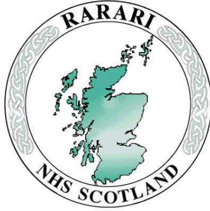

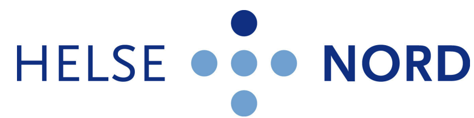

Making it Work!
Recruitment And Retention In Remote Areas

INTERNATIONAL CONFERENCE
St Andrews Bay, Scotland
4-6 SEPTEMBER 2003

Version July 2003

Workshop Programme

and

Abstracts

NHS Highland

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Abstract 001

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(from May 15 to July 16, I will be on sabbatical in Hong Kong, and my
e-mail address during this period is: ssrpong@cityu.edu.hk)

Title: Striving to Meet One's Own Needs: Outcomes of a 10-Year "Experiment" in Training Family Physicians in Northern Ontario

Presented by: Raymond W. Pong

Aim: Northern Ontario - a vast region with a widely scattered population - has experienced chronic and critical shortages of physicians. Many approaches have been tried to recruit and retain physicians, but the problem has persisted. In 1991, two family medicine residency programs (in Sudbury and Thunder Bay) were established with a view to training physicians to meet the needs of northern Ontario. The objective of this paper is to examine the extent to which these two programs have helped ameliorate the problems of physician recruitment and retention in northern Ontario.

Design: A retrospective case comparison design is used.

Method: The numbers of "person-years" of medical services in communities of varying sizes (e.g., rural, small city, large city) of the graduates of the two northern Ontario residency programs were compared to those of a comparison group in order to examine whether family physicians trained in northern Ontario were more likely to practise in rural and northern communities. In addition, data on geographic mobility of these family physicians were used to examine the extent of retention. Data on the family physicians' practice locations were obtained from the Canadian Institute for Health Information.

Result: Graduates of the two northern Ontario family medicine residency programs were much more likely than their counterparts from a southern, urban program to work in northern Ontario and rural

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communities. Results on retention are more difficult to interpret because there are no criteria on what constitutes successful retention.

Conclusion: The two northern Ontario family medicine residency programs are a success in partially meeting the family physician manpower needs in northern and rural Ontario.

Abstract 002

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Title Skye Rural Practitioner Project

Presented by…Dr Leo Murray

My presentation does not fit your template: it is a descriptive one.

Skye – Rural Practitioner Project

The Isle of Skye is about 100 by 35 km in extent. The island is now joined to the mainland by a bridge. Our 25 bed hospital is close to the bridge and serves about 13000 people on the island and adjacent mainland, with the population increasing 2 fold during the summer months.

Doctors in this setting must be able to manage a wide range of problems – and care appropriately for any emergency for the 2 or 3 hours it takes to arrange help or evacuate them.

How can we staff the hospital with doctors who can handle emergencies and stabilise and evacuate patients to the District General Hospital at Raigmore, Inverness, about 180 km away? What skills do they require? How can they maintain them? What sort of cases can these doctors care for bearing in mind that they are generalists and not specialists and do not have the investigative tools or Consultant colleagues found in a large hospital?

Our experiment consists of appointing doctors trained as General Practitioners, but they all must have additional anaesthetic experience, must all undergo ALS ATLS and PALS training, must spend 2 weeks a year in an anaesthetic setting to maintain their airway skill, and four weeks a year in other hospital attachments to maintain their other skills and confidence.

I will describe our experiment and the lessons learned.

NHS Tayside IS and

Leo Murray

Abstract 003
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TAYSIDE UNIVERSITY HOSPITALS

Abstract

Proposals for a Rural Ambulatory Diagnostic and Treatment Centre

1. Aim

Due to the inability to continue to maintain general medical services to a safe level within Stracathro Hospital in Angus and following advice from the Royal Colleges of Surgery and General Medicine it was clear that the future role of Stracathro Hospital had to change. The aim of the project was to transfer acute medicine and trauma to Ninewells Hospital in Dundee whilst in parallel creating an Ambulatory Diagnostic and Treatment Centre.

2. Design

A partnership model was developed with staff and community interests to design the new ADTC. The first stage is nearing completion and will form the embryo of the new ADTC. The second phase involves adaptation and extension of existing buildings to provide a modern radiology department (including CT and MRI), endoscopy and outpatient facilities which will augment existing theatres and day surgery/day and stay ward facilities.

3. Method

The development of integrated health services in Angus has been led through the Local Health Care Co-operative with much of the work being carried out in individual working groups.

4. Result

- Emergency medicine and trauma services transferred to Ninewells Hospital in the early part of 2002.
- Immediately thereafter extended day surgery facilities were provided and Phase I will be completed in April 2003.
- Phase 2 is due for completion in 2005.

5. Conclusion

Improved access and reduced waiting times will result from this redesign process.

February 2003

Abstract 004

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The Life-long learning aspect for adult student nurses from districts where the lack of nursing-staff is critical.

Regional Non-Campus Nursing Education Programme is a part-time nursing-studies and equals the on-campus full-time education. The program provides an opportunity for students to practice, study and work in local health services while completing their nursing education. The municipalities provide practical and economic support.

Purpose:

Norway has fjords and mountains. Travel is time consuming and difficult. This is a challenge to both the private and public sector. The need for local professional training-programmes is obvious. Nursing is dominated by women. Women are also principal care-persons for children. These factors make it difficult for women with families to choose education. Professional studies in health-care exist on campus at colleges or universities in the major cities. Our objective is to reduce time students are required to stay away from home, by providing off-campus teaching and learning.

We have recruited locally employed unskilled health-workers and assistant-nurses, selected by the municipalities. Our program provides opportunities commensurate with the individual's personal situation and ensures local recruitment. Off-campus education has positive side-effects for students as well as the local health authorities. It also forges stronger ties between local health institutions and the individual student:

- professionalism is developed from existing knowledge,

- the step from freshly trained nurse to efficient coworker is short,
- the nurse's loyalty towards her local environment strengthens
- staffing becomes easier.

Design & Pedagogical structure:

Theory is provided on-campus, at local group sessions supported by teachers and without this support in smaller groups, via projects, videoconferences and individual studies.

