

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Supporting Remote and Rural Healthcare

2. **Author(s) of Paper**

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3. **Purpose of Paper**

To provide the Board with information on current policy and the role of education and training in the support of healthcare in remote and rural areas, to update the Board on current NES work in this area, and to invite the Board to consider a number of recommendations for future work in this area.

4. **Key Issues**

In Scotland some twenty percent of the population live in a remote or rural area spread across ninety-four percent of the land mass that is defined as remote and rural – and meeting the requirement for improved quality of service for patients brings with it particular and critical challenges in Scotland's remote and rural areas, and is likely to require a significant shift in skill mix across the remote and rural health and social care workforce.

The history of policy construction and implementation relating to healthcare in rural Scotland is well over a century long, and is summarised in the paper, with particular reference to the current major policy drivers, including the Quality Strategy, and the 20:20 vision for Health and Social Care. These are set in the context of international policy development in this area.

5. **Educational Implications**

The remote, rural and Island Boards are clear that high level education support is integral to robust workforce planning and redesign. They need assurance that affordable, accessible education will be in place before investing in new roles, new ways of delivering service and see NES having a key role in this joint workforce planning and education partnership.

There is an appreciation that although each of Scotland's six Rural General Hospitals (RGHs) has a range of different needs and ways of working, there are some common areas of need already identified that can guide more effective design and delivery of education and training.

Recruitment and retention issues are the key challenges facing rural general practice and primary care. There is a need to improve access to ongoing education, rural placements, peer-support and peer-referencing activities to support recruitment to, and retention in rural practice, and to decrease professional isolation for practitioners, and to ensure that all of this is underpinned with appropriate use of new technology.

6. Financial Implications

The work set out in this paper can be undertaken within existing resources, subject only to constraints which this will place on the speed of progress.

7. Which NES Strategic Objectives(s) does this align to?

In respect to the alignment with the NES strategic themes and objectives the following are addressed:

Strategic Themes

- education to create an excellent workforce
- improving quality
- reshaping the NHS workforce
- responding to new patient pathways
- developing innovative educational infrastructure
- delivering our aims through a connected organisation

Strategic Objectives

- We will deliver consistent evidence-based excellence in education for improved care.
- We will continue to build co-ordinated joint working and engagement with our partners.
- We will develop our support for workforce redesign.
- We will provide integrated education to support models of care which are closer to people in their communities.
- We will support education in partnership that maximises shared knowledge and understanding.
- We will develop flexible, connected and responsive educational infrastructure which covers people, technology and educational content.

8. Impact on the Quality Ambitions

Safe
Person Centred
Effective

The work set out in this paper would impact on each of the quality ambitions in the context of remote and rural healthcare.

9. Key Risks and Proposals to Mitigate the Risks

As indicated above, meeting the requirement for improved quality of service for patients in remote and rural areas brings with it particular and critical challenges, and is likely to require a significant shift in skill mix across the remote and rural health and social care workforce. NES has a range of

educational initiatives in place to support the rural workforce both through the directorate structure and the cross-cutting work led by RRHEAL, which is hosted within the medical directorate.

The paper provides a description of these initiatives and they are also listed in Annex 1 in response to the World Health Organisation's Global Policy Recommendations.

The recommendations set out in the paper encompass suggestions for further work to develop and enhance our contribution in this area with particular reference to :

- Improving recruitment and retention
- Alignment of education and training with workforce plans
- Educational leadership to support service redesign and improvement
- Leadership of a national Technology Enabled Learning programme for Scotland

10. Equality and Diversity Impact Assessment

EQIA has not been completed at this time – the scope of this would be substantially influenced by the decisions taken in relation to recommendations regarding recruitment and retention.

11. Communications Plan

Yes

No

12. Recommendation(s) for Decision

The Board is asked to **note and comment upon** the attached report.

NES
DSI
August 2013



NHS Education for Scotland : Supporting Remote and Rural Healthcare

NES Board Paper August 2013

Executive Summary

Context

In Scotland some twenty percent of the population live in a remote or rural area spread across ninety-four percent of the land mass that is defined as remote and rural – and meeting the requirement for improved quality of service for patients brings with it particular and critical challenges in Scotland’s remote and rural areas, and is likely to require a significant shift in skill mix across the remote and rural health and social care workforce.

Policy

The history of policy construction and implementation relating to healthcare in rural Scotland is well over a century long, and is summarised in the paper, with particular reference to the current major policy drivers, including the Quality Strategy, and the 20:20 vision for Health and Social Care. These are set in the context of international policy development in this area.

Role of Education

The remote, rural and Island Boards are clear that high level education support is integral to robust workforce planning and redesign. They need assurance that affordable, accessible education will be in place before investing in new roles, new ways of delivering service and see NES having a key role in this joint workforce planning and education partnership. There is an appreciation that although each of Scotland’s six Rural General Hospitals (RGHs) has a range of different needs and ways of working, there are some common areas of need already identified that can guide more effective design and delivery of education and training. Recruitment and retention issues are the key challenges facing rural general practice and primary care. There is a need to improve access to ongoing education, rural placements, peer-support and peer-referencing activities to support recruitment to, and retention in rural practice, and to decrease professional isolation for practitioners, and to ensure that all of this is underpinned with appropriate use of new technology.

Current NES Initiatives

NES has a raft of educational initiatives in place to support the rural workforce both through the directorate structure and the cross-cutting work led by RRHEAL, which is hosted within the medical directorate. The paper provides a brief description of these initiatives and they are also listed in Annex 1 in response to the World Health Organisation’s Global Policy Recommendations.

Recommendations

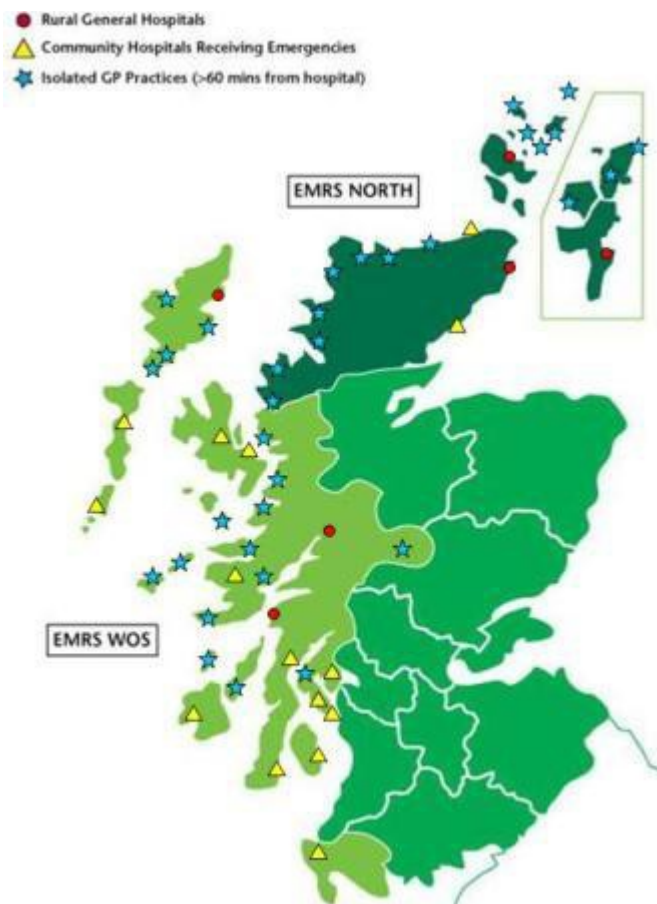
A number of recommendations are made for consideration in the areas of :

