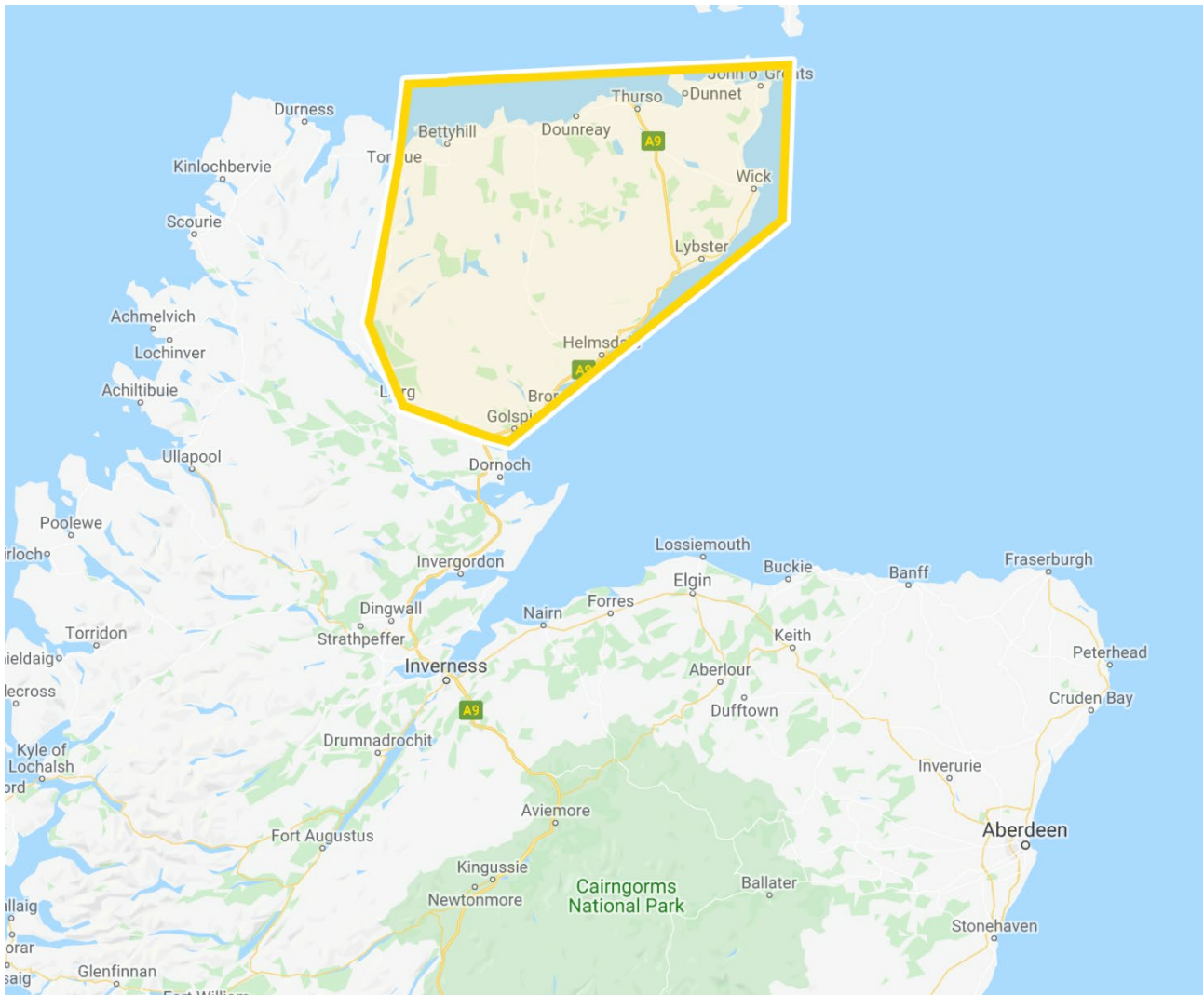


## Acute Care Rural GP Fellowship - Information for the Caithness fellowship.

Caithness General Hospital serves a local population of 44,000 which significantly increases in the summertime due to the runaway success of the North Coast 500 tourist route.