Clinical studies are as local as possible. Students have personal tutors from college who provide guidance and security. Decentralized studies in nursing takes one year longer to complete than the traditional three year course. The curriculum is the same. Theory, exams and tests are similar.

Meetings with tutors are supplemented with web-based communication for evaluation and guidance purposes - as well as inter-personal discourse between students relating to projects and knowledge.

Acquiring knowledge and increased responsibility within ones' "old" workplace is a particular challenge. Our goals are to give students an opportunity to demonstrate growth in knowledge and to provide them with new challenges within their old workplace, year by year, by conveying what they have learned to their co-workers.

Results:

Average score on exams is higher in all subjects compared to on-campus students. Fewer leave the program.

Student comments:

> *"The municipality knows I will stay longer in my job due to this opportunity. Although I have to study a year longer it is important for me to be able to be based at home during my studies. I look forward to the annual follow-ups."*

> *"This program enables me to study while being employed, and allows the municipalities to find professional staff. Since my fellow students are mature adults that makes the environment more valuable to me. And my increased knowledge benefits my employers and colleagues."*

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Abstract 005

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IT WORKS! RECRUITMENT AND RETENTION OF HEALTH PROFESSIONALS IN RURAL AREAS IN NORTHERN NORWAY

RN and Cand,polit, Head of Studies Mari Wolff Skaalvik, RN and Cand.san Bente Norbye. Tromsø College, Faculty of Health Sciences

Background:

In 1989 a survey showed major problems in recruiting and retaining health professionals in rural communities in Northern Norway. On this background decentralized nursing education (DNE) was established in 1990.

Aim:

The DNE – programme is carried out in order to offer nursing education to adults who have commitments as inhabitants in rural areas, securing a high degree of retention as educated health professionals.

Method:

The curriculum is designed as a part-time programme with a combination of week-sessions on campus and essential learning activities organized locally as regional and local group sessions. Practical placements are done in the communities where the students live except for those concerning hospital practice.
To achieve the aim, flexible learning methods are necessary. These methods include implementing ICT-based learning activities as well as alternation between individual and co-learning activities. Teaching and assessment are performed by nursing teachers as well as local professionals.

Results:

Up to 2003 approximately 220 nurses are educated through DNE with good results and a retention degree of 85%. Employing local nursing teachers and engaging local expertise has proven successful and has resulted in rural communities characterized by professional stability and development. Through the establishing of post graduate studies organized as flexible part-time studies we have experienced that competence development on a higher level has been achieved in rural areas.

Conclusion:

The aim of establishing DNE has been obtained, insofar as recruitment and retention of health professionals has increased. It has also been instrumental in the removal of professional isolation by strengthening the infrastructure and thus building potent local communities.

Abstract 006
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Dr John has gone: health professionals and remote rural community sustainability

Dr Jane Farmer (as above)

Dr Helen Richards, Highlands & Islands Health Research Institute, University of Aberdeen, The Green House, Beechwood Business Park North, Inverness, Scotland IV2 3ED.

Professor William Lauder, Faculty of Arts, Health & Sciences, School of Nursing and Health Studies, Central Queensland University, Rockhampton, Queensland, Australia.

Dr Siobhan Sharkey, Department of Nursing and Midwifery, University of Stirling, Highland Campus, Old Perth Road, Inverness, Scotland, IV2 3FG.

Aim
This paper is based on an article accepted for publication in *Social Science and Medicine* in November 2003. We propose that 'redesign' initiatives in Scottish rural health care (arising from recruitment and retention difficulties and stated government policy) should consider social and economic contributions of health professionals to rural communities as well as healthcare contributions.

Design and Method
Based on extensive, though non-systematic, literature review.

Result
The demographics of Scottish remote rural communities are characterised by out-migration of younger people and in-migration of older retirees and lifestyle changers. Definitions of 'community' and theories about what contributes to 'community wellbeing' are contested, but having the social infrastructure to cope with change is important. International evidence shows that health professionals are often deeply embedded in the social infrastructure of rural communities, their roles implicating them in networking within and between communities. The direct contribution of health professionals wages is important to rural economies and part-time healthcare jobs can help sustain 'portfolio' livelihoods and rural small businesses. Indirectly, the presence of

health professionals in rural communities helps sustain the economic contributions of tourism and retirees - groups with high consumption *in* rural communities.

Conclusion
In a globalising world, increasing centralisation and the ebbing of professionals and services away from rural areas may seem inescapable. The wellbeing of rural areas is an issue for all Scottish people and decisions about health service redesign must be taken within a holistic planning context (i.e. not just by the NHS) and informed by evidence about impacts on wider rural community sustainability.

Abstract 007

Name: Ms Christina West, Dr Jane Farmer, Ms Margaret Maclean, Mr Bruce Whyte
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Title: How does the team work? Results from the Rural-Urban Morbidity Recording (RUMoR) Project comparing rural and urban primary care work

Presented by: Ms Christina West

Aim: Empirical evidence comparing the work of primary care teams (PCTs) in different UK locations is sparse. This longitudinal study (2001-2003) aimed to identify and understand differences between remote rural and urban work.

Design: Longitudinal, qualitative and quantitative data collection based on seven case study sites.

Method: PCTs in Argyll, Scotland (two urban, four island and one remote mainland) participated. Quantitative data were collected about every patient contact using a computerised system. Qualitative data were collected during three phases of interviews. All PCT members (GP, practice nurse, health visitor, district nurse and midwife) were involved in data collection.

Result: Quantitative analysis revealed higher standardised patient contact rates for rural GPs compared with urban GPs. In remote PCTs, district nurses had higher patient contact rates than GPs (indicative of intense nursing input involving several daily visits to small numbers of patients), although GPs saw more patients. Intriguing patterns emerged in data about conditions seen, with remote rural practices indicating workload higher than Scottish average for conditions including hypertension, skin conditions and injuries, but lower

than Scottish average for depression. Analysis of qualitative data helps explain and verify quantitative results.

Conclusion: Findings are important in painting a full picture of the work of PCTs in different locations and explaining why this occurs. Differences between teams help in understanding how ‘rurality’ causes different workload patterns to emerge. Disentangling the work of PCTs in this way and reviewing how work is currently managed within teams provides important information for those considering redesign initiatives.

