

Briefing for the Citizen Participation and Public Petitions Committee on petition [PE1890](#): Find solutions to recruitment and training challenges for rural healthcare in Scotland, lodged by: Maria Aitken on behalf of Caithness Health Action Team

Background

The [Caithness Health Action Team](#) (CHAT) are a community campaign group, founded in 2016 to campaign on local healthcare services in [Caithness](#), one of the remotest parts of Scotland. One of the group's main concerns is the long distance residents have to travel to access many health services. However, the petition recognises that challenges are shared across a number of disparate rural and remote areas in Scotland.

This petition anticipates a continuation in the centralisation of services and particularly the training of health staff, meaning that local people have to move away from the area to train. The petitioners suggest by lodging this petition that if people are able to train locally, they will work locally and support the sustainability and resilience of local services. They are also more likely to understand local circumstances and challenges, having trained locally.

Demographics

The Scottish Government published the [minutes of the Convention of Highlands and Islands Meeting, 26 October 2020](#) which includes a paper on fragile communities across Scotland (e.g. The Outer Hebrides, Argyll and Bute, Caithness and Sutherland and Shetland in particular), citing population decline between 2011 and 2018 in Caithness and Sutherland, Outer Hebrides, Argyll and Bute and Shetland. This is in the context of a growing population in Scotland overall. The most severe population decline of -21.1% is projected for Caithness between 2016 and 2041. In-migration of people over the age of 65 also has an effect on demographics. The decline in the working age population is at between -4.9 and -8.1% in these

areas (highest in Caithness and Sutherland)(2011 – 2018). The report states:

“Caithness and Sutherland, although larger than most local authorities in Scotland, has experienced greater population and working age population decline than all local authorities in Scotland. Decline has occurred in both remote rural areas and the remote small towns of Wick and Thurso. The area has one of the oldest age structures in Scotland, and a correspondingly high dependency ratio. The area also has a high proportion of vacant homes and second homes.”

The Report contains a table of recommendations (p12) including the following:

- Expansion of Higher and Further Education provision particularly to support transition to net zero, blue economy and digital innovation, but also in core regionally important professions and those likely to be impacted by Brexit.
- Build on innovative approach being developed around the Western Isles Charter approach to help anchor young people in remote and rural areas.
- Flexible apprenticeships – e.g. opportunity to share, locate remotely - that deliver for more remote areas.
- Through the University of the Highlands and Islands, use Higher Education as an attractor into the region.
- Facilitation support for regional Health Boards to augment recruitment practices and joined up effort.

The University of Highlands and Islands (UHI) offers a number of health and social care courses, including some at degree and Masters level, such as nursing, optometry and Psychology for example. In many courses, study modules are flexible, and online, but nursing requires placements at either Inverness or Stornoway. It is not possible to study medicine at UHI.

The petitioners mention midwifery, which is now taught at Edinburgh Napier University, Robert Gordon University and the University of the West of Scotland, but not at UHI, despite the recent appointment of a [new Head of the Department of Nursing and Midwifery](#).

[In 2019 a new course, a fast-track midwifery programme – a postgraduate diploma](#) - was introduced at UHI, allowing registered nurses to become fully qualified midwives in 20 months. There is no reference to this course being available currently at UHI. The petitioners state that Scottish Government funding has not been awarded to support the continuation of the course.

The petitioners recognise that in other areas, initiatives to enable distance learning or flexible training opportunities, have been successful in supporting people to remain in rural areas to work. [These include courses](#) leading to a Postgraduate Diploma in Education that combine local college-based teaching in rural colleges, online teaching and learning, as well as in-school teaching practice.

In terms of healthcare, NHS Highland is a health board that covers a vast area from Caithness in the north east down to Argyll and Bute and includes Inverness. It [details the services it provides across its area](#).

[NHS Highland received £11 million](#) of 'brokerage' funding from the Scottish Government; additional funding provided by the government in order to ensure a break-even position at the year-end, 30 March 2020. The health board was also required to deliver financial savings of £28 million. The Audit Report also states that the board continues to rely heavily on agency and locum staff (it provides information on medical locum pay rates (Table 6)) to support service delivery, which has adversely impacted medical pay budgets for a number of years. The report acknowledges the [Attraction, Recruitment and Retention Strategy](#) should support work in this area.

Scottish Government Action

Over many years, successive governments have considered the particularities of rural and remote healthcare. More recently the focus has been combined with attracting more working age people into these areas, both to work in healthcare and to support population sustainability. Health boards and integration authorities have to balance a number of factors when designing and reconfiguring services, such as:

- The demands for a particular service: there need to be enough people needing particular types of care and treatment to effectively staff it.
- The balance required in generalist and specialist skills of staff, for any given service.
- Suitable and appropriate premises.
- Recruitment pressures.

