Recruitment and Retention
NHS Highland

1. In what areas are you experiencing the greatest difficulties in recruitment and retention?

General Practice
Recruitment of staff, particularly GP’s, has been a longstanding challenge across the rural and remote parts of Highland. More recently, it has also become a problem affecting the more urban places as well. NHS Highland has faced almost continuous GP recruitment challenges over the past 15 years. During this period, the board’s primary care team has built strong relationships with all GP practices and are aware of many, but not all, of the challenges that each of them face.

There are 100 GP practices scattered across the NHS Highland area. Of these, 19 (as at August 16) are salaried practices run by the health board. The other 81 are run by GPs under a General Medical Services (GMS) contract.

The first practice in Scotland of any size to close was in NHS Highland in 2012 (the 5,600-patient Riverbank Practice in Thurso); this year Riverview Practice in Wick, (7500 patients), will also pass into NHS Highland control. Our learning from these difficult transitions has been and will be shared with colleagues from across the country.

There is no easy or exact answer as to how many doctors are required or how many we are short as each practice is making its own decisions on how to replace doctor vacancies. It is worth noting that very few GP’s now work what would traditionally be thought of as “full-time”. Increasing numbers have portfolio careers working a set number of sessions as frontline GP’s. The precise level of doctor activity in a practice cannot therefore in any way be equated against the number of doctors who work in the practice.

We currently have ** vacancies or adverts out for xx GPs

Rural General Hospitals
NHS Highland have three RGHS (Lorn and Islands in Oban, Belford in Fort William and Caithness General in Wick)
The vulnerability of services in the RGH’s are well documented and evidenced by significant recruitment & succession planning challenges with high agency and locum use. A number of staff groups are impacted, including; Consultants in all specialities, Midwifery, Pharmacy and Biomedical Science.

Medical Staff
District General Hospital (Raigmore)
A number of hospital based specialties at Consultant and Specialty Doctor grade are experiencing recruitment difficulties, including:

- Gastroenterology
- Oncology
- Ophthalmology
- Psychiatry
- Radiology
- Rheumatology

Midwifery

Significant challenges have been faced in sustaining the required midwifery workforce across Highland. Full establishment reviews have been carried out with work underway to recruit to additional posts in areas where required. 50% of the registered midwives are over the age of 45 years with significant number of retirements anticipated in the coming years. Work is underway with the HEIs (Robert Gordon University and University of West of Scotland) to ensure recruitment of appropriate student numbers. It is hoped that shortened programmes can be delivered by the HEIs and this is currently at discussion stage between SG NMAHP Directorate and with Lead Midwives for Education (LME).

Allied Health Professions

Recruitment and retention is proving challenging, in particular remote and rural vacancies have a high impact on service continuity; small teams covering a large geography resulting in a limited ability to flexibly use resources without impacting other areas of service provision. There are limited bank staff resources to support service continuity due to a small pool of available local staff that are not in employment.

Certain remote and rural geographical locations are proving more challenging regarding recruitment across a broad spectrum of Allied Health Professions. Commonly posts require several advertisements which leads to months of gaps in local service delivery due to an inability to attract an applicant – this can be across all grades.

Social Work

Recruitment of qualified social workers is challenging, particularly specialist, for example, Mental Health Officers. There is an ageing workforce profile that is causing increased turnover as officers retire (and who have leadership roles and significant SW experience). The nearest SW training is in Aberdeen (RGU). However, we have implemented a social work trainee scheme which will support workforce supply more locally in the future.

Care at Home and Care Homes

In some areas, particularly in remote an rural areas being able to staff care homes and provide care at home is a concern

2. What are the key barriers to recruitment in your area?
The availability of appropriately trained and qualified staff. There are recognised national shortages in a number of professions including:

- Health Visiting
- Medical Physics
- Radiotherapy specialities
- Clinical Physiology – Echocardiography, GI physiology and Neurophysiology
- Medicine – as listed in question 1.

Smaller professions such as orthoptics, prosthetics and orthotics are challenging with regard to succession planning and sustainability. NHS Highland has had some success around recruitment and retention of the workforce in these professions in the past but will experience a vacancy in orthotics in early 2016/17 which may prove difficult to fill.

**Allied Health Professions**

AHP students are trained mainly in the central belt / Aberdeen, so there is an inability to “grow our own”. They often leave remote and rural areas to take up training but don’t return; or support workers that have young families but would like to train are unable to access the undergraduate courses. Some of the undergraduate courses have moved to split practice placements (combining work based experience with academic study in the university each week) this has proved a barrier to the provision of rural experience when training and probably results in a lower uptake of rural positions. Lack of / cost of accommodation and transport availability has also been a barrier to students accepting rural placements.

Regarding attracting qualified AHP staff; there are no incentives to attract people to remote and rural areas. This is not just a premia issue, but also relates to access to good accommodation and social facilities for the workforce.

Additionally;

- lack of familiarity with the area
- lack of social life / activities that are associated with central belt for young staff
- limited opportunities for single people to meet others in remote locations
- access to travel / transport links and distance from other areas
- lack of information about the benefits of working in some of our remote and rural areas (there is a big focus on medical recruitment around this but not other professions, as yet)

**Barriers**

Some of the barriers we face are around jobs for partners; housing and distance from family linked to perceived lack of responsive transport networks. There is also the issue for some of professional isolation feeling of being in a ‘gold-fish bowl’ when living and working in a small community. Maintaining skills and access to training at a distance.
3. Please provide examples of incentives/initiatives that have shown positive results in recruiting?

**Being Here Programme**

This is a Scottish Government funded programme to look at trying alternative models of primary healthcare in remote and rural Highland. The new models are associated with a multi-disciplinary team approach, practice mergers, with less reliance on individual GPs and single handed practices.

