse / Practice Manager
- Family as staff - when your children are old enough to work in the practice
- How to cope when the single-handed GP is unwell
- Planning for your own incapacitation
- When the phones go down
- When the power goes down
- What to do when a storm is coming
- What to do when a storm hits
- Working in snow
- What to do if the island runs out of alcohol (the importance of keeping stocks of librium)
- The unique challenges of alcoholism in remote areas
- Recreational drugs in remote communities
- Abuse allegations in a tight-knit community
- Multitasking as the permanent duty doctor
- Running late (and why running to time is a bad sign in remote practice)
- Managing your time when you can't protect or set aside time
- Appointments vs Open clinics
- Attending funerals as a Remote GP
- When your remote area hosts events (car rallies, music festivals etc..)

- When film crews ask for help: challenges in managing film stars / actors / crew
- Managing a veterinary emergency as a Remote GP (practical and legal aspects)

Dispensing

- Dispensing medicines
- Running a dispensary
- Dispensary deals
- Getting deliveries in remote areas
- When drugs go missing

Working with patients

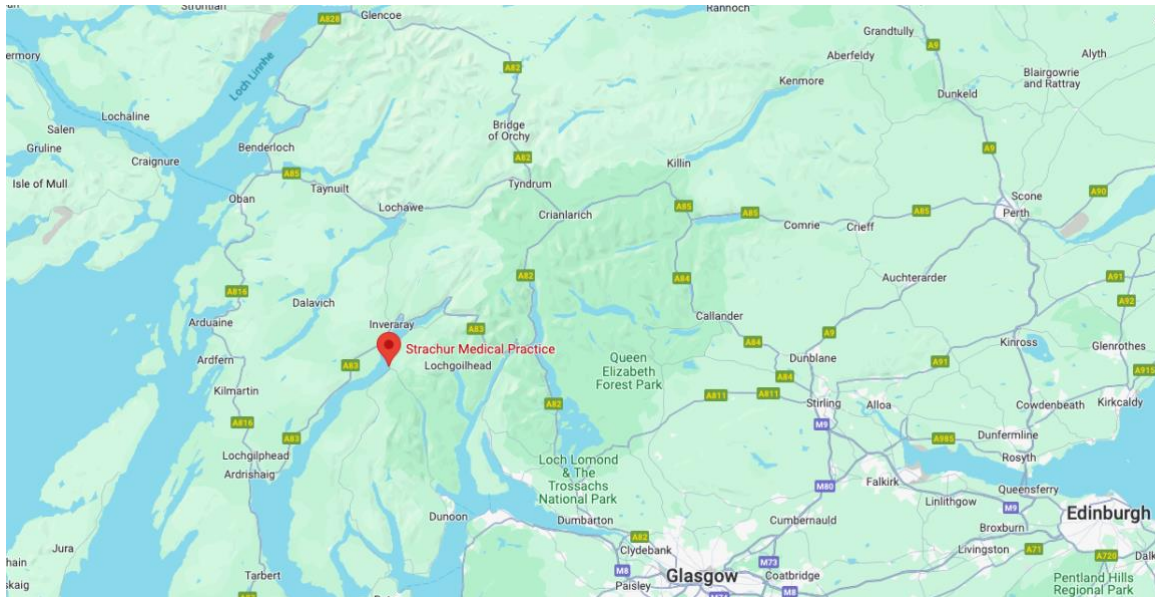
- Remote communities know that co-operation is necessary for survival
- The hidden well of skills and experience in remote communities
- Allowing patients to care for you (value, appropriateness, boundaries)
- Setting up an effective Patient Group
- Working with patients, not just for patients
- Developing local projects
- Co-production (involving patients from the beginning)
- Applying for funding / working with government agencies
- Opportunities to work with and learn from our local award-winning Patient Group
- Participation in the local Patient Hub (includes soup and sandwiches)

Forensic Medicine

- Working with the Police as a remote GP
- The role of the forensic nurse
- The (disappearing) role of the remote and rural Police Officer
- Providing healthcare to patients in police custody (examination and diagnosis)
- Providing healthcare to patients in police custody (medication)
- Providing a forensic opinion on fitness to be detained / interviewed
- Taking forensic samples (blood, hand and penile swabs)
- Documenting injuries in victims of crime
- Separation of forensic services for victims of crime from those aimed at the accused (DNA contamination)
- What to do when you are called to a death and suspect foul play
- Working with the Procurator Fiscal
- Being called to the Court (when someone takes ill in the cells)
- Aspects around being cited to appear in Court and testifying in Court

The Practical Location

[Strachur Medical Practice](#) is a remote, single-handed, dispensing practice serving just over 1,000 patients on Loch Fyne in the Cowal peninsula in the west of Scotland, around 60 to 90 minutes driving time northwest of Glasgow.