Abstract 008

Name: Erik Langfeldt
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Title: The use of general practitioner beds in the Municipality of North Cape; - an analysis of one year admissions.
Presented by Erik Langfeldt MD

Aim: The health centre in North Cape has three GP beds serving the population of 3 800 inhabitants. The distance to the nearest hospital is effectively >3 hours by ambulance during good weather conditions. In what way are the GP beds used?

Design and method: Retrospectively an analysis was made of the 414 admissions to the GP beds in 1996.

Results: Mean stay was 5.0 days. 20% of the patients were sent back to home within a day, while 22% were transferred to the main hospital. 58% of the patients had a longer stay. The three major groups of diagnosis according to ICPC were diseases in: heart and vessels, musculoskeletal system and in respiratory tract and the pulms. 6.3% of the total population actually had one stay or more in 1996. At age ^{3} 80 years there were three admissions in five inhabitants, two in five actually having one stay or more. Patients ^{3} 60 years made up 55.8% of the total group, taking 80.6% of the time used. 65 of the inhabitants (15.7%) had two or more stays consuming 60.5% of the total staying time and contributing with 45% of all the admissions. Seven of all the admissions were contributed by the permanent nursery home residents (75 days). 27 of the admissions to the GP beds were contributed by patients

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discharged from the main hospital. In average these patients stayed 15 days in GP beds, making up 19% of the total staying time. Half as many of patients = 80 years in the Municipality of North Cape were hospitalised at the main hospital compared to the inhabitants of that city itself.

Conclusion: Using the GP beds as a low trap service showed especially useful for patients suffering from heart failure, asthma or chronic obstructive lung disease. The beds had a key function in the rehabilitation of the elderly, in the care of cancer patients.

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Abstract 009

Dr Chris Downs
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Poster One.

Aim: To promote the concept and development of intermediate care as a discipline, with particular reference to the development of a new community hospital within Argyll

The poster would examine the service delivery issues that relate to the development of a new community hospital that has the aim of improving delivery of integrated care for the community.

The principles of intermediate care that have been developed over time within Argyll would be detailed. This would include the definition of what intermediate care means in Mid Argyll. These include the provision of appropriate elements of acute care, chronic disease management, investigation and treatment and integration of health and social services. The overriding aim is of such a project is to design services from a patients' perspective.

The result would be a poster that examines the evolution and development of intermediate care within Argyll.

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Abstract 010
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Highland Primary Health Care Professionals' Work and Location Survey

Dr Helen Richards, Clinical Lecturer, Highlands and Islands Health Research Institute (h.richards@abdn.ac.uk) & Dr Jane Farmer, Senior Lecturer, Department of Management Studies, Aberdeen University.

Funding source: Highland Primary Care Trust

It has become increasingly difficult to recruit and retain adequate numbers of health professionals (General Practitioners, nurses and Allied Health Professionals) in remote and rural Scotland. Anecdotal evidence and local consultation exercises have suggested that a wide range of professional and personal factors underpin the problems of recruitment and retention, such as the intensity of out-of-hours working, difficulties accessing professional education and poorly defined career structures. Family issues, such as suitable employment for spouses and accessible secondary education for children are also important considerations for health professionals. Very little research is available to inform these issues.

We are conducting a survey of all primary care health professionals (N=2193) working in Highland Health Board area to collect data about (i) personal characteristics (age; sex; marital status; number and ages of children; place of birth; years qualified; residential history; partner's employment; hobbies); (ii) professional issues (career aspirations; career history); (iii) current post (nature of work; hours of work; educational opportunities; on-call commitment; details of workplace; and (iv) issues relating directly to recruitment and retention, i.e. perceived problems and possible solutions to the problems of

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working and living in their location. The data obtained will provide a framework in which to describe future trends in the remote and rural workforce and to monitor the effects of strategies designed to improve recruitment and retention.

Abstract 011

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Title European Network for Teaching, Evaluering and Research in Mental Health: Connecting professionals

Presented by Ian Dawson

Aim: To present the Web site for ENTER-mental health and promote this technology as a positive dissemination and communication tool for Mental Health Care Professionals, Mental Health Service Users and Mental Health Care Students alike.

Design: Live presentation of the web site

Method: (i) For Mental Health Care Professionals, Mental Health Service Users and Mental Health Care Academics/Students to be more familiar with the World Wide Web and its potential within mental health care.
(ii) For the assembled audience to experience first hand how to navigate through the web site and its extensive links live.
(iii) To promote the latest learning resources and research available on the web site and use regular visits to relevant web sites as part of professional portfolio updates.
(iv) To encourage employers, nursing chiefs to provide limited, free access to relevant web sites as part of professional development.
(v) Promote European integration and wider dissemination of knowledge in the field of mental health.
(iv) Use of the Internet as both a learning process and spreading of information

Result:

Conclusion: Such a network can provide valuable contact with other professionals in other parts of Europe where none are present locally and therefore be helpful in retaining professionals in remote areas

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Abstract 012

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Title:

Learning and working to improve palliative care in rural Norway.

Presented by: **Siri Gunn Simonsen, e-mail: siri.simonsen@hig.no**

Aim: Our project addresses specialised education of experienced nurses working in the field of terminal care. Through a flexible learning process, the individual nurses can draw on unresolved problems in their work settings to increase their competency in end-of-life care. Thus we aim for retention of health care professionals in our remote district areas. The education offered intends to improve networking and making nurses more self-sufficient when encountering a terminally ill individual seeking quality care in their home or nearby nursing home.

Design: Post baccalaureate education for health care professionals, offering lectures one day weekly, combined with group sessions and tutoring

Method: During one year students submit ten different papers, based on own challenges or developed insights. By means of portfolio, they are given opportunities to show their growth, reaching the goals set by the educational institution. Students are given access to common working space computer-based communication between school and students, assumed own Internet access.

Result: 39 experienced professional nurses working in remote areas of central Norway have improved both their nursing activities and the level of hospice-type care, making their everyday work more satisfying for themselves and their patients. Some have also worked out educational proposals for their colleagues, seeking to prevent burnout and increase self- confidence in the health workers. In this they have worked mostly on their own, due to lack of staff.