For example, it might be hard to justify the investment required to run a full paediatric inpatient unit in a rural area, with consultant paediatricians (at least two required), and a full specialist nursing complement when there could be fewer than an average of five children a week who need it. Not only is this not cost effective, but if there is a shortage of expertise in a more populated region, and recruitment is challenging, then the board would invest in the service where there is more demand. Further, clinicians require a certain volume of patients to treat in order to maintain their skills.

The challenges for rural healthcare have been acknowledged for many years. In 2008 the Scottish Government published a report from the remote and rural steering group '[Delivering for Remote and Rural Healthcare](#)'. The group's vision was that:

This project was established to develop a framework for sustainable healthcare within remote and rural Scotland. The changing nature of care and the increasing complexity of needs are just some of the challenges that must be met to ensure accessible healthcare in remote and rural Scotland. This Report recognises the interdependence of individual services and focuses on the integration between different aspects across what is described as the 'continuum of care'.

[Health boards were expected to implement the report's recommendations.](#)

Much more recently, and from the point of view of addressing the falling population in very remote areas, a Population & Migration Ministerial Task Force was established, supported by a Programme Board led jointly by the Director of External Affairs and the Director of Fair Work. The Task Force published a [Population](#)

[Strategy](#) in March 2021 setting Scotland's demographic challenge and the actions needed to address these.

The proposed actions are broad in scope, seeking to address a range of areas. It seeks to attract international in-migration to address skills gaps and recruitment. But also, for higher education, the Scottish Government will:

“undertake work to look at students who go on to leave Scotland for work and other reasons and explore opportunities to encourage them to stay or return”

The government commissioned an [independent report for a remote and rural migration scheme](#), along with policy options. Again, this seeks to attract people into areas, rather than supporting the existing population in particular.

In 2013 NHS Education for Scotland published a paper: [Supporting Remote and Rural Healthcare](#). This made four recommendations:

- 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

It is not clear to what extent these recommendations have been implemented over the past nine years.

The Scottish Government tests its policies and legislation [against a number of impact assessments](#). There is one for Island communities and a Fairer Scotland Duty assessment. There is not one for remote and rural communities, other than specifically for islands.

NHS Education for Scotland has a dedicated unit for supporting remote, rural and island educational engagement, Remote and Rural Healthcare Education Alliance ([RRHEAL](#)). It provides resources and an online base for relevant news and information for practitioners across health.

The UHI hosts and supports the [Scottish Rural Health Partnership](#). It is a membership organisation which aims to foster collaboration

and innovation and to influence and shape rural and remote healthcare policy.

The [Scottish Rural Medicine Collaborative](#) seeks to recruit and retain primary care doctors and nurses in rural and remote Scotland. [This paper provides a background briefing to remote and rural general practice in Scotland](#), including training and initiatives. It discusses the challenges for GPs working remotely.

The Universities of Dundee and Aberdeen have medical undergraduate placements in remote and rural areas across Scotland. The new [Scottish Graduate Entry Medicine \(ScotGEM\)](#), established in 2019, aims to produce doctors skilled and adapted to remote and rural practice.

The [Health and Social Care Integrated Workforce Plan, published in 2019](#), recognises the challenges for recruitment and retention. In the [Programme for Government, A Fairer, Greener Scotland](#), a number of announcements regarding recruitment were made as well as investment to frontline health services.

“We will also take forward a range of actions to ensure we support the next generation of the workforce, including:

- **Expanding medical school training places by at least 100 per year from 2021-22**, and doubling the number of funded widening access places to 120 per year.
- Establishing a **review into the strategic requirements for Allied Health Professionals education**, reporting by September 2022, to ensure the required skills mix and expansion to deliver Health and Social Care priorities.
- From September 2021, **introducing a new Paramedic Students Bursary**, providing eligible students with up to £10,000 per year.” (bold in original)

Scottish Parliament Action

The [Session 5 Health and Sport Committee](#) considered remote and rural healthcare, and workforce planning in different aspects of their work.

[What should primary care look like for the next generation](#) – local planning

[Recruitment and retention](#)

[Health and Care \(Staffing\) \(Scotland\) Bill](#)

[A search of the Scottish Parliament's website](#), using 'rural healthcare' as a search term, and covering all Sessions, generated a large number references to work done on rural healthcare, as did a [search of the Official Report](#).

There have also been a number of public petitions lodged over the life of the parliament such as the following:

[PE 1243 NHS services in rural areas](#)

[PE 1272 provision of out of hours GP cover in all rural and remote areas](#) (2009)

[PE 1432 Urgent review of ambulance provision in remote and rural areas](#) (2012)

[PE 1424 provision of transport for older people accessing health services in remote and rural areas](#) (2012)

[PE 1698: Medical care in rural areas](#) (2018)

[PE 1845: Agency to advocate for the healthcare needs of rural Scotland](#)

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08/09/2021

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