Strachur is surrounded by areas of outstanding natural beauty, including [Benmore Botanic Garden](#), home of the 150 year old Redwood Avenue with its 49 giant redwood trees – and "[Argyll's Secret Coast](#)", a remote and beautiful stretch of Cowal Coastline.



Moonfall over Loch Fyne from the bedroom window of the flat above Strachur Medical Practice.



Welcome to the view from your GP consulting room each morning.

Strachur Medical Practice, Cairndow

The base practice for the fellowship will be [Strachur Medical Practice](#) (practice population 1,050) which is a remote single handed, paperless dispensing practice which has opted out of OOH provision (rural Cowal OOH is now provided by a group of local remote and rural GPs, including the salaried doctor working at the Strachur Medical Practice).

Strachur is just an hour northwest of Glasgow and sits along the east bank of the north end of Loch Fyne. It is a thriving community, with a mix of local families, retired people, and younger families. Since the pandemic it has grown by nearly 20% in population. Strachur has a [primary school](#), a [church](#), a [Village Hall](#) with an active Community Hub, [village Post Office](#) and coffee shop, and a [village shop and petrol station](#). The [Strachur and District Shinty Club](#) plays on the community shinty pitch (which we use as a helicopter landing site for medical emergencies).

The practice area is home to the [Ardkinglas Historic Mansion House and Gardens](#), (a popular location with film crews – fun fact: the practice received a film credit in 2020 from providing medical care to the crew of [And Then Came You](#)), the world-famous [Loch Fyne Oysters](#), renowned [Inver Restaurant](#), [Castle Lachlan](#) of *Clan Lachlan Gathering* fame, while next door to the practice is the [Creggans Inn hotel and restaurant](#), established by the [“real James Bond” Sir Fitzroy Maclean](#) (wartime friend of Ian Fleming).

The practice covers the area from Glendaruel and Loch Fyne to the West, Dunderave Castle on the A83 to the North, the Rest and Be Thankful and Loch Restil to the East, and half way down Loch Eck to the South.

The main centre of population is in Strachur where the GP building houses the practice and the OOH Primary Care Emergency Center which during the day is used by community nursing and physiotherapy services as well as hosting a regular optician service.

The practice is fully dispensing with a list size of 1,050 and provides General Medical Services along with a selection of enhanced services.



Pre-Covid, Strachur was the busiest mainland rural [BASICS Scotland](#) pre-hospital responder in West ambulance area and the Primary Care Emergency Center treatment room doubles as a BASICS Immediate Care base during the day. The practice has a BASICS response car and five sets of [Sandpiper Bags](#).

Photo: ambulances attending two simultaneous medical emergencies at Strachur Medical Practice

Special educational features available at Strachur Medical Practice are:

1. Service Development, Patient Engagement, and [Co-production](#): working with patients to develop services - Strachur [Patient Participation Group](#) runs a Community Health Hub that includes its own psychotherapy service and [won a national NHS prize in 2020](#)
2. Cowal-wide [Women's Health clinic](#) with Dr Alison Macbeth
3. Cowal-wide Joint Injection clinic
4. Providing the Forensic Medical Service for Cowal
5. Near Patient Testing - Strachur is one of the first medical practices in Scotland to have a Quick Read Go machine to do rapid [CRP and Strep A testing carried out on site](#) from funds raised by patients
6. Locum GP advice, the principal GP was a professional locum and the author of the book the [Locum Doctor Survival Guide](#)
7. Emergency response (BASICS car, blue light responding, and ambulance radio).

Practice Ethos

A major challenge for GPs is the traumatizing nature of the systems in which we are trained and work in: not only is the nature of the work traumatizing, but abuse and bullying of staff are tragically far too common within the NHS.

Strachur Medical Practice is designed specifically to be an oasis free from psychopathology.

It has a flat hierarchy where everyone is encouraged to be called by their first names, and we work in collaboration with our patients to develop and run services locally.

We believe that being a GP is not about having answers, but about being an expert in crafting an environment that supports patients while they heal themselves.

We have a [national-award winning Patient Group](#) that provides local resilience by providing some local health services by patients for patients (eg: frailty prevention, psychotherapy).

Our practice aims to have the atmosphere of a cosy coffee shop that provides health care: where the waiting room is a welcoming place where people like to come to meet and chat. We provide free wifi and hot drinks.