Conclusion: This education gives good opportunities for the established health care professionals in remote areas, combining work, once- weekly study sessions, group work and the development by portfolio methods on the Internet.

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Abstract 013

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Title: Designing and Evaluating a Rural Clinical School

Presented by Professor J C Murdoch

Aim: insert text here

Design: insert text here

Method: insert text here

Result: insert text here

Conclusion: insert text here

Abstract
Western Australia is a huge state into which you can place the British Isles, Japan, New Zealand, Texas and Japan and still have room left over. While investment in relieving chronic shortages in health service delivery in rural and remote areas is long overdue the Commonwealth have recently injected considerable monies into the development of a rural clinical schools across Australia. The remit of this innovation is to engage medical students in teaching and learning activities that might precipitate career development in rural and remote medicine. The headquarters of the Rural Clinical School of the University of Western Australia is in Kalgoorlie and there are “stations” in Geraldton, Port Hedland, Broome and Esperance. Putting these in a European perspective is quite interesting . If London was Perth, Kalgoorlie would be Cork (600km,) Broome would be Malaga (1700km,) Port Hedland would be Valencia (1300km) and Esperance would be Glasgow (600km.) In fact Broome is relatively further south by about 20degrees. A further issue is the maldistribution of population in the State. Of the total population of 1.8 million, the 1.3 million (72%) live in Perth and only 180,000 (10%) live in the areas served by the RCS. Conversely these areas contain over 50% of the people of Aboriginal or Torres Strait Islander origin .
Under the parameters of the grant setting up the rural clinical school, the University has agreed that, from 2004, 25% of the undergraduate medical students will undertake their entire fifth year in rural and remote medicine. In 2003 twenty-two medical students at the University of Western Australia opted to spend the year at the rural and remote stations. This

paper will highlight the experience of the students so far and discuss the issues involved in supporting a curriculum in remote areas where a range of specialist teachers is not available.

Abstract 014

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Evaluation of Medical Services in Orkney – A New Model for Consultant-Supported Intermediate Care in Remote Areas?

D. Godden [1], A Ludbrook [2], J Perez [2], L McIntyre [1], S Railton [1]

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Recruiting and retaining medical staff to provide secondary care on islands is increasingly difficult for a number of reasons. These include working time restrictions and clinical governance concerns relating to volume quality relationships, set against a national shortage of specialists. In the Orkney isles, a novel approach has been taken, where secondary medical care is delivered in an intermediate setting by general practitioners, supported by a physician based at a mainland district general hospital (DGH). The physician devotes 50% of his clinical time to support of the island service, the remainder being spent within the DGH. He visits the islands on a regular basis providing clinical leadership, developing protocols and care pathways for local delivery, and delivering a continuing professional educational program.
This paper will describe the evaluation of the initial phase of the development. Methods used included quantitative and qualitative studies, exploring effects on case mix and clinical outcomes, staff attitudes and issues associated with

implementation and economics. Specific outcomes of the study will be discussed.
The results demonstrate that a quality service can be delivered using this approach, at reasonable cost. It has been possible to recruit, and to retain high quality individuals at all levels to deliver the service. A number of important lessons about implementation have been learned and these will be described in detail. The key issue is to determine the level of service to be provided, and then to train, support and remunerate staff appropriately to deliver this service.

Abstract 015

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Remote and Rural Conference
'Making it work'

Symposium (or workshop) from NHS Western Isles
Title "Sustaining our futures in the Outer Hebrides by redesign and partnership working"

Background

The Western Isles are the most westerly islands in Scotland covering a population of approximately 28,000 scattered over a distance of 135 miles from north to south. Sustaining health care services will help to sustain the viability of local populations and improve the Public Health

Aim

Our symposium describes a range of initiatives that have taken place in the Western Isles describing

- Innovative redesign of. Primary and Secondary care services
- opportunities to provide new services in our remotest areas
- recruitment and retention issues locally
- community sustainability/public health issues

- different typos of working and partnerships

Design: Chairperson: Dr Sheila N Scott, Director of Public Health, NHS Western Isles.

Dr Ian Clark, Medical Director NHS Western Isles will describe

- the challenges and opportunities in remote health care
- covering the various items of legislation, standards setting, employment restrictions etc
- Looking at various models to resolve problems.

Primary Care spokesperson NHS Western Isles GP Co-operative will describe:

- **Personal Medical Services (PMS)** - a new method for providing Primary Care services, with examples in
- Cardiac Rehabilitation
- Learning Disabilities and other

Emelin Collier, Community Care Development Manager NHS Western Isles will describe:

- The I Reach Project, a unique and innovative project that provides enhanced social support to adults with severe and enduring mental illness and who live remotely. It also addresses the problems of sustaining people within their own community and ensuring anonymity.
- **NCH Proiseact nan Eilean Siar/Assessment and Therapy Unit**
- This partnership between NCH Action for Children Scotland and NHS Western Isles has facilitated the development of building the team around the child by organising and co-ordinating multi disciplinary input in respect of children with special needs and their families. It has also provided a focal point for the service, enhanced support to parents and sustained services at times of recruitment difficulties.

Results and conclusions

We will demonstrate that the challenges around remote and rural issues can be the catalyst for innovative and pragmatic solutions not only to recruitment and retention but will also afford improved access and services to our population.

Abstract 016

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Title: **NEW GRADUATE NURSES IN WESTERN NORWAY: YIELDS IN THE LABOUR MARKET AND JOB PREFERENCES**

Presented by Oddvar Førland

Aim: The number of students admitted to nursing colleges has increased because of the demand for nurses in the Norwegian health service. This study focuses on the results of the government's efforts to meet this demand, concentrating on the western region of Norway and first 12 months after graduation. Three main points are examined: 1.number of graduates participating in the workforce, 2.distribution of the types of jobs and field of work, 3.geographical mobility. A central question for recruitment is which preferences new graduate nurses have when choosing jobs.

Design and Method: Design and method: The study constitutes the first part of an ongoing prospective cohort study. Data were collected from a comprehensive questionnaire directed at the total population of 591 nurses who graduated in the year 2000 from three western Norwegian counties. The study uses descriptive statistics and regression analyses.