Situated in the historic town of Wick the hospital serves the population of Caithness and parts of Sutherland, stretching from Brora in the South to John'O'Groats in the North and as far West as Tongue.



### The role of the Fellow

The fellowship will be divided according to the timings determined by NES - typically this is:

- 22 weeks working in Caithness General Hospital
- 6 weeks annual leave + 10 days public holidays
- 11 weeks within General Practice
- 11 weeks of educational time

## **Who are we looking for?**

We welcome applications from any GP interested in expanding their role to develop skills in Emergency Medicine. You could be fresh out of training and keen to spend more time in a supported training role or an experienced GP looking for a change. You will be joining a team of 6 Rural Emergency Physicians, all of us were (or still are) GPs. We come from a variety of backgrounds - some have 25+ years of GP partnership under their belt, one was a Rural Generalist in Outback Australia, one an Orthopaedic Registrar before switching to GP and one with extensive cruise ship experience. Two recently completed the fellowship.

## **Caithness General Hospital**

The hospital itself has 2 inpatient wards - an acute ward mixing surgical and medical patients as well as a rehabilitation ward. Additionally there is a midwife led maternity unit, renal dialysis unit, day medicine area providing chemotherapy, dental unit and palliative care service.

The Emergency Department saw 9000 patients in 2019. We take all presentations, often for immediate resuscitation prior to transfer to larger centres for definitive care. In a typical week it is not unusual to thrombolysate a STEMI, reduce a dislocated joint, manage a major trauma and see a wide variety of pathology fit to grace any PACES exam. The nearest on-call paediatrician (and orthopaedic surgeon, ENT, gynaecologist, ophthalmologist, intensivist...) is in Raigmore, over 100 miles away so we see and treat a wide range of presentations. We are over 6 hours by road to the nearest trauma centre. It is not uncommon for the airport to be closed due to adverse weather meaning we occasionally keep patients with major illness after their initial resuscitation while overcoming transport logistics.

As part of a recent redesign of services NHS Highland created a bespoke Rural Emergency Physician (previously referred to as Rural Practitioner) position to enable senior medical cover across the hospital. There is a fully recruited RP rota with 6 clinicians providing cover to the Emergency Department for 12 hours a day as well as on-call overnight on both the Consultant Physician and Consultant Surgeon rotas.

In addition to the RPs medical cover is provided by rotational acute physicians from Raigmore who visit from Monday to Thursday each week. They run a weekly simulation session in the Emergency Department as well as providing educational supervision for the junior medical trainees. There is a permanent consultant physician in geriatrics who also supports OOH acute medicine. Surgical cover is provided by a permanent full time surgeon augmented by regular reliable locums. Rotating anaesthetists from Raigmore assist one local full time anaesthetist and are keen to be involved in teaching and supporting staff in the Emergency Department. We are supported by a strong team of junior doctors consisting of 3 FY2, 2 GP trainees and a group of regular locums.

During the first wave of covid we opened a 12 bed infection unit with negative pressure ventilation and multiple side rooms. More recently our relative isolation and distance from major population centres means we have had a few cases but avoided large numbers.



### **The role of the fellow in Caithness General Hospital**

The fellow will predominantly base themselves in the Emergency Department under the direct supervision of a Rural Emergency Physician. During this time they will treat patients within the limit of their skills and have senior help available if required. In addition to this the fellow will work a full range of the shifts including nightshifts where they are the only doctor in the hospital. This will enable them to develop clinical skills for managing not only presentations to the Emergency Department but also deteriorating patients on the ward. Out of hours there will be senior on-call support from consultant physicians, surgeons, RPs and anaesthetists. In addition to the Emergency Department work the fellow will at times provide medical cover to the acute ward under the supervision of consultant surgeons and physicians. There will also be an opportunity to develop skills in geriatric medicine on the rehabilitation ward if desired.

We anticipate a degree of flexibility regarding the base of the fellow as we have a group of flexible locum medical staff enabling rotas to be adapted as required.