Comfy leather sofa in Strachur medical practice's waiting room and magazines to encourage hard-to-reach patients to attend screening



Free coffee, tea and hot chocolate in the waiting room with Wi-Fi as a thank you to local people driving patients to their appointments.



Waiting room art theme is educational: the picture is of an iron lung ward from the 1950s with text emphasising the importance of vaccination

Our ethos is that role of the GP principal is to create an environment in which the staff – clinical and non-clinical – can be amazing.

Service Commitment

The service commitment will be agreed close to the beginning of the year to allow integration of study and annual leave. The Fellow will have control of their diary, so they retain the flexibility to achieve as many of their personal aspirations for their Fellowship year as possible.

Duties

Duties will include the full range of general practice duties during the Rural Fellows time in the practice and will be expected to play a full part in all aspects of the practice routine.

Time at Strachur Medical Practice will include working alongside the principal GP, salaried GPs, and our regular locums as well as single handed working.

The GPs are [BASICS responders](#) and will respond to calls from [SAS](#), the practice is a fixed resources during working hours and there is an Airwave ambulance radio. The practice also works with Police Scotland to provide forensic services for Cowal.

Out of Hours GP and Immediate Care

Fellows are expected as part of their educational programme to gain some experience in remote and rural Out of Hours.

The rural fellow can volunteer to be available at night for BASICS 999 calls to gain experience (this element is unpaid).

The local remote and rural GPs in Cowal have an OOH rota which the Strachur Medical Practice salaried doctor takes part in. The rural OOH GPs are solo-working GPs tasked by Highland OOH Hub to do home visits and see patients in the Strachur PCEC. The Rural Fellow should consider requesting to be a part of the OOH rota to gain experience of GP OOH in remote areas (this element should be arranged directly with NHS Highland).



The practice is a busy BASICS unit and has five sets of Sandpiper BASICS emergency response bags and drugs bags which are sealed with tags when they are refilled and ready to use.



Strachur's attached OOH PCEC treatment room: an immediate care equipment store and which can be used for training and managing medical emergencies while waiting for ambulance transport.

Supervision in Practice

The Rural Fellow mentor will be *Robbie Coull* the Principle GP at Strachur Medical Practice.

Robbie is one of the most experienced remote GPs in Scotland, having been working in single handed remote practices for 25 years. Robbie ran a [locum business](#) with his wife (a practice nurse) for eight years specializing in providing locum cover for remote and rural practices, and he has worked in or covered over 40 remote practices in Scotland and Canada (*see appendix*). Robbie wrote the book [The Locum Doctor Survival Guide](#) (with a chapter on remote practice – one of the few published guides to remote General Practice) which received 5 stars from in the BMJ and is currently writing a book on Remote General Practice based on the curriculum of this Fellowship.

Robbie has been the principal GP in [Strachur Medical Practice](#) since 2006, but has also worked in projects including setting up a [4,000 patient practice](#) from scratch in Canada, [setting up a two partner medical practice in an immigrant community in Denmark](#), and setting up a [new GP hospital](#) serving a First Nations reserve in Saskatchewan, Canada. Robbie trained as a GP in Stornoway, Lewis, and was lucky that his training practice included a remote single-handed practice in Ness so remote practice was part of his training.

Robbie has responded to around a thousand 999 calls in over 30 years of being involved in Immediate Care. An elective with the *Scottish Ambulance Service* original Paramedic Response Units in 1992 (before there were paramedics on front line ambulances) was followed by an invitation to be the first medical student to undertake an ATLS course in the UK (observer, ALSG, 1993). Robbie's experience includes managing a remote major incident, performing a surgical airway at the roadside, and delivering a baby on a plane with only a nun to assist him.

Robbie has had extensive aeromedical experience (both rotary with Stornoway Coastguard and fixed wing medivacs to Fort McMurray, Alberta). He is one of only a handful of doctors in Scotland that is trained in response driving and responds to 999 calls using blue lights and sirens.



*SAS Paramedic Response Unit
(eg: Glasgow's Papa Mike 1, circa 1992)*



*Stornoway Coastguard helicopter Rescue
Mike Uniform (circa 1996)*

Robbie has been a forensic physician for over a decade, is a non-voting member of the [Dispensing Doctors Association](#) board, has instructed on the [ALS course](#), the [Pre-hospital](#)