Result and Conclusion: A total of 98% of the respondents were employed one year after graduating of which 99% were working as nurses.
The nurses worked to 94% of their job potential, if a full-time job is the norm, 49% in hospitals, and 42% in primary health service. Sogn and Fjordane, the most rural of the counties, lost the greatest number of graduates. An interesting and challenging job is a major preference for new graduates choosing employment, while better pay and more varied experience seem most important when the time perspective is up to three years.

NHS Highland

Abstract 017

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"Eight Years Experience."
A Program for Recruiting and Training Psychiatrists to Rural Psychiatry in Northern Norway.

For the last three decades there has been a major change in the psychiatric services in Norway, from the traditional asylums, to a decentralized service, run from Psychiatric Centres, mainly located at the local hospitals. At the same time, there has been a lack of psychiatrists for these services. In North-Norway this has been a major problem. As a result of this, a project known as "Two Psychiatrists in every local hospital", was planned and started in the county of Nordland in 1996.This initial project did run until 2001. However, in 2000 a similar project was started in the two northernmost counties of Troms and Finnmark. In 2002 the projects were joined and has continued since.

The results and experience from the initiation of the project until the present will be presented.

The project has been very successful. Already it has been adopted and modified for Child and Adolescence Psychiatry training. The people involved, consider that
both other rural areas and fields of medicine can adopt the project with modifications.

The presentation will be made by members of the project.

Abstract 020

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ABSTRACT

Sustainable rural maternity services in Scotland: staffing and skills

Janet Tucker,[1] Helen Bryers, [2] Jane Caldow, [3] Jane Farmer,[4] Fiona Harris, [5] Vanora Hundley,[5] Jilly Ireland, [1,4] Alice Kiger,[5] Edwin van Teijlingen,[1,4]

Background – With service staffing pressures and policy to further centralise acute maternity services in Scotland, providers face challenges to maintain safe yet accessible care in remote and rural settings.

Aim - To scope required multidisciplinary skills and innovative training methods for sustainable maternity services in remote and rural Scotland.

Design - Literature review and surveys.

Methods - Literature was reviewed for key skills and competencies required by maternity care teams in remote and rural settings. Staff views were sought in a sample of maternity units stratified by model of care and size (as a proxy for remoteness), using interviews and representatives of all professions. Issues explored were: current and future required skills, and staff perceptions of obstacles or enabling factors for service provision and effective training. Interview findings were then tested in a wider postal survey.

Results – Of 28 eligible units identified by telephone census, ten units were selected with 72/75 (96%) professionals interviewed. 112/161 questionnaires (70%) were completed and returned in a postal survey that included a further ten matched units.

Preliminary findings show service change already underway. Risk-assessment, decision-making to transfer and confidence are seen as central for effective rural practice. Staff self-reported their skills and competencies, highlighting their training needs. Increasing medical specialisation, workforce issues and proposed regulatory evaluation of competencies linked to caseload raise concerns about sustainability – particularly of “generalists” in the rural maternity care workforce and specialist obstetric and paediatric cover in small district general hospitals with large rural catchments is a specific concern.

NHS Highland

Abstract 021
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Teaching ALS in Remote and Rural Areas a Case for Teleconferencing

Aim of Presentation

To show feasibility of providing equality of resuscitation training to rural and remote areas of the West of Scotland using video conferencing.

Summary of Work

Advanced Life Support (ALS) Courses have been shown to be a successful way of training multidisciplinary health care professionals in the provision of resuscitation skills. This study examines the usefulness of bringing ALS course and skills to the remote and rural practitioner via telemedicine.

Summary of Results

We showed feasibility of providing lectures to far sites with 100% acceptability of videoconferencing to the trainees during an ALS course. We also showed good inter-instructor concordance in assessment of resuscitation skills between near and far sites. We were able to show acceptable demonstration of practical skills such as defibrillation, basic life support and basic airway management via the teleconferencing link. This was initially problematic because of lack of adequate visualization but was able to be overcome with careful planning of positions of the camera.

Conclusions

Videoconferencing is an exciting, acceptable and feasible way of bringing resuscitation training to practitioners in less accessible areas.

NHS
Highland

Abstract 022

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Implementation of a postgraduate teaching programme in accident and emergency medicine via teleconferencing – One years experience

Aim of Presentation

To develop and evaluate a new innovative teaching programme for junior doctors training in accident and emergency medicine using videoconferencing.

Summary of work

Centralisation of teaching of junior doctors has many advantages; including standardisation of information taught, support of smaller units and increased opportunities for learning, allowing equality of teaching across all hospital sites. The problem with multiple sites diverse in resources and varying distances form central hospital is the time required to travel to teaching sessions and the lack of flexibility should emergencies arise. This study describes the implementation and evaluation of a centralised teaching programme for junior doctors training in accident and emergency medicine using videoconferencing Subsequently we also included national sessions for training grade doctors (Specialist Registrars).

Summary of results

One year of videoconferencing teaching programme was shown to save12600 miles in travelling and 500 hours of travelling time in Argyll and Clyde Trust, compared with conventional previous face-to-face teaching programme,. It was also possible to link in a futher three hospitals that previously had no teaching programme in place for their junior doctors. All teaching programmes were evaluated and shown to be acceptable and effective at increasing students knowledge of subjects.

Conclusions

Videoconferencing can provide all the advantages of a centralised teaching programme for junior doctors training in accident and emergency medicine whilst eradicating all of the disadvantages.

Abstract 023

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Coming and staying

A survey of the specialist doctor population of the hospitals in a little rural county, "Sogn og Fjordane" in Western Norway.
The hospitals have experienced great difficulties attracting qualified specialist doctors. These difficulties have led to expensive solutions with locum firms.
There are 3 hospitals, one Central hospital with about 255 effective beds, and to small local hospitals with about 60-65 beds.
The distance by road is about 2 hours 30 min from the local hospitals to the central hospital.