### **General Practice Component**

There are several local GP surgeries willing to host the fellow. These include Thurso and Halkirk Medical Practice (an independent training practice), Riverbank Surgery in Thurso and Riverside Surgery in Wick (both NHS run practices with a stable group of salaried GPs). These vary in size and demographics and we encourage any potential fellow to liaise with them to choose a preferred base.



### **High quality training locally**

We are actively involved in the discussions between the GMC and NES regarding future Remote and Rural accreditation for GPs working in rural Emergency Departments ([https://www.gmc-uk.org/-/media/documents/Introducing\\_Regulated\\_Credentials\\_Consultation\\_W\\_form\\_FINAL\\_distributed.pdf\\_61589419.pdf](https://www.gmc-uk.org/-/media/documents/Introducing_Regulated_Credentials_Consultation_W_form_FINAL_distributed.pdf_61589419.pdf))

The structure of the fellowship will allow the fellow to meet the learning needs required for accreditation meaning that once the process has been formally approved we expect the fellow will be ready to apply for formal accreditation.

A recent deanery inspection of Caithness General commented on the supportive training environment provided to both medical students and trainee doctors.

The fellow will be working directly with Rural Emergency Physicians ensuring they develop the skills and attributes required to fulfil this role independently in the future.

### **Clinical and Educational Supervision**

The designated supervisor for the fellowship completed an Acute Care Rural Fellowship in 2018. The knowledge and experience he gained from this will be useful to guide the current fellow as to how to make the most of their professional development time.

During clinical time direct supervision will be available from the duty Rural Emergency Physician or the duty Consultant Surgeon or Physician. The fellow will always have a senior person to call for advice. Out of hours the fellow may be the only doctor in the hospital with phone support from seniors (who can quickly come in for an emergency). This provides an excellent opportunity to improve acute decision making skills.



**Other opportunities - teaching, clinics, geriatrics, community hospital, simulation, money.**

We would be keen for the fellow to develop or continue to pursue an established interest. Opportunities include simulation as part of the Wednesday morning sessions, fracture clinic (currently run by one of the RPs) geriatric medicine (another RP does a weekly ward round on the rehab ward) or undergraduate teaching. We are open to any other ideas or interests you may have.

We recognise the salary for the fellowship is less than available in non-educational posts. This is made up for by the large amount of educational time on offer. Should the fellow wish to increase their earnings there are various locum opportunities available locally including GP in local GP practices or the potential to cover extra hours within CGH.

**Fellowship meetings, clinical attachments and appraisal**

As for the other fellow jobs appraisal will be carried out by the Rural Fellowship coordinator ensuring the fellow meets the requirements of appraisal for General Practitioners. The fellow will be guaranteed leave to attend all required fellowship meetings.

We have a good network of contacts to help arrange clinical attachments for the fellow. In the last few years the RPs have completed attachments at Glasgow Royal Infirmary, Ysbyty Gwynedd hospital (Snowdonia), Great Ormond Street, Borders General Hospital, Glasgow Children's Hospital and Raigmore. We also have contacts in South Africa, Australia, New Zealand and Canada and it may be possible to arrange attachments abroad provided they have clear educational benefits.



## Caithness itself

Wick is the main town in Caithness. There are regular trains and buses to Inverness as well as direct flights to Aberdeen and Edinburgh. Residents benefit from the Air Discount Scheme giving significant savings to standard air fares. There are a wide range of outdoor activities possible nearby including hillwalking, bird watching, surfing, diving, sea-kayaking and exploring mile upon mile of unspoilt landscape. Less physically strenuous activities include a thriving folk music scene (one RP plays the fiddle in a local group), arts

and craft clubs, crofting, seafood, gin and whisky distilleries and a surprisingly good selection of places to get a decent coffee.

Some useful websites:

<https://www.northcoast500.com/2018/04/40-reasons-why-you-should-never-ever-ever-visit-caithness-ever/>

<https://www.visitscotland.com/info/towns-villages/caithness-and-north-coast-sutherland-area-p245041>

**Thank you for reading about what we can offer.**

**For further information about the fellowship please contact Dr Neil Shepherd (Rural Emergency Physician and Fellowship supervisor) on 07393 936 765 or [neil.shepherd@nhs.scot](mailto:neil.shepherd@nhs.scot)**