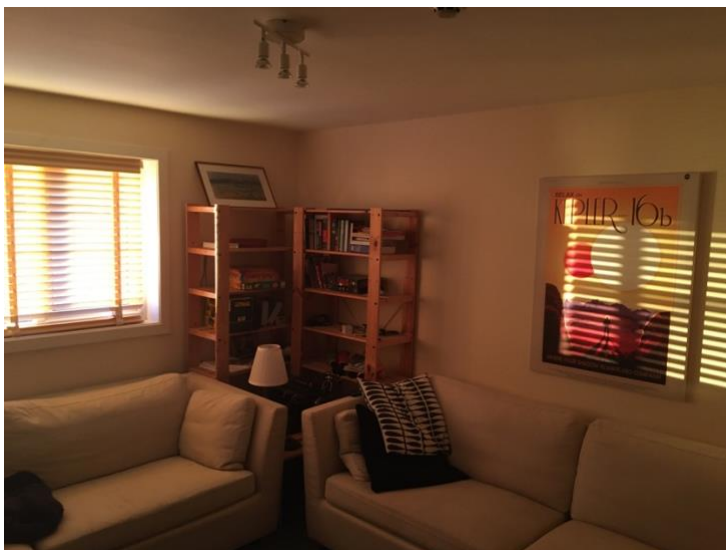
[Paediatric Life Support Course](#), and the [ALSG Generic Instructor Course](#) and currently instructs on the [Acute Psychiatric Emergencies Course](#) (APEX, [ALSG](#), Salford).



The Strachur GP and Practice Nurse attend a serious 3 car RTC, A815, in March 2024

Robbie is currently studying towards a Certificate in Counselling Skills and writing a book on Remote General Practice based on the curriculum of this Fellowship.

Accommodation



There is a cosy two-bedroom flat above the practice which can be made available to the Rural Fellow on request (children and dogs welcome).

The flat has a living room, kitchen, and bathroom, with Wi-Fi, a 50cm TV, parking, and a large back garden. One bedroom has a double bed and the other has a twin bunk bed.



There is a beach across the road from the flat perfect for children or dogs.



Photo: The back garden
Photo: the beach across from the practice

BASICS Response Car



The practice has a BASICS response car which the Fellow will have access to for home visits and immediate care calls. In 2024 we will be taking ownership of our new BASICS car which will be an electric vehicle.

Photos: a range of our previous response cars, including a doctor ambulance fitted with a stretcher and insured to carry patients.



The Fellow should have a full UK or EU driving license. Use of blue lights and sirens and exemptions from road traffic legislation are only available on the completion of blue light driver training (optional).

More information

For more information about the practice visit our website

(<https://www.strachurmedical.com>). To discuss the Rural Fellow call Robbie (principal) or Anne (practice manager) for a chat on 01369 860224. You can also email Robbie (robbie.coull@strachurmedical.com) or Anne (anne.maclachlan@strachurmedical.com).

One of the doctors working in the practice is a previous Rural Fellow and we can put you in touch with them as well.

This Job Description is not definitive and may be subject to change in discussion with the Fellow, Argyll and Bute Community Health Partnership and NES.

Appendix

Remote GP Practices Strachur GP mentor has worked in or provided cover for:

1. *Ness, Western Isles (training practice)*
2. *North Lochs, Western Isles (crosscover)*
3. *Unst, Shetland*
4. *Brae, Shetland*
5. *Shapinsay, Orkney*
6. *South Ronaldsay, Orkney*
7. *Eday, Orkney*
8. *Castletown, Highland*
9. *Barra, Western Isles*
10. *Armadale, Highland*
11. *Durness, Highland (cross cover)*
12. *Scourie Kinlochbervie, Highland*
13. *Lochinver, Highland*
14. *Altbea and Gareloch, Highland*
15. *Torrison, Highland*
16. *Kinlochewe, Highland (branch surgery)*
17. *Applecross, Highland (cross cover)*
18. *Lochcarron, Highland*
19. *Dunvegan, Skye*
20. *Carbost, Skye*
21. *Mallaig, Highland*
22. *Eigg, Muck, Canna, and Rum (by boat)*
23. *Isle of Coll*
24. *Tobermory, Mull*
25. *Bunessan, Mull*
26. *Port Ellen, Islay*
27. *Acharacle, Highland*
28. *Strontian (branch surgery), Highland*
29. *Fort Augustus, Highland*
30. *Portsoy, Grampian*
31. *Huntly, Grampian*
32. *Foyers, Highland*
33. *Bonnar Bridge, Highland*
34. *Brora, Highland*
35. *Helmsdale, Highland*
36. *Dunbeath, Highland*
37. *Lybster, Highland*
38. *Carradale, Highland*
39. *Millport, Cumbrae*
40. *Easdale, Seil*
41. *Strachur, Argyll and Bute*
42. *Dalmally, Argyll and Bute*
43. *La Loche, Saskatchewan, Canada*