The study tries to explore some of the factors leading up to doctors starting to work in "Sogn og Fjordane", and why they did stay or left.
A questionnaire has been sent to all specialists currently working in the hospitals in "Sogn og Fjordane". All doctors who have quit from a regular employment since 1997 have also received the form. A total of 120 forms have been sent out in March 2003.
The collection is still in progress.
The hypothesis is that local binding is the best factor in recruiting highly educated staff. This is an argument in many discussions, but nobody has really shown that this is reality. The subjects for the questions in the form is 1.Familiar connection by self or spouse, 2.Registrar or junior doctor experience from the county, 3.Working and payment conditions, 4.Scientific possibilities, 5.Social and cultural conditions, 6.Sports and leisure possibilities.
The conclusions are not yet drawn, but preliminary there seem to be support for the hypothesis.

NHS Highland

Abstract 024

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The results of a local recruiting program in a small northern Norwegian community

Bø is a small fishing community with 3000 inhabitants in Vesterålen islands, northern Norway. Recruiting health personnel has always been difficult in the region. In 1997 the situation was critical. The clinic in Bø was run mainly by short-term substitute doctors, the quality was poor and the cost high.

The community assigned a working team to consider and implement appropriate measures to improve the situation. Important factors for recruiting and retention were considered. The strategy chosen was to find doctors that would value the wonderful nature, outdoors activities, good daycare and school system. In other words, the community was looking for a doctor couple with small children, interested in outdoors activities, the relaxed pace of a rural community and in combining challenging working conditions with a quality family life. The clinic facilities were improved and a new house for the doctor(s) was planned.

Traditional methods of recruiting were used: ads, recruiting agencies and personal contacts. After 6 months, the campaign was successful. Two doctors were hired; both were experienced GP:s from Sweden, 56 year old with grownup children! They were employed as a result of incidental contacts. However, the recruiting program and the focus on what Bø has to offer certainly helped and the process was as important as the practical measures taken.

NHS Highland

Abstract 025

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International Conference on Recruitment and Retention in Remote Areas

Making it Work ! St Andrews bay, Scotland 4-6 September.

Abstract

EXPERIENCES FROM 10 YEARS OF RECRUITMENT AND RETENTION OF DOCTORS IN PRIMARY HEALTH CARE SERVICES AT 70 ^{0} NORTH, CAN THE EMPLOYER AFFECT THE DEVELOPMENT?

Setting: The fishery municipality Båtsfjord, 2.500 inhabitants on the coast of Finnmark, North Norway 1984-1994. Primary care services including four general practitioners, one of which was also local medical officer and health administrator. Localised in new health centre together with public health nurse, district nurses, physiotherapy, and cottage hospital. The municipality were responsible for the services from 1984. Main problem; high turnover of doctors, nurses and physiotherapists.

Following practices were developed over years:

Recruitment of doctors: Special efforts towards **interns** (all Norwegian doctors serves six months). Interns were the foundation for recruitment through the period. Factors which made interns start as ordinary GP after internship: Satisfactory reception procedures including house in working order, kindergartens for possible children and work for spouse. Satisfactory professional supervision, and working environment, both physical and organisational. **V**acancy was always offered to the candidate. For **all applicants** to new jobs: The municipality made clear to applicant wage, possibilities for specialist education, housing, and developed quick hiring procedures (within a week of applying deadline in straight forward cases).

Retention: All new doctors were offered possibility for partaking in specialist education in general practice or community medicine according to own wish. Locums and new doctors did not get considerable better conditions than stable doctors. Not functioning doctors were dealt with.

Governmental additional incitements in the period: **Lower tax and higher children allowances in Finnmark (whole population). Reduction of student loans by approximate 1000-1200£ pr. year worked in the county (all students).**

Conclusion: The doctors in Båtsfjord were more stable than in the neighbouring municipalities of Vardø and Berlevåg.

Abstract 026

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Title: "A New View on Education"
Implementation of Videotechnology to Support an Education Network in the North of Scotland – from Proposal to Operational Steering Group

ABSTRACT
Many projects to apply information and communications technologies (ICTs) in healthcare have not lead to sustainable applications. Often important 'recipes for success or failure' go undocumented and get forgotten, and hence duplication and improvement elsewhere is jeopardised. Previous failure to sustain some e-learning networks has related less to technical capabilities and more to "people issues" and how effectively a multi-site project is organised, championed and 'sold' to the end-user.

The Scottish Telemedicine Action Forum was established in 1999 to support a number of demonstration projects in e-health and e-learning across Scotland The Island authors present the background to and progress on one such project: 'North of Scotland Education Network'. The paper addresses:

- The importance of building on established human networks
- Collaboration between clinical, technical and project management professionals
- 'Virtual' representation of multiple stakeholders
- Co-ordination of proposed educational content

E-learning developments need careful evaluation of their capacity to contribute to educational development as well as the long-term resource implications. We anticipate that some of the established educational networks may impact the determination of how communications technology is implemented but are hopeful that, in return, remote access to these may be a force for change and improvement We also anticipate that the proposed system will supplement and support collaborative working and show that traditional boundaries can be crossed to the benefit of all, giving additional reality to the concept that interactive learning can happen anywhere, no matter how remote. Finally, we believe that this will have a positive impact upon professionals working in remote and rural areas and the perennial problems of recruitment and retention.

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Highland

Abstract 027

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Guidelines and management of mild hypertensive conditions in pregnancy in rural general practices in Scotland: issues of appropriateness and access.

Stimpson P,* Tucker J,** Farmer J***

Objectives- To assess diagnosis and management of scenarios of mild non-proteinuric hypertension in pregnancy against guideline recommendation.

Design- Postal survey and telephone interview.

Setting- All 174 designated rural general practices in Scotland.

Sample- 171 GPs and 158 midwives responsible for antenatal care stratified by distance to specialist maternity hospital.

Main outcome measures- Accuracy of diagnosis and appropriateness of management compared with guideline.

Results- At least one respondent replied for 91% (158/174) of rural practices. Response rates were 68% (117/170) of GPs and 77% (121/158) of midwives. Both GP and midwife replied for 46% (80/174) of practices. The majority of GPs (80%, 87/109) and midwives (63%, 71/113) over-diagnosed the scenario. Consequently intended management was most often referral or admission to specialist hospital (59%, 132/224), both courses of action beyond guideline recommendation. There was association between distance of practice from specialist maternity hospital and professionals' report of intended referral or admission. Explanatory factors from telephone interviews included a poor knowledge base, cautious risk assessment, and perceived inflexibility of guidelines for remote contexts.