- Improving recruitment and retention
- Alignment of education and training with workforce plans
- Educational leadership to support service redesign and improvement
- Leadership of a national Technology Enabled Learning programme for Scotland

1. Context

In Scotland some twenty percent of the population live in a remote or rural area spread across ninety-four percent of the land mass that is defined as remote and rural. The pattern of healthcare facilities that support isolated communities in rural Scotland is illustrated in the adjacent map from the Emergency Medical Retrieval Service (EMRS), as is the all-too-common tendency to graphically minimise the impact of geography by inserting Shetland into the middle of the Moray Firth!

The Scottish Government has, in its Quality Strategy¹ outlined the need for equitable access to high quality healthcare services for all patients regardless of personal characteristics such as gender, ethnicity, geographic location or socio-economic status. Meeting the requirement for improved quality of service for patients brings with it particular and critical challenges in Scotland's remote and rural areas, and is likely to require a significant shift in skill mix across the remote and rural health and social care workforce.



Local health services fulfil economic and social roles in rural areas that are fundamental to community viability and resilience. As a result of an ageing population, remoteness from mainland/specialist centres, and the comparatively low socio-economic position and dispersed rural deprivation of communities, the remote, rural and Island boards face particular difficulties in sustaining and improving services in line with the Scottish Governments 20:20 vision for health and care². These Boards include NHS Shetland, NHS Orkney, NHS Western Isles, NHS Highland and NHS Dumfries & Galloway, though similar challenges pertain in parts of other Boards, e.g. the Isle of Arran. The effects upon both service delivery and many aspects of the population health are inextricably linked to the geographic challenges faced.

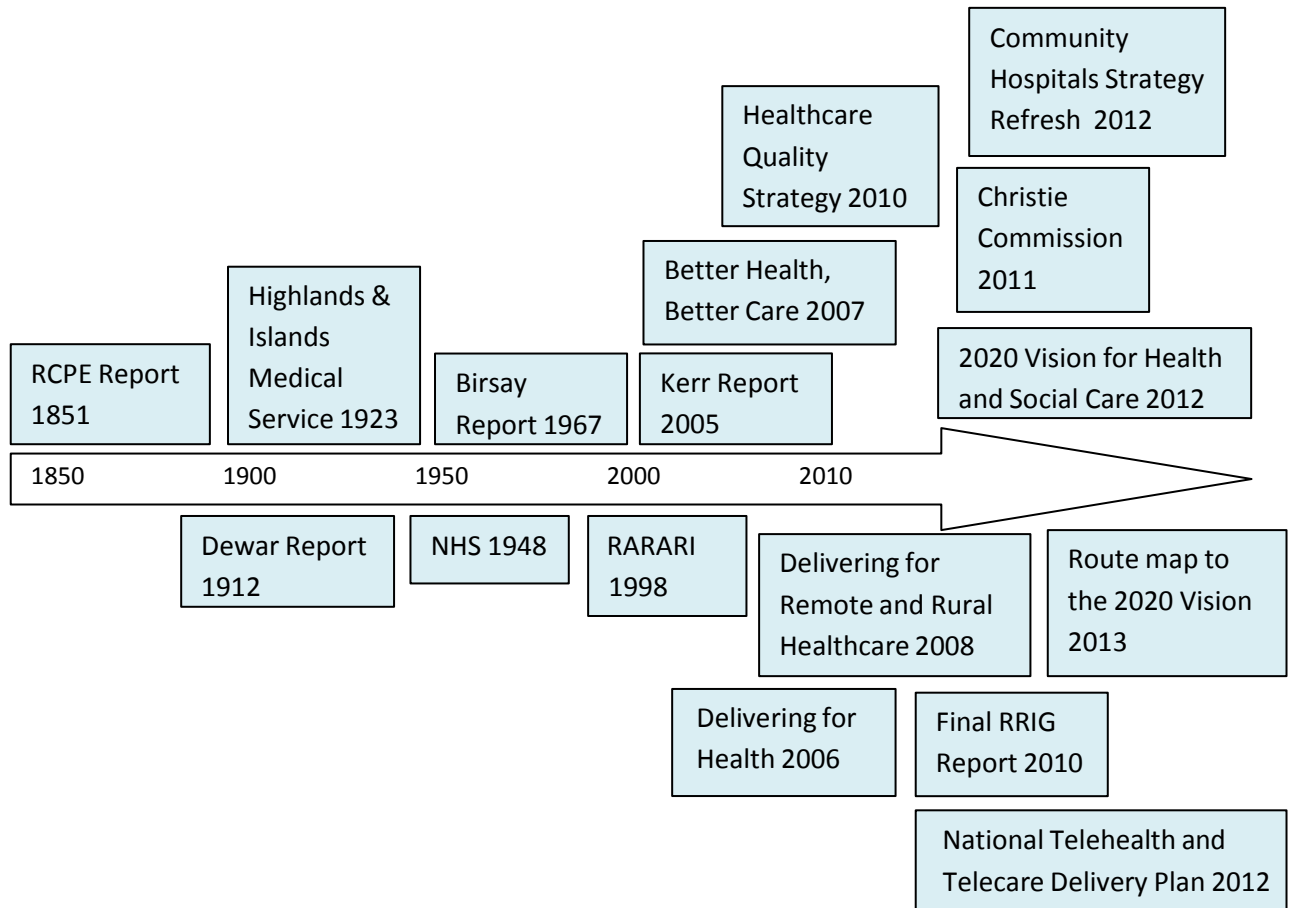
There is a clear rural dimension to Scotland's ageing population. While 17% of the Scottish population are 65 and over (2009 mid-year estimates), the councils with the largest proportions of over 65s are predominantly rural (eg, Argyll and Bute, Eilean Siar, Dumfries and Galloway, South Ayrshire all 21%). Age related migration is a key factor with net out-migration from rural (and especially remote rural) areas in the 16-24 age group as a result of young people leaving for

¹ www.scotland.gov.uk/Resource/0039/00398674.pdf

² <http://www.scotland.gov.uk/Topics/Health/Policy/2020-Vision>

employment and education reasons. Rural areas also show net migration gains in the older age groups as people move away from urban areas in later life³

2. Policy



The history of policy construction and implementation relating to healthcare in rural Scotland is well over a century long (as illustrated above) and includes, but is not limited to:

- a) The '*Dewar Report*' 1912 (Highlands and Islands Medical Committee), which was established to review the challenges of providing good care in the Highlands and Islands in the context of significant disease and high mortality rates, lack of death certification, poor care, poor quality and insufficiently qualified personnel, lack of training, lack of technology (motor car and telephone) and lack of structure. The Highlands and Islands Medical Service resulted, which it has been claimed, with some justification, formed the template for the NHS almost five decades later. The '*Dewar group*'⁴, a group of healthcare professionals and historians has gained significant media and political interest recently in proposing not only that there is important learning in the way the Dewar Committee carried out its work in the early 20th century, but also that the resulting recommendations remain relevant, albeit in a much-changed context

³ <http://www.scotland.gov.uk/Publications/2010/11/24111237/4>

⁴ www.ruralgp.com/wp/dewar2012

- b) The *'Birsay Report'* 1967 (General Medical Services in the Highlands and Islands. Report of a Committee Appointed by the Secretary of State for Scotland), which re-articulated many of the issues described by Dewar including transport and communications, integration of services, conditions of service (including release for training), professional isolation and remuneration. The report suggested that although the public often judge the quality of service on the proximity of a doctor, small practices should be grouped together, and more coordinated and integrated services should be considered.
- c) The *Remote and Rural Areas Resource Initiative* (RARARI), which established a Solutions Group in 2001, which recommended contract reviews, better team working, mobile health units, telemedicine, training programmes, career structures, transport solutions and improved patient involvement
- d) The National Framework for Service Change ('Kerr Report') *Rural Action Access Team* 2004⁵, which considered as key concerns out-of-hours care, maximising services available locally, the role of remote rural general hospitals, the skilled and competent workforce and creating an integrated transport system
- e) *Delivering for Remote and Rural Healthcare* 2008⁶, which was the final report of the Remote and Rural Steering Group and remains the extant policy document for remote and rural healthcare in Scotland. It focussed on improving patient experience of remote primary care and access to secondary care, the remote and rural workforce, including education and rural-training pathways, infrastructure and emergency response and transport. The report set out 83 recommendations and forward issues for the delivery of a sustainable model of healthcare for remote and rural Scotland. The Remote and Rural Implementation Group (RRIG) was established to take this work forward with a role to oversee and monitor implementation across the system. NES's Remote and Rural Healthcare Education Alliance (RRHEAL) led the workforce and education programme of work for RRIG.
- f) *Delivering for Remote and Rural Healthcare Action Plan: The Final RRIG Report* 2010⁷, which highlighted the need for Chief Executives of the Territorial and Special Health Boards to be aware of the content of the RRIG report and the implications of the related ongoing actions and recommendations for their Boards. RRIG's Final Report highlighted a number of areas where action needed to continue and made a number of further recommendations for RRHEAL, NES and Territorial Boards. In particular, NHS Chief Executives were asked to note the RRIG recommendations on a revised staffing model for the Rural General Hospital (RGH) in order to ensure continued access to safe and sustainable services in remote and rural areas; the ongoing requirement to develop Obligate Networks; and the workforce issues that are needed around identifying skills and competencies to deliver safe emergency care and agree a common role across RGHs.

Whilst RRIG has completed its work, the Scottish Government has stated the need to maintain the momentum created and to sustain progress by integrating the actions within the implementation of the Quality Strategy and so ensure greater co-ordination and integration of remote and rural issues within current programmes and initiatives. RRHEAL NES has been

⁵ www.sehd.scot.nhs.uk/nationalframework/Documents/remoterural/Final%20Draft170505.pdf

⁶ www.scotland.gov.uk/Resource/Doc/222087/0059735.pdf

⁷ www.nospg.nhsscotland.com/wp-content/Final_Report_RRIG_Oct101.pdf

requested to continue to implement the educational recommendations from the final RRIg report.

While much has changed as a result of these policies, many of the challenges remain, not least the vast geography and sparsity of population, while the issues pertaining to education, training and support that have been a constant thread throughout, are cited by professionals working in rural areas today as considerations when they decide to apply for, or remain in remote and rural areas.

While this describes the current and historical policy for remote and rural healthcare, this is in the context of other major policy drivers including :

- a) NHS Scotland's *Quality Strategy* which puts the patient ('no matter who they are or where they live'), patient safety and clinical excellence at the heart of healthcare delivery⁸
- b) The Scottish Government's *2020 Vision for Health and Social Care*⁹, with an emphasis on integration, prevention and self-management and provision of care in community settings as close to home as possible
- c) The Scottish Government's *Route Map to the 2020 Vision for Health and Social Care*¹⁰, which although is light on any focus rurality, stresses the importance of 'place-based Primary Care'
- d) A recent policy memorandum for the Public Bodies (Joint Working) Scotland Bill, which provides the framework which will support improvement of the quality and consistency of health and social care services through the integration of health and social care in Scotland¹¹.
- e) The *Christie Commission Report 2011*¹² which called for communities to be more involved in the design and delivery of services and for all public sector agencies to work together to avoid duplication and to maximise the use of all available resources
- f) The Scottish Government's 2012 *Community Hospitals Strategy Refresh*¹³, with a resulting NES-hosted Community Hospitals Improvement Network
- g) A *National Telehealth and Telecare Delivery Plan for Scotland to 2015*¹⁴, which describes the aspiration for telehealth and telecare to contribute in a significant way to achieving the 2020 vision and to the integration of health and social care

The challenge of designing and delivering rural healthcare policy, not least those related to recruitment and retention are by no means unique to Scotland. In 2010, the **World Health Organisation issued evidence-base Global Policy Recommendations on increasing access to health**

⁸ www.scotland.gov.uk/Resource/0039/00398674.pdf

⁹ www.scotland.gov.uk/Topics/Health/Policy/2020-Vision/Strategic-Narrative

¹⁰ <http://www.scotland.gov.uk/Resource/0042/00423188.pdf>

¹¹ [www.scottish.parliament.uk/S4_Bills/Public%20Bodies%20\(Joint%20Working\)%20\(Scotland\)%20Bill/b32s4-introd-pm.pdf](http://www.scottish.parliament.uk/S4_Bills/Public%20Bodies%20(Joint%20Working)%20(Scotland)%20Bill/b32s4-introd-pm.pdf)

¹² www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf

¹³ www.scotland.gov.uk/Resource/0039/00391837.pdf

¹⁴ www.scotland.gov.uk/Resource/0041/00411586.pdf

workers in remote and rural areas through improved retention¹⁵ . A range of effective methods of impacting on recruitment and retention are set out under four headings:

- Educational recommendations
- Regulatory recommendations
- Financial incentives recommendations
- Personal and professional support recommendations

The full list of recommendations is included in Annex 1.

3. Role of Education

3a. Workforce Planning

Each of the remote, rural and Island areas has different education and training support needs. However these areas share an urgent and ongoing need to redesign the community and hospital workforce to ensure delivery of improved and sustainable services. Remote and Rural inclusive education has a key role to play in supporting service improvement and sustainability by ensuring that robust, affordable and accessible education programmes are available to enable boards to safely and effectively build new or expanded roles and ways of working within redesigned workforce plans.

This process requires coordination and careful management to ensure best value, to avoid duplication and to build on existing resources. There is a crucial role for NES and RRHEAL in working with education providers, professional bodies, Boards and local authorities to ensure that well coordinated and efficient education solutions are designed, delivered and shared across Scotland. These solutions need to be of high standard, affordable, accessible and transferable to be of best value across the health and social care workforce. NES and RRHEAL hold a unique position within this dynamic process of change. The strength and value of this position is twofold

- It enables NES /RRHEAL to respond to identified common core needs across Boards in an efficient and a coordinated manner
- It enables NES /RRHEAL to provide our education and research partners with a clear set of collated priority workforce needs and to use collected intelligence and alignment with workforce planning to assist with horizon scanning and programme planning. The Scottish School of Rural Health & Wellbeing (SSSRH&W) has been established as a vehicle through which RRHEAL and NES can provide specific and collected intelligence directly to remote, rural and Island expert education and research partners .

The remote, rural and Island Boards are clear that high level education support is integral to robust workforce planning and redesign. They need assurance that affordable, accessible education will be in place before investing in new roles, new ways of delivering service and see NES having a key role in this joint workforce planning and education partnership.

¹⁵ http://whqlibdoc.who.int/publications/2010/9789241564014_eng.pdf

3b. Rural General Hospital Workforce

Each of the remote, rural and Island boards fully appreciates the complexity of issues that contribute to current medical staffing difficulties. There is an appreciation that although each of Scotland's six Rural General Hospitals (RGHs) has a range of different needs and ways of working, there are some common areas of need already identified that can guide more effective design and delivery of education and training.

With the conclusion of the Remote and Rural Implementation Workforce and Education Group in 2010 there is a lack of structured opportunity for senior colleagues to interact to develop and share joint workforce and education solutions and experience. There is a key role for NES and RRHEAL to lead work in this area to achieve greater networking and sharing of knowledge, resources and developments across the remote, rural and Island boards. Several boards have helpfully outlined the need for NES to support what have been described as plan A and plan B approaches to sustainable workforce and education needs within the RGH settings:

- *Plan A- Focus on significantly improving recruitment of suitably skilled medical practitioners.* Working with current workforce structure of a medical /consultant led hospital service, NES support is needed to assist a shift of culture to a redesigned model, and need to support recruitment & retention of consultant /medical posts promoting access. Key to this, as has been the case in all the historical policy initiatives described earlier, is access to good quality education, training and research support and development opportunities , including a well structured programme of accessible continuous professional development opportunities to attract and support skilled and dynamic clinicians.
- *Plan B-Multi disciplinary – Develop new and adapted roles.* This requires close working between education and workforce planning to efficiently design affordable and accessible education for new or adapted roles. Boards would then have “wider staffing options” for future service delivery planning and/or to implement during periods of critical staffing difficulties. Plan B , involves exploiting opportunities for collaborative working between NES Directorates and RRHEAL to build upon and focus existing nursing advanced practice programmes, physicians assistant training and other skills and role development initiatives to ensure clear accessible and affordable education pathways An example is the proposed Rural Nurse Practitioner role where advanced nurse practitioner competencies and skills can be focussed towards the specific requirements of acute and community practice in remote and rural contexts.

Without the assurance of reliable education and training, Boards face difficulties in building new or adapted roles within their service redesign. There is a significant and urgent need for NES to respond by targeting resources in support of the development of new education and training programmes and work to build a remote and rural focus upon existing educational frameworks to better meet the RGH workforce redesign needs now and in the future.

3c. Rural General Practice/ Primary Care

Recruitment and retention issues are the key challenges facing rural general practice and primary care. The challenges of lone-working and difficulty arranging cover for leave or professional development also contribute to the fragility of rural practice. Although NES continues to support rural track training, trainees are increasingly used to, and trained to work in teams and to work in shift systems, which makes them ill-prepared for the realities of remote or isolated practice. In response to recruitment and retention challenges, the Cabinet Secretary asked NHS Highland in December 2012 to develop and test models for remote and rural health and care services in Scotland. A proposal describing an approach to building sustainability in health and care services in remote and rural areas is, at the time of writing with the Cabinet Secretary and policy announcements based on this are anticipated in the autumn. It is clear that education and training will play an important part in any such policy.

There is a need to improve access to ongoing education, rural placements, peer-support and peer-referencing activities to support recruitment to, and retention in rural practice, and to decrease professional isolation for practitioners. The increasing availability of electronic and/ or video-conferenced education can go some way towards meeting the professional development needs of remote practitioners. There is a need for NES to continue to develop a full range of technology enabled learning and education opportunities to support and attract rural practitioners across Scotland.

3d. Supporting New Ways of Working and Learning: Technology in Practice

The Scottish Government has published the *National Telehealth and Telecare Delivery Plan for Scotland to 2015: Driving Improvement, Integration and Innovation*. This is a national three-year plan to provide continued strategic direction for the use of Telehealth and Telecare within Health, Social Care and Housing in Scotland. The plan sets out the rationale, and specific challenges and opportunities for the use of Telehealth and Telecare in support of the Scottish Government's 2020 vision for health and social care, and public sector reform programme. There are particular contributions in support of our national ambitions for Quality in Healthcare, Adult Health & Social Care Integration, Reshaping Care for Older People, Renewing Scotland's Public Services, eHealth, Mental Health, Digital Scotland and Life Sciences. An implementation plan¹⁶ underpins the strategy and establishes high level priorities and timescales.

There have been a number of separate telehealth and telecare projects and work streams in place across remote and rural Scotland for some years. However there is a need to increase the use of technology in every day practice "at scale" across the health & social care sectors to help sustain services and achieve the required improvements to assist remote, rural and Island Boards. Feedback from these Boards confirms their need is for support in helping the workforce make the culture shift in their expectation to use technology in practice, as well as increasing skills and competence in using the technology itself. There is also a significant need to use new and existing technology to

¹⁶ www.scotland.gov.uk/Publications/2012/12/7791/6

increase access to good quality education, professional development and support opportunities for the remote and rural workforce

The Delivery Plan outlines a clear role for NES to lead on work to support this change and to assist in the development of national education and training programmes in this area. RRHEAL, with NES Knowledge Services Group have developed a proposal for NES leadership of a multi-agency national Technology Enabled Learning (TEL) programme for Scotland in collaboration with NHS24 and Scottish Social Services Council (SSSC). The Scottish eHealth Strategy Board have given their support for this work. This NES-led programme of work is considered integral to the Digital Public Services Strategy and the Digital Health Innovation Centre/Institute and the Workforce 2020 Vision.

The TEL programme for Scotland Objectives for NES/NHS24/SSSC are:

- a) Develop the capabilities which enable the health and social services workforce to innovate and deliver new service models enabled by ehealth and telehealthcare.
- b) Create a national unified tele-education system by connecting and building on existing multi-agency online learning platforms, ehealth, and telehealthcare systems, to increase access to education, evidence-base for practice, support frontline decision making, sharing and disseminating of knowledge.

4. Current NES initiatives

NES has a raft of educational initiatives in place to support the rural workforce both through the directorate structure and the cross-cutting work led by RRHEAL, which is hosted within the medical directorate. There follows a brief description of these initiatives and they are also listed in annex 1 in response to the World Health Organisation's Global Policy Recommendations.

4a. RRHEAL

RRHEAL provides practical educational assistance to remote and rural NHS Boards and is a linking force between healthcare services and education providers across Scotland. RRHEAL has been structured to be a sustainable resource and works to coordinate inclusive remote and rural education development across Scotland. Over the past five years RRHEAL has established a functional network of key education partnerships in collaboration with education providers, Boards and NES Directorates. RRHEAL is focused on the development and delivery of accessible, affordable and sustainable education solutions that meet the changing needs of the remote and rural healthcare workforce.

Having established effective relationships and partnerships across all relevant agencies over a number of years, RRHEAL maintains a unique overview and map of the workforce and education needs and development across the Scottish remote, rural and Island boards. In each of the Board areas discussions are underway to look at new roles to support new ways of delivering service. Rural hospital staff redesign involves a move away from professional demarcation and a patient-centred/ service-led focus on the development of integrated teams of multi-skilled, flexible staff taking "a

continuum of competence” approach. Education and training has a pivotal role in ensuring that the workforce and public can be assured of different but safe and effective service delivery within hospital and community settings. RRHEAL is working with the Boards to implement solutions including:

- a) *Rural Support Worker (Health & Social Care)*. Work is underway to develop an accessible core education programme for the new role of Rural Generic (Health and Social Care) Support Worker. To be developed and delivered with additional learning units specific to variety of rural and Island service needs. Two key service led NES funded projects with NHS Orkney/ RRHEAL have been completed to date which map existing job descriptors and capability statements to update the existing agreed draft job description for the RGSW as agreed by the partnership that is Orkney Health & Social Care. RRHEAL also supported a series of workshops using the NES skills maximisation toolkit as a base line informing best patient journey and potential for utilisation of the RGSW role. Similar service led project work is underway across Western Isles and Highland to support their development of integrated service roles.
- b) *Rural General Hospital Workforce*. RRHEAL is working to identify and deliver education for the Rural General Hospital (RGH) workforce across Scotland to assist in developing a sustainable workforce structure. The need for more and improved education and training programmes to support RGH workforce redesign refers not only to medical but also nurse and other healthcare staff. The ongoing redesign process has highlighted that while some education and training is already available to support some new roles, and so new service models there is an urgent need to improve access, increase availability, to make the programmes more flexible and to reduce cost in order that they can become part of a sustainable workforce plan and solution. In building and maintaining a detailed map of the priority education needs of the RGH workforce, RRHEAL is leading work to deliver new and adapted RGH education programmes and also working to develop RGH workforce knowledge and education networks.
- c) *Remote and Rural Nursing*. RRHEAL has initiated work to establish an agreed definition for Rural Nurse Practitioner skills and competences across the remote, rural and Island Boards. The Boards wish to consider this to be a new or adapted nursing role that combines acute and community “rural practitioner nursing skills” to work either in the rural acute care setting and/ or Island Nurse (non GP) community setting. The specific education needs of Advanced Practice Nursing staff in Island, remote and rural community & hospital settings have been identified and work is underway to develop sustainable education solutions. NES-funded (RRHEAL and NMAHP) scoping work has enabled the mapping of rural acute care competences with existing advanced practice and career development frameworks to be completed.

4b. Scottish School of Rural Health & Wellbeing

RRHEAL has led the development of the Scottish School of Rural Health & Wellbeing (SSRH&W). The SSRH&W was established in November 2012 with key partners to increase production of training, education and research for the remote, rural and island health and social care workforce. The SSRH&W has a major focus on technology enabled learning and telehealth & telecare. Members currently include NES/RRHEAL, University of Stirling, University of Highlands and Islands, University of Aberdeen, NHS24, NHS Highland and Highland Council.

The Scottish Government has made clear that “Collaborative Infrastructures in Scotland” are the way in which change and improvements will be driven and achieved. The SSRH&W functions as a structured collaborative of remote and rural education expertise, building on the established RRHEAL alliance structure and Scotland’s existing capacity in this area, in order to increase the quantity and grow the range of education that supports the remote and rural health and social care workforce. The SSRH&W provides an increasingly identifiable single centre for existing and emerging remote and rural education and research expertise in Scotland. It will serve to increase productivity, return on investment and joint working across agencies. It brings together existing resources across the alliance to design and deliver high quality remote and rural-specific education, training, research programmes and resources in response to the needs of the frontline remote and rural workforce.

The SSRH&W will focus on the design and delivery of education and training using technology to engage with learners at distance across Scotland. Under the leadership of RRHEAL / NES the SSRH&W will provide a coordinated response from remote and rural expert higher education providers to the identified needs of the remote and rural public sector workforce. As the SSRH&W grows in response to needs and demands the structured alliance will be in a prime position to explore opportunities for further collaborations across the voluntary and private sectors, particularly in response to education and training needs associated with Scotland’s growing expertise in the field of “Digital Healthcare”.

4c. Northern Peripheries Recruitment and Retention of Healthcare Workers 2012 -2014

There is an evident challenge in recruiting staff to, and retaining them in the remote and rural healthcare environment. This is a challenge across a number of countries with rural geographies. Following on from the WHO report 2010 there has been a need to build a robust evidence base identifying the social and professional factors that influence recruitment and retention of staff in remote and rural areas. The Northern Peripheries Project (NPP) received European funding to investigate these issues. The NPP is led across eight partner countries from Scotland, with RRHEAL as partners in the project. The survey results of some 5000 participants together with focus interviews provide a practical basis upon which professional and educational support packages can be developed that enhance recruitment and retention of the remote and rural workforce across Scotland (Annex 2).

4d. Medicine

There is some evidence that exposure to rural practice during undergraduate or postgraduate training increases the chance of a doctor committing to rural practice and much stronger evidence that recruitment of students from rural areas to medical school will see them return to rural areas to work . To address rural recruitment and retention, there is a strong argument to both increase rural exposure during training and to preferentially recruit from rural areas.

The North of Scotland (NoS) Deanery works closely with its sister medical school in the University of Aberdeen (UoA) which has an ACT-funded programme to support rural school pupils with an interest

in medicine. The UoA also has a rural-track option in years 4 & 5, which is perceived as a major attractor for their undergraduate course and is over-subscribed each year.

In the post-graduate realm, the NoS Deanery champions rural-track training including :

- a rural-track Foundation Programme option which is sought-after with successful applicants having a higher grade-average than their peers
- a rural-track GPST option established in 2012 with a significant growth in recruitment of high quality applicants in the second year
- a post-CCT GP Rural Fellowship with both 'standard' and acute care options and full recruitment for 2013/ 14. We have good data over a decade that about three in four of these doctors subsequently commit to a substantive rural GP career in Scotland
- rural surgical and anaesthetic fellowships and tailored rural physician training to train the hospital specialist workforce for the Rural General Hospitals

As well as rural-track training, NES provides support for established practitioners, including a wide variety of clinical skills training and education to remote and rural healthcare staff through the NES funded Clinical Skills Mobile Unit (MSU). During 2011 the MSU made seventeen visits to remote and rural host sites including rural general hospitals and GP practices. Over seventy four national and local courses were provided, ranging from the national Paediatric Retrieval Team Training through to locally delivered Basic Life Support Training. During the year over a thousand local health care staff received clinical skills training through this mechanism, with access also being provided to Fire Service and Royal Navy personnel.

Alongside the MSU, NES funds three clinical skills specialist units, BASICS Scotland, Cuschieri Skills Centre Dundee and the Scottish Clinical Simulation Centre (SCSN) Larbert. The training and education provided by these Units include Pre-hospital Emergency Care courses to over 350 remote and rural healthcare staff; faculty training in the use of the MSU for remote and rural healthcare staff and ENT and Endoscopy specialist training. In addition BASICS is working collaboratively with the Cuschieri Centre, Dundee to develop surgical skills training for remote and rural general practitioners and practice-based staff.

4e. Dentistry

Since 2005 the NES Dental Team has played a key role in the implementation of the Dental Action Plan. The focus of this has been on increasing the workforce in order to improve access to Dental Services across NHSS. The Rural Fellowship programme provides support for dentists working in the general dental services in remote and rural areas and facilities access to postgraduate training at the Scottish Dental Schools, through MSc programmes in Primary Dental Care. There are currently 11 trainees enrolled on this programme. The Dental Remote and Rural Fellowship is primarily to support rural Health Boards to develop managed clinical networks. Usually salaried practitioners are up-skilled to a Master's level and they then become pivotal in managing their speciality clinical areas to an intermediate skill level in their Health Board such as Orthodontics and Child Dental Health. During 2005-2013, 31 were recruited, 91% complete, with the vast majority remaining within their HB.

Expansion of dental outreach training centres help meet the student clinical capacity needed by the Dental Schools and help to train dental and therapy students in a realistic primary care environment, at the same time as boosting workforce capacity. Patients benefit from improved access to NHS Dental Services throughout Scotland and free treatment by students. The NES target was to expand dental student outreach across Scotland, in particular to Inverness, Aberdeen, Dumfries and in areas of urban deprivation within Tayside and the West of Scotland. Outreach teaching facilitated by NES is now operational in Aberdeen, Glasgow (two centres), Arbroath, Kilmarnock, Kirkcaldy, Cupar, Inverness (Centre for Health Sciences), Campbeltown, Perth, Stornoway, Elgin, Coatbridge, Dumfries, Falkirk (two centres) and Dundee. The number of patient attendances is being monitored, with Glasgow students responsible for 19,000 patient contacts in 2010/2011, and their Dundee counterparts carrying out 13,979 patient treatments in the same period.

4f. Nursing and Midwifery

Recruitment and Retention in rural contexts

NMAHP Directorate leads a nationally funded programme of support for universities and NHS Boards with regard to the recruitment, selection and retention of Nursing and Midwifery students. The programme has had considerable success shifting attrition from pre-registration programmes from 30%-15% over the last 4 years. Alongside the focus on retention have been a number of workstreams looking at the attraction of future practitioners and their subsequent career flow;

- Enhanced data analysis of the unique nursing and midwifery data set to demonstrate institutional recruitment from all geographic contexts and Scottish Index of Multiple Deprivation (SIMD) categories across Scotland.
- Longitudinal tracking of recruits into employment in NHS boards
- Work with University of Stirling, Robert Gordon University, University of the West of Scotland, and Remote and Rural Boards to attract students to all campuses and explore new placement opportunities in R&R contexts.
- Pre-Nursing Scholarship programme with University of Stirling, Board and Local authority partners (RRHEAL is a partner in this work).

The national network of NMAHP practice education support roles has been adapted to provide bespoke support for remote and rural island Boards. The regional coordinator supports Board colleagues to provide high quality mentorship and practice learning experiences while ensuring all NMC standards are met.

Recognising the international work with which RRHEAL is involved regarding recruiting to and sustaining rural medical practitioners, there are opportunities to strengthen links here so that the NMAHP led work can be captured and contribute to the recommendations outlined in the following sections.

Looking to the future, NMAHP Directorate is working closely with Scottish Government to secure a national approach to post registration education and continuing professional development under

the auspice of the CNO Review of Education and the 20202 workforce vision. Ensuring educational provision for practitioners working in remote and rural contexts will be a key priority.

Recommendations

As described in the previous section there is much that NES currently provides, or plays a major part in that supports the remote and rural health and social care workforce. There is, however much that still needs to be done to address the described challenges that Boards and individual professionals face, and a major role for NES in this. The areas of need include:

A : Improving recruitment and retention

Recommendation 1. Work with the Scottish Government and the Scottish Funding Council to better understand the current pattern of recruitment of school leavers from remote and rural backgrounds to healthcare profession training and, given the strong evidence that this will improve recruitment to these areas investigate ways of increasing these numbers

Recommendation 2. Work with the Scottish Government and the Scottish Funding Council to increase access to a full range of healthcare professions degree programmes for students from remote, rural and Island areas.

Recommendation 3. Work with the Scottish Deans Medical Education Group and related groups to improve exposure of medical and healthcare undergraduates to remote and rural working.

Recommendation 4. Work with HR colleagues to review employment arrangements for trainees that rotate through multiple Boards to ensure that there is no financial disincentive to rural training options.

Recommendation 5. Work with territorial Health Boards to implement arrangements for proleptic appointments to Rural General Hospital posts following surgical, anaesthetic or medical higher training or fellowship posts.

Recommendation 6. Ensure that the NES Strategy for Attracting and Retaining Trainees in Scotland (StART) includes a focus on rural-track training and incorporates learning from the Northern Peripheries Project “Recruit & Retain Healthcare Workers”

Recommendation 7. Implement RRHEAL Quality Assurance guides for multi-professional, multi-agency distance mentoring and supervision

B : Alignment of education and training with workforce plans

Recommendation 8. Target NES Knowledge Services Group expertise and resource in supporting evidence based “knowledge into Action” approaches to workforce redesign and education within rural hospital and rural primary care workforce redesign

Recommendation 9. Work with professional and regulatory bodies to develop education that supports establishment of new remote, rural Island specific roles for Rural Nurse Practitioners and Generic (health and social care) Rural Support Worker

Recommendation 10. Develop (and seek GMC approval for) curricula for the education and training of remote and rural medical practitioners.

Recommendation 11. RRHEAL to develop a proposal for a 'Remote & Rural Education Passport'; a series of accredited remote and rural appropriate programmes which as they are accrued give appropriate qualification and also enhance individuals CV for rural practice

Recommendation 12. Highlight rural community and RGH workforce and education needs within the NES Corporate Plan and Strategic Framework

C: Educational leadership to support service redesign and improvement

Recommendation 13. Establish and support a 'Rural General Hospital workforce and education support /knowledge network' in response to identified service and workforce needs to include a series of NES RGH Workforce and Education Network Events

Recommendation 14. Support the Scottish School of Rural Health & Wellbeing to deliver on an increased range of education, training and research programmes in response to priority workforce and education needs.

D : Leadership of a national Technology Enabled Learning programme for Scotland

Recommendation 15. Provide NES leadership to implement multi-agency (NES,NHS 24, SSSC) capability and competence in the "Technology in Practice Programme" to increase uptake at scale, increase access to professional development ,learning and skills maintenance opportunities for the remote, rural and Island workforce.

Recommendation 16. Use established remote, rural, Island "digital health and social care projects" as tests for change sites to evaluate the efficacy of technology enabled learning and measure the impact of using digital technologies to increase access to education.

Annex 1

Current NES initiatives and Recommendations in the context of the WHO's 'Global Policy Recommendations on increasing access to health workers in remote and rural areas through improved retention'.

A : Educational Recommendations

1. Use targeted admission policies to enrol students with a rural background in education programmes for various health disciplines, in order to increase the likelihood of graduates choosing to practise in rural areas.

Current NES Initiatives

- *Medical ACT supported initiative in University of Aberdeen to support pupils from rural schools towards medical school application*

Recommendations

Recommendation 1. Work with the Scottish Government and the Scottish Funding Council to better understand the current pattern of recruitment of school leavers from remote and rural backgrounds to healthcare profession training and, given the strong evidence that this will improve recruitment to these areas investigate ways of increasing these numbers

Recommendation 2. Work with the Scottish Government and the Scottish Funding Council to increase access to a full range of healthcare professions degree programmes for students from remote, rural and Island areas.

2. Locate health professional schools, campuses and family medicine residency programmes outside of capitals and other major cities as graduates of these schools and programmes are more likely to work in rural areas.

Current NES Initiatives

- *University of Aberdeen's undergraduate rural cohort of 20 students per annum that are competitively chosen to base their senior years based in Inverness*
- *Rural-track Foundation programme managed by NES North of Scotland Deanery, offering six places per year based around the West Highlands*
- *Rural-track GP Specialty Training programme managed by NES North of Scotland Deanery, offering 10 places per year based around the Rural General Hospital systems*
- *Post CCT GP Rural Fellowships, both 'standard' options to provide opportunities to experience remote and rural practice and 'acute care' options to provide the*

skills required to work in remote acute care environments. Ten one-year posts offered per year by NES with some joint funding from participating rural territorial Health Boards

- *Dental Student outreach in places such as Inverness, Stornoway and Elgin gives the undergraduate experience of practice in remote and rural locations*
- *Dental Therapist education in partnership with University of Highlands and Islands, delivers education from Inverness to Satellite sites in Stornoway and Dumfries*
- *Dental Vocational Training – offers 20 places in the highlands and Islands of Scotland.*

Recommendations

Recommendation 6. Ensure that the NES Strategy for Attracting and Retaining Trainees in Scotland (StART) includes a focus on rural-track training and incorporates learning from the Northern Peripheries Project “Recruit & Retain Healthcare Workers”

3. Expose undergraduate students of various health disciplines to rural community experiences and clinical rotations as these can have a positive influence on attracting and recruiting health workers to rural areas.

Current NES Initiatives

- *University of Aberdeen’s undergraduate rural cohort as above*
- *Universities of Dundee, Glasgow and St Andrews offer some limited rural options*
- *Dental Student outreach & Dental Therapist education*

Recommendations

Recommendation 3. Work with the Scottish Deans Medical Education Group and related groups to improve exposure of medical and healthcare undergraduates to remote and rural working.

4. Revise undergraduate and postgraduate curricula to include rural health topics so as to enhance the competencies of health professionals working in rural areas, and thereby increase their job satisfaction and retention.

Current NES Initiatives

- *University of Aberdeen’s undergraduate rural cohort as above*

- *Rural-track GPST programme with 'GPST-plus' bespoke programme to deliver competencies to live and work in rural areas*
- *Post CCT GP Rural Fellowships, both 'standard' and 'acute care' options with bespoke educational programmes*
- *Production and implementation of acute care competencies curriculum to support the GP Acute Care Rural Fellowship*
- *Peri-CCT Rural Surgical Fellowship*
- *Peri-CCT Rural Anaesthetic Fellowship*
- *Rural Physician Training*
- *Dental Rural Fellowship*

5. Design continuing education and professional development programmes that meet the needs of rural health workers and that are accessible from where they live and work, so as to support their retention.

Current NES Initiatives

- *Clinical Skills Mobile Unit*
- *NES's Practice-based Small Group Learning programme*
- *Evolving NES GP/ Primary Care CPD strategy that will ensure that CPD options are 'rural-proofed'*

Recommendations

Recommendation 11. RRHEAL to develop a proposal for a 'Remote & Rural Education Passport'; a series of accredited remote and rural appropriate programmes which as they are accrued give appropriate qualification and also enhance individuals CV for rural practice

B : Regulatory recommendations

1. Introduce and regulate enhanced scopes of practice in rural and remote areas to increase the potential for job satisfaction, thereby assisting recruitment and retention.

Current NES Initiatives

- *Framework for the sustainability of services and the medical workforce in remote acute care community hospitals*
(http://www.nospq.nhsscotland.com/wp-content/Community-Hospital-Framework_FINAL-amended-2104111.pdf)
- *GP Acute Care Rural Fellowship*
- *Education programme for the new role of Rural Generic (Health and Social Care) Support Worker*
- *Education programme for the new role of Rural Nurse Practitioner*

Recommendations

Recommendation 10. Develop (and seek GMC approval for) curricula for the education and training of remote and rural medical practitioners.

2. Introduce different types of health workers with appropriate training and regulation for rural practice in order to increase the number of health workers practising in rural and remote areas.

Current NES Initiatives

- *GP Acute Care Rural Fellowship*
- *Rural Generic (Health and Social Care) Support Worker*
- *Rural Nurse Practitioner*

Recommendations

Recommendation 8. Target NES Knowledge Services Group expertise and resource in supporting evidence based “knowledge into Action” approaches to workforce redesign and education within rural hospital and rural primary care workforce redesign

Recommendation 9. Work with professional and regulatory bodies to develop education that supports establishments of new remote, rural Island specific roles and titles for Rural Nurse Practitioners and Generic (health and social care) Rural Support Worker

3. Ensure compulsory service requirements in rural and remote areas are accompanied with appropriate support and incentives so as to increase recruitment and subsequent retention of health professionals in these areas.

Recommendations

Recommendation 5. Work with territorial Health Boards to implement arrangements for proleptic appointments to Rural General Hospital posts following surgical, anaesthetic or medical higher training or fellowship posts.

4. Provide scholarships, bursaries or other education subsidies with enforceable agreements of return of service in rural or remote areas to increase recruitment of health workers in these areas.

Current NES Initiatives

- *Post CCT GP Rural Fellowships, both 'standard' and 'acute care' options with bespoke educational programmes and an individual educational allowance of £2,500 but with no return of service requirement*

C : Financial Incentives recommendations

1. Use a combination of fiscally sustainable financial incentives, such as hardship allowances, grants for housing, free transportation, paid vacations, etc., sufficient enough to outweigh the opportunity costs associated with working in rural areas, as perceived by health workers, to improve rural retention.

Recommendations

Recommendation 4. Work with HR colleagues to review employment arrangements for trainees that rotate through multiple Boards to ensure that there is no financial disincentive to rural training options.

D : Personal and Professional Support Recommendations

1. Improve living conditions for health workers and their families and invest in infrastructure and services (sanitation, electricity, telecommunications, schools, etc.), as these factors have a significant influence on a health worker's decision to locate to and remain in rural areas.
2. Provide a good and safe working environment, including appropriate equipment and supplies, supportive supervision and mentoring, in order to make these posts professionally attractive and thereby increase the recruitment and retention of health workers in remote and rural areas.

Recommendations

Recommendation 7. Implement RRHEAL Quality Assurance guides for multi-professional, multi-agency distance mentoring and supervision

Recommendation 15. Provide NES leadership to implement multi-agency (NES,NHS 24, SSSC) capability and competence in the "Technology in Practice Programme" to increase uptake at scale, increase access to professional development ,learning and

skills maintenance opportunities for the remote, rural and Island workforce.

Recommendation 16. Use established remote, rural, Island “digital health and social care projects” as tests for change sites to evaluate the efficacy of technology enabled learning and measure the impact of using digital technologies to increase access to education.

3. Identify and implement appropriate outreach activities to facilitate cooperation between health workers from better served areas and those in underserved areas, and, where feasible, use telehealth to provide additional support to health workers in remote and rural areas.

Current NES Initiatives

- *Implementation of the National Telehealth and Telecare Delivery Plan for Scotland*

4. Develop and support career development programmes and provide senior posts in rural areas so that health workers can move up the career path as a result of experience, education and training, without necessarily leaving rural areas.

Current NES Initiatives

- *Implementation of the Scottish School for Rural Health & Wellbeing*
- *Joint working with the University of the Highlands & Islands*
- *Joint working with the Centre for Rural Health, University of Aberdeen*

5. Support the development of professional networks, rural health professional associations, rural health journals, etc., in order to improve the morale and status of rural providers and reduce feelings of professional isolation.

Current NES Initiatives

- *Work with the RCGP in its evolving Rural Strategy Group*

Recommendations

Recommendation 13. Establish and support a ‘Rural General Hospital workforce and education support /knowledge network’ in response to identified service and workforce needs to include a series of NES RGH Workforce and Education Network Events

Recommendation 14. Support the Scottish School of Rural Health & Wellbeing to deliver on an increased range of education, training and research programmes in response to

priority workforce and education needs.

6. Adopt public recognition measures such as rural health days, awards and titles at local, national and international levels to lift the profile of working in rural areas as these create the conditions to improve intrinsic motivation and thereby contribute to the retention of rural health workers

Recommendations

Recommendation 12. Highlight rural community and RGH workforce and education needs within the NES Corporate Plan and Strategic Framework

Annex 2

NPP – Northern Peripheries Project “Recruit & Retain Healthcare Workers”

Summary of NPP2012 Remote and Rural Workforce survey data

Seven countries are involved, with Scotland, through NHS Western Isles leading the programme. RRHEAL are partners in a three-year international remote and rural recruitment & retention research and education development work. RRHEAL /NES Dentistry North and Centre for Rural Health are leading on funded work (Euro 280,000) to produce education solutions to improve/increase recruitment and retention in Island and Remote and Rural areas. The Recruit and Retain project commenced in June 2011 and will finish at the end of May 2014 and is therefore past its mid-point. It has eight individual partners based in Canada (Northern Ontario School of Medicine), Greenland, Iceland, Ireland, Norway, Scotland (two) and Sweden. The project is divided into five work packages. It has a core project component which covers health care workers and a public sector strategic plan.

The Recruit and Retain website¹⁷ has received over 35,000 ‘hits’. It contains details of the project, news updates, access to twitter feeds and an interactive forum for registered users.

The questionnaire has been completed and a report produced. Over 5000 responses were received. The response rate varied in each country ranging from less than 20% to almost 40%. The report will be studied and further analyses carried out – a summary of the questionnaire results will be publicly available after discussion at the 4th workshop. A series of focused structured interviews were undertaken by seven of the partners and a total 70 interviews were completed. A deeper insight into aspects of working and living in a rural environment was obtained.

Key Educational Highlights from Survey and Interviews:

70% of respondents had not undertaken any of their training in a rural area

90% of respondents agreed that choice of job in rural area is dictated to by suitability of their education to the job.

Results relating to respondents views on their intended career pathway :

Of the licensed/registered health professionals in the total samples, 53% intended to remain in their current role, 19% intended to develop into a specialist, and 12% intended to relocate to another organization to gain further experience. A marked effect was noted for choice of career pathway with respect to age. The older age group planned to remain in their current role, whereas a greater proportion of participants in younger groups saw it as likely, or very likely that they would either develop in to a specialist or relocate to another organisation. A greater proportion of medical doctors intended to remain in their current role (62%) compared to nurses/midwives (48%) and other health care professionals (54%). In contrast, a lower proportion of medical doctors (8%) compared to nurses or other health professionals (14% and 13% respectively) intended to relocate to another organisation to gain further experience.

¹⁷ www.recruitandretain.eu