One of the four project work-streams is to target the recruitment and retention of rural GPs. The Being Here programme launched a co-ordinated recruitment campaign in 2014/15 which has been associated with the recruitment of 12 rural GPs. Some supplementary work is required to ensure that this targeted approach is tied in to future recruitment demand and workforce planning activity. Long term – the ‘rural pipeline’ for newly qualified GPs, rural fellows, placements and electives are all associated with tackling the root causes of lack of retention and the need to be ‘growing our own’. These models will rely on the throughput of suitably qualified rural GPs to supplement and eventually replace the current GP workforce through succession planning.

**GP Rural Fellowship scheme**

The results of a study into the national scheme which gives newly-qualified doctors a taste of life and work in remote and rural areas has evaluated very positively.

The scheme which is organised by NHS Education for Scotland (NES) is one that the board has always strongly supported as part of our approach to recruiting and retaining medical staff in some of our more remote areas. There are currently six GPs on the fellowship scheme, five of whom are in the NHS Highland area. As well as gaining experience of working in remote and rural practices, the rural fellows are given 13 weeks of protected time and a financial allowance to support a learning programme based on the person’s needs. Educational time is spent attending courses, clinical attachments in both hospital and primary care, and studying.

**Clinical Development Fellows**

Clinical Development Fellows (CDF’s) were introduced to NHS Highland in 2015. They are doctors in training that are typically between Foundation and Specialty and are employed by us for a year in a variety of clinical areas. They also have a significant amount of time allocated to personal development through participation in quality improvement, research or audit.

**Development of Advanced Practice Roles in Pharmacy**

There are now 2 Advanced Practice Pharmacists employed in Caithness that work across Primary and Secondary care. In addition to the clear benefits to patients of this model, the contractual arrangements whereby the Pharmacists are employed by NHS Highland & contacted to practices, enhances leadership and governance arrangements.

**Allied Health Professions**

Prospective advertising – asking qualified AHPs with an interest in living in the Board area to make contact in order to discuss potential upcoming opportunities.
Use of social media to publicise vacancies, relocation packages and increasing hours and grades of posts

4. What are the key barriers to retaining staff in your area?

Allied Health Professions

A lack of promotional opportunities in a small specialist workforce or the need to extend the breadth of experience, and some cite professional isolation. Some newly qualified staff see the benefits of coming to an area where there is a lot of variety initially and greater breadth of experience due to limited staffing, but soon out grow this and go to a similar grade post in a busier, more populated environment where they can consolidate this initial experience of being fairly autonomous as a junior staff member (specific examples of this in OT and dietetics). However, a high number of leavers have identified personal reasons – partner’s career prospects; lack of social opportunities for new graduates; moving closer to family.

In small teams any vacancy can have a high impact on workload and the unavailability of local temporary staffing in rural areas can result in high caseloads and increased stress which can contribute to people leaving posts.

Additionally, access to easy travel and transport links.

5. Please provide examples of incentives/initiatives that have shown positive results in retaining staff?

We have taken a number of other initiatives which may not have had a direct positive result, however, have been positive in demonstrating to staff and communities that we have pursued a number of routes such as:

Recruitment Video for consultant oncology –
https://www.youtube.com/watch?v=aZw62YwKkGI

Recruitment Video for consultant radiology –
https://www.youtube.com/watch?v=HyWTFsPGduM

Recruitment Campaign in Holland (direct flights to Inverness via Easy Jet)
http://www.nhshighland.scot.nhs.uk/News/Pages/DutchdoctorswantedinHighland.asp

New ways of working

Part of our approach has been to overcome challenges in recruitment. For instance GP Practices in all settings are starting to find a wide range of innovative ways of replacing doctors who leave. Sometimes they do manage to source a replacement doctor, but often they seek other healthcare professionals to assist and to take on some aspects of work previously undertaken by the doctor. For example, nurses of all grades and skills, prescribing pharmacists and pharmacy technicians, healthcare assistants, Allied Healthcare Professionals (AHPs) and ambulance technicians and paramedics are all in the mix.

Over the past 15 years the board has taken every opportunity to coalesce and amalgamate small practices together, particularly in the more rural settings. This has now happened on 12 occasions, 10 of them orchestrated by the health board and two by GMS practices themselves. The most recent merger has been Durness with Kinlochbervie and Scourie. So, while the actual number of practices appears to
have reduced, no practice has “dissolved”, but many have merged with neighbouring practices. We are supporting practices all of the time with most practices at some point having asked for some assistance, if only to think through their options for replacing doctor vacancies.

Collaboration

We are working closely with partner agencies such as local chamber of Commerce to work collaboratively to support targeted recruitment

Other

In terms of recruiting, Consultants rated the following approaches as being successful in attracting interest in Consultant posts;

<table>
<thead>
<tr>
<th>Approach</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Direct contact from a clinician in NHS Highland</td>
<td>89.4%</td>
</tr>
<tr>
<td>Previous experience of working in NHS Highland</td>
<td>87.1%</td>
</tr>
<tr>
<td>Where adverts are placed</td>
<td>85.1%</td>
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<tr>
<td>Quality of job description materials and adverts</td>
<td>81.9%</td>
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<tr>
<td>Having an organisational CV</td>
<td>26.9%</td>
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<tr>
<td>Promotion via social media</td>
<td>26.1%</td>
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<tr>
<td>Presence of Linkedin</td>
<td>8.0%</td>
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Allied Health Professions

Re-invigorating new graduate support groups to bring isolated practitioners together but this hasn’t yet proved the test of time.