Conclusions- Findings highlight lack of accuracy in diagnosis of a common antenatal problem and intended management consistent with over-diagnosis. Results suggest that women may experience more antenatal referrals and admissions than are clinically appropriate according to guideline. At a time of increasing centralisation of maternity services this could increase inappropriate referrals and increase costs to service and patients. Quality of care may be improved by developing consensual local guidelines with rural maternity care professionals and support maintained skills and confidence in decision-making.

NHS Highland

Abstract 028

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Forming the Reserve of Health Care Managers in the remote region of the North Russia.

Presented by
Health Care Department of Arkhangelsk Region
Medical Information Analytic Center
EU North West Health Replication Project

Aim: To select the staff reserve for the Health care department of Arkhangelsk region administration.

Design: In the beginning the working group had absolutely clear-cut task- to select the staff reserve for the Health care department of Arkhangelsk region administration. At the same time selecting the staff was not the only aim. The main thing is to work out the methodology of doing it, find its strong and weak points and compile the material for the future system of health acre managers reserve selecting.

The working group consisting of the project experts, psychologist from the HR agency and psychophysiologist was formed for solving this task. The experts together with the health care managers and specialists from the Regional Department of Health made the detailed descriptions (professiogrammes) for all the positions of the reserve. The necessary qualities of the positions were defined. The next stage was forming the group of candidates. 102 candidates were selected from the six biggest hospitals in the city. The chief physicians recommended the majority of the candidates, but at the same time any person from the health care sphere could suggest his/her own personality for being a member of group of candidates. All the candidates underwent the psychological testing with the help of the set of personal tests, and then a psycho physiological testing at the laboratory of the Regional Centre of Emergency Medicine. It worth mentioning that the most of the candidates have shown rather good results at the first stage of testing, but the experts have selected the group of 28 persons for participating in the second stage of testing. The second stage of testing consisted of the number of interactive games, which were carried out during the whole working day with the small groups of candidates. We had carried out several interactive games. Different management situations were simulated during the games and constant video recording was made. The game itself and the video records were analysed by the experts in details.

Method: All the methodology consists of several steps.

1. Creating the professiogams using the interviews.
2. Preliminary interview.
3. Psychodiagnostic testing.
4. Interactive games.
5. Selection of the reserve.

Results:

1. Methodology of the reserve of the health care managers forming is created.
2. The Reserve of Health Care managers is completed.
3. The methodology is prepared for replication.The Manual is ready.

Conclusion: The way and methodology of the reserve forming can be replicated not only in Russia, but also in other countries.

NHS Highland

Abstract 029
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Finnmark Doctor Training.

Presented by: Karin Straume, Mona S. Soendenaa

Aim.
The aim of the programme is to recruit young doctors into vacant positions in the primary health care services in Northern Norway, after serving their 6 months internship within this area. The ones recruited are offered further training and professional support in peer groups in general practice and/or public health. The groups are part of the ordinary specialisation programme in general practice/public health, made especially accessible to recruitees in the region.

Design.
The interns in the primary health service are gathered in local groups tutored by an experienced, pedagogically trained GP. These groups constitute an additional support to the daily follow up and supervision offered to the interns by the GP they are working with. The young doctors who enter into rural positions after completing their internship, often face the challenge of singlehandidly having to cover both public health services and general practice in their municipality. They hence need professional support and training in these areas as soon as possible. The group in public health is organized by the County Medial Officer of Finnmark and the groups in general practice are organized by the Norwegian Medical Association alongside such groups in other parts of the country.

Method.
The intern groups concentrate on discussions concerning experiences and challenges specific to general practice in rural areas, enlightened by the partisipants' own casuistics. The Norwegian specialisation programmes both in general practice and public health are based on group training conducted while the young doctors are in service within these areas. In Finnmark the young doctors get access to these groups immediately upon entering their position and to the support of a network of experienced doctors in the county. The tutors of the groups offer personal supervision to the individual trainees between meetings, as do the experienced neighbouring doctors of the network. All training expenses are covered by government funding.

Result.
Of the annual 40 interns in the primary health care in Finnmark, approximately 25% to 45% choose to enter their first position within the northern region. This has considerably decreased the number of vacancies over the last 3 to 4 years. The training programmes in public health and general practice seem to stabilize the doctors in their rural positions, at least for the period of time they

are enrolled in the programme. After finishing the programme only 10% of the public health trainees and 33% of the GPs have moved south during the last 8 years.

Conclusion.
Guiding the interns through the challenges of rural practice may neutralise their reluctance to enter positions in these areas. Professional support and further training are however essential to stabilize them in these positions.

NHS
Highland

Abstract 030

Giving Birth

In Northern Landscape

a film by
Toril Hanson

This film is about giving birth in northern Norway. It also deals with contemporary midwifery practices, Western medicine and the challenge of centralization and decentralization of health cervices.

Through Berit Bueng a Saami woman we learn about traditional Saami ways of birth and midwifery. Voices of different women - mothers and midwives - are heard.

Visual Cultural Studies
University of Tromsø

Norway

Year of production: 2002 **Language:** Norwegian **Subtitling:** English
Sound: Mono **Length:** 34 min.

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2002 Visual Cultural Studies, University of Tromsø

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NHS Highland

Abstract 031

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Please see below an outline of what I would like to present as a poster…

The theme of my poster would be how I use IT to provide a resuscitation training service to remote hospitals. I have had an intranet booking system where staff have been able to access training courses and information for the last three years. Accessible for all HAHT staff in Caithness, Fort William and Inverness. Staff are able to see which courses are applicable to them and book onto the courses at any time of day or night. I also have a cascade training scheme whereby I train others to provide some of the training, especially on the remote sites. The gist of the poster would be the use of IT to improve access to training.

NHS Highland

Abstract 032
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Clinical Practice Guidelines, Their Place in Remote Practice?

Sabina Knight RN FRCNA. Centre For remote health Alice Springs NT, Australia.

There is increasing evidence that clinical practice guidelines result in better health outcomes by improving the practice of health professional and improve the confidence, hence retention of the workforce by standardising the population health approach to difficult and common clinical situations.
The CARPA Standard Treatment Manual, currently in its fourth edition was first published in Central Australia in 1992. It is widely known and owned as being by users for users, an attribute found to be the key to its practicality and hence uptake.

Whilst the practice of imposing guidelines from above onto remote practitioners has to date been spectacularly unsuccessful, the environment of best practice has been influential in overcoming resistance to the adaptation of guidelines such as CARPA. This paper will outline the CARPA process of developing guidelines, discuss difficulties encountered in earlier days when recalcitrant practitioners, over-rode the STM in their customary practice, (clinical freedom), the two evaluations following the first and third editions and the broader implications for remote practice

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Convener, Central Australian Rural Practitioners Association
Past Chair, National Rural health Alliance
Past President, Council of Remote Area Nurses of Australia

NHS
Highland

Abstract 033

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Dancing in the dust

Sabina Knight Remote Area Nurse, Senior Lecturer Centre for Remote Health Alice Springs NT.

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Australia poses particular challenges to the provision of health services and the recruitment and retention of health professionals. Vast distances, climate extremes, hostile environments such as bush fire or flood, sparse, dispersed populations, poor public transport, fractured regional infrastructure, cultural diversity, poverty, poor health status, a widening gap in this health status.

Out of these incredible challenges have arisen many innovative strategies largely driven by practitioners and importantly responded to by governments and health services. The work to better match or align the health service needs, complex individual health needs and the health work force has been a challenge

The year 1990 saw the first national gathering of remote and rural health in Australia. Two important outcomes flowed from the conference. The first, the birth of the National Rural Health Alliance and the second a National Rural Health Strategy and a notion that perhaps collaboration may overcome the barriers to improving health outcomes and practitioner experiences.

This paper will discuss these issues, highlighting some of the Australian practitioner, government and health service responses and experiences such as the promotion of rural careers from high school, through university to practice, the development of curriculum for remote practice, scholarships, University Departments of Rural Health in remote regional centres, professional support programs and workforce agencies.

NHS
Highland

Abstract 034
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Child births in a modified midwife managed unit: selection and transfer according to intended place of delivery

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(1) Department of Paediatrics, Nordland Central Hospital, Bodø. (2) Departments of Obstetrics and Gynecology, Lofoten Hospital, Gravdal, (3) University Hospital of Trondheim, (4) University Hospital of Tromsø, Norway.

Traditionally, obstetricians and surgeons have been responsible for obstetrical care at small local hospitals (200 – 400 deliveries pr year). As surgeons no longer accept responsibility for a delivery unit, the options for these units are either to close down the activity or establish new programs. We studied the case selection process at a modified midwife managed unit located in Lofoten Hospital. Women at low obstetrical risk were delivered at this unit and women at high risk were referred to the Central Hospital

A total of 628 women residing in Lofoten giving birth during 1997-98 were consecutively studied. Of 193 deliveries at the Central Hospital, 152 women (24.2% of all women) were selected before admittance to the local unit and 41 women (6.5%) were transferred to the Central Hospital after first being admitted to the midwife unit. Aircrafts were used for all 41 transfers, and for 137 of those selected to give birth at the central hospital. No birth occurred during transport from Lofoten to the Central Hospital. The proportion of operative deliveries for the whole population was lower during the study period than during 1992 - 96; 16.4% *vs.* 21.2% (OR: 0.73, 95 CI (0.57 - 0.93)). Originally, caesarean sections were not planned at the midwife managed unit during the study period. The isolated location of this unit and unpredictable weather conditions, however, necessitated 13 caesarean sections by back-up from surgeons or an obstetrician. An audit panel concluded that some of the clinical situations preceding the decision to deliver could have been avoided. Most probably all 13 women might have been transferred to the Central Hospital without any appreciable risk to foetus or mother. The criteria for desired outcome (non-operative deliveries at 35-42 weeks of gestational age, with the outcome of an infant not needing resuscitation) were fulfilled by 409 women (94%) at the local unit and by 97 women (50.3%) at the Central Hospital. Three intermediate outcome measures were used in an intention-to-treat analysis comparing the group of women intended to be delivered at the local unit to those selected to be delivered at the Central Hospital. Intermediate outcomes for 476 women (477 infants) at the local unit compared to intermediate outcomes for 152 women (164 infants) at the

Central Hospital were: operative deliveries: OR: 0.11, 95% CI (0.07 - 0.17); infants transferred to NICU: OR: 0.18, 95 % CI (0.09 - 0.32); infants "diverging" from normal: OR: 0.14, 95 % CI (0.08 - 0.22).

Conclusion: This model might be an alternative to centralization of births in sparsely populated areas.

Abstract 035

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TITLE: RECRUITMENT AND RETENTION OF HEALTH CARE PROVIDERS FOR REMOTE AREAS OF THE U.S.: A NATIONAL BEST PRACTICE MODEL

This session will discuss a recruitment and retention model used widely in the U.S.A. for the purpose of placing health care professionals in rural and remote areas of the Country. It will also discuss lessons learned about the importance of community involvement in the recruitment process.

The National Rural Recruitment and Retention Network (3Rnet) was founded in 1985. It is a not-for-profit organization whose members are from State Office of Rural Health, Area Health Education Centers, Cooperative Agreement Agencies funded by the Federal Health Resources and Service Agency (HRSA), and State Primary Care Associations.

Network members have Internet access to a national data bank of health care practitioners interested to consider rural practice, as well as the capacity to post position openings. Using active server pages, Network members may also create their own state sites within the national Website, posting information about the identified rural communities seeking practitioners, the surrounding geography, and the local amenities aimed at attracting candidates. Practitioners may access the Website and post information about their own practice and geographic placement preferences.

The session will also discuss lessons learned from rural and remote recruitment and retention practices in the U.S. in the past decade, including

the importance of involving the community in the recruitment process, and understanding that recruitment usually involves an entire family and not merely the individual health care practitioner. More recent trends in recruitment have shown that telemedicine training and practice also serves as a recruitment tool for practitioners who are interested in learning new methods of practice and building their technology skills.

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Abstract 036
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Title Strategies for Increasing the Uptake of Prehospital thrombolysis – a Scottish model

Remote and Rural Areas Resