

Scottish Rural Medicine Collaborative

1. Aim

Recruitment - To develop a vibrant, unified recruitment strategy, including the use of digital technology, social media and other marketing and advertising techniques to showcase the joys and challenges of Rural General Practice and highlight the career pathways and support mechanisms available in Scotland to drive recruitment. To develop a 'Talent Pool' of GPs who are able to undertake salaried and sessional (locum) work in rural, remote and island areas.

Retention - To create a community of Scottish Rural General Practitioners, Organisations and Health Boards to provide mutual support through educational and professional networking to share knowledge, developments and research to strengthen the effectiveness, governance and sustainability of Scottish Rural General Practice.

To bring together existing resources to develop cohesive and inclusive support structures for Scottish Rural General Practice to support retention.

2. Objectives

- Collaborate as a multi-professional organisational and clinical network across health boards
- Develop and implement a collaborative recruitment and marketing strategy
- Promote and showcase career and educational opportunities for GPs
- Increase the visibility of positive aspects of general practice in rural, remote and island areas
- Implement solutions for retention and recruitment that have already been tried and tested
- Improve access to peer support, educational support and professional support from rural, remote and island settings including the use of technology such as VC and virtual meeting space and other digital education systems
- Gather data from across Scotland relating to educational capacity in settings beyond current accredited training environments
- Co-ordinate applications of students placements and electives to rural, remote and island areas
- Develop a 'One-stop Shop' with information on training and educational programmes in these areas
- Evaluate the benefits of new approaches to recruitment and retention

3. Anticipated benefits

- Improve recruitment and retention of GPs to remote, rural and island practices
- Provide support and stability for the GP workforce currently based in these parts of Scotland
- Improve the digital presence and use of technology to assist recruitment to these areas
- Improve attractiveness of the career option of general practice in rural, remote and island areas
- Share innovations and combine efforts across a range of rural, remote and island settings
- Embed new ways of working
- Help primary care clinicians in these areas update their knowledge and improve effectiveness
- Help understand the uptake of student placements in these areas and the associated effects
- Support more medical students to have positive experiences of healthcare delivered in remote, rural or island settings at an early stage in the medical career pathway
- Have a positive impact on the recruitment to the General Practice workforce in Scotland

4. Our Vision

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, knowledge exchange, peer-support and peer-referencing activities to support recruitment to, and retention in rural practice, and to decrease professional isolation for practitioners. All of this needs to be underpinned with appropriate use of new technology

Within Scotland, similar issues affect people working in General Practice settings across rural, remote and island areas, with a distinct Community of Practice capable of finding solutions. Through our professional network of managers and clinicians, we will share knowledge and strengthen recruitment, retention and clinical governance.

Support arrangements will assist us in securing a workforce with the right skills to care for our patients. We will look to make better use of existing technologies, making improvements and innovations that afford mutual gain. We will be involved with providing reliable up-to-date information on general practice in rural, remote and island areas and will use this to promote the opportunities to train in these settings. We want success in rural areas to be visible. We will gather new and more complete data to demonstrate what efforts have a positive effect on recruitment and retention. We will capitalise on the interest from students, trainees and other potential recruits without placing a burden upon areas facing other service pressures. We will work towards sustainable workforce development in rural parts of Scotland.

5. Scope

We will collaborate and make better use of digital technologies. We will progress to having a more visible multi professional network of support. This can be achieved through combined efforts of Health Boards and other interested professional organisations. We submitted a placeholder bid on 24 March 2016 to Scottish Government, seeking a total of £600,000 from their fund to support the recruitment, retention and return of GPs to the NHS in Scotland. We anticipate that this will support work over a two-year period, with £325,000 of this in year 2016-17, £275,000 of this in year 2017-18.

This additional resource would assist some transformative changes that builds on previous work such as the NHS Highland 'Being Here' Project. Our project will help coordinate a wider set of existing resources that can be brought together to develop cohesive and inclusive support structures to benefit recruitment and retention in Scottish Rural General Practice.

In the short term we also wish to develop a collaborative recruitment and marketing strategy maximising the use of technology such as the internet, digital technology, social media etc and highlight the career pathways and support mechanisms available in Scotland to drive recruitment of both substantive and sessional (locum) GPs. In the short-term we will implement new peer support mechanisms, aimed towards reducing professional isolation and improving retention of Rural Practitioners.

In the medium term, the collaborative will provide a national focus around the "pipeline" approach to Rural General Practice recruitment and retention, working with Health Boards, Primary Care and HR departments. We want to better understand the impact of activities at different parts of the career flow in Scotland, starting with school pupils through to established Rural GPs. See Appendix 3

Over the course of the project we expect to develop a better understanding of educational capacity in rural general practice settings. We anticipate that by identifying capacity for undergraduate placements in rural GP settings will allow us to attract appropriate numbers of medical students.

In the longer term we hope to produce data that informs a model of more sustainable approach to workforce development in rural areas, and identified ways to move us towards this. We aim to assist in the gathering and collation of objective evidence to document progress in increasing the number of practices where education can be delivered.

This combined bid is from a partnership of organisations including seven territorial health boards with remote and rural populations: Highland, Orkney, Shetland, Western Isles, Dumfries and Galloway, Ayrshire & Arran and Grampian. NHS Education for Scotland (NES) are supportive of the range of work included with this bid. A meeting of interested parties from all the partnership organisations, including some Clinical Leads, Directors of Medical Education, Medical Director, primary care managers and others, on 18th March 2016 confirmed there was a shared understanding of the challenges and sufficient enthusiasm to proceed with a combined project. A second meeting of this group on 15th April 2016 confirmed and agreed the content of this bid. The rural areas are to some extent competitors in their aim of recruiting a healthcare workforce for their own area. By working together at a national level, these rural Scottish organisations could share their learning to bring mutual benefit.

The project board will provide regular updates for scrutiny by the stakeholders. As several Health Boards are involved, progress reports will be issued not less than quarterly. Annual reports will provide further.

6. Deliverables/ Outcomes

a. Recruitment Strategy

Building on the work of the 'Being Here' project, and with the advice of marketing and recruitment specialists we plan to develop and implement a recruitment strategy to promote and advertise the different opportunities and careers available in remote, rural and island practices.

This will include the development of a website for rural general practice that addresses fragmentation, pulling together information to give an overview of rural practice and also about opportunities within specific health board areas across Scotland. This will build on work already done and in progress with organisations such as NSS etc. We will look to develop a portal to help interested undergraduates find out more about different areas and understand where they might apply for electives, etc. A single website might also allow us to have access to better metrics to gauge levels of interest. In addition the use of other digital technologies and social media such as Google, Facebook, Twitter and others as they become popular will be explored and tested.

In addition to on-line marketing and recruitment, other models will be explored and tested including national advertising campaigns, use of media such as TV and radio and a visible and articulate presence at events such as the RCGP Conference. Every opportunity to promote rural General Practice as a career choice will be pursued.

Health Boards are also well aware that they are competing against each other to recruit

permanent and sessional (locum) GPs. This is unhelpful and confusing for the applicants, and this project will support boards to work collaboratively together to signpost GPs to the right post for them. It will provide the opportunity for boards to work together and share the learning in enable them to develop different models of care for the future.

b. Developing Innovative Roles

Different models of delivering primary care will be explored and learning shared with the collaborative to aid recruitment, including the development of flexible career opportunities e.g. 'off-shore models', portfolio roles (including education and other special interests), mobile/roving posts, and the professionalization and support of sessional (Locum) GP work as a career choice. For example in Orkney GPs have been recruited to 12 or 17 weeks a year contracts. In Highland GPs have been recruited as part of a 'Rural support team' which could see them working across a number of different practices. The role of other Practitioners such as Nurses, Pharmacists and Physician Associates working as part of the Primary Care team will also be explored.

c. Relocation Support Officer

We intend to pilot a Relocation Support Officer, who will be available to assist and signpost both substantive (salaried) and sessional (locum) posts to GPs who are interesting in working in rural, remote or island areas. This will support the development of a 'Talent Pool' of GPs equipped to work in rural areas. The business case for this approach has previously been detailed by the Northern Peripheries Project and the 'Being Here' project.

As this project covers a vast area, a Relocation Support Officer will need to liaise closely with health board staff and other sources of knowledge in the local areas. The Relocation Officer will work closely with Primary Care and HR departments, to share learning and improve systems and processes to support the recruitment of GP's.

d. Retention – Educational Support

The use of technology can sustain a network of practitioners and is central to this bid and the development of a sustainable primary care workforce. This will be a means to:

- create a flexible environment for peer support
- provide immediate support to GPs and other practitioners working in the GP setting
- allow the delivery of regular, quality-assured clinical education sessions
- assist knowledge maintenance and up skilling
- allow new parts of the workforce to develop relevant competencies
- allow people with educational roles in rural areas to develop specific skills

Following on from RRHEAL's seminar-style educational programme, the collaborative will undertake further work with them to develop a virtual space for meetings. We currently view monthly sessions as a realistic schedule. These arrangements could be used for activities such as discussing quality of care or working through a curriculum. Access will initially be over videoconference network, via computer or VC unit but more advanced features could be developed in the future. These arrangements allow participants to see the presenter, the presentation and other remote practitioners. Use of VC on the NHS network for next 12-18 months would afford some continuity.

We envisage that GPs in Community Hospitals could also be supported using this approach. The same infrastructure could be used to support undergraduate educational activities. We could explore how the use digital education systems may help practitioners who wish or need to track aspects of their learning.

e. Understanding educational capacity

There is growing evidence that exposing undergraduate students of various health disciplines to rural community experiences and clinical rotations can have a positive influence on attracting and recruiting health workers to rural areas.

The collaborative will work with GP practices to collect data towards describing the capacity in rural, remote and island settings for delivering education. There are a number of organisations who might be suitable academic partners to help evaluate the data we collect. We will work with the Scottish Universities and NES to map undergraduate Rural and Remote placements across Scotland. We also want to improve the types of data captured that could over time increase our understanding of the effect on these sorts of placements on medical careers in Scotland.

f. Outreach activities

We have identified the importance of Careers Events to rural schools. The collaborative will promote a national programme to provide resources and to link with educational institutions and local authorities. This will help school pupils decide if they wish to apply to medicine (or another healthcare profession). The collaborative will provide appropriate support in terms on mentoring, work observation and advice for people with rural links in making an application. For initiatives to be successful we anticipate work will need to be done in partnership with the local authorities, Scottish School of Rural Health & Wellbeing and the academic institutions.

7. Stakeholders

The Managerial Structure of the Collaborative (project board) would need to encompass:

NHS Boards

- NHS Highland
- NHS Shetland
- NHS Western Isles
- NHS Orkney
- NHS Dumfries and Galloway
- NHS Arran and Ayrshire
- NHS Grampian
- NHS Education for Scotland
- Scottish Ambulance Service (including ScotSTAR)

Other Groups/ Organisations

- Royal College of General Practitioners: RCGP Scotland and the Rural Forum
- Rural GP Association of Scotland (RGPAS)
- BASICS Scotland

- North of Scotland Planning Group
- Northern Periphery and Arctic Programme (2014-2020)

The full Board of the Scottish Rural Medicine Collaborative will consist of one representative from each participating Health Board and stakeholder organisation.

Once the collaborative is established the Board will meet probably three monthly, but during the initiation phase will probably need to meet more frequently. Meetings will be via videoconference and asynchronous discussion can be assisted by technology. A web-based medium called “Slack” has already been trialled. We want the collaborative to be able to demonstrate that it can explore and appraise the use of new technologies.

The Board will consist of a combination of clinicians and managers and aims to be inclusive, but needs to be manageable. Health Boards and Organisations will be able to have more than one representative attending by VC (preferably situated at one site), with decisions reached by collaborative consensus.

The Board will establish a smaller steering committee to oversee the day to day running of the collaborative.

8. Project Plan

June 2016	Project Board established and first meeting
August 2016	Project Manager and Relocation Officer/ Admin support appointed Marketing strategy – put out to tender
Sep 2016	Project Board meets Marketing strategy – agreed including branding for project Project work plan agreed Education strategy developed
Oct 2016	Website content and structure agreed
Nov 2016	Website launched
Dec 2016	Project board meet

9. Conclusion

This is an exciting and innovative opportunity for Health Boards and other project and organisations across Scotland to work collaboratively to address GP recruitment and retention issues which are common to them all. This would build on the work of initiatives such as RRHEAL and ‘Being Here’ to promote working in rural Scotland as the best place to be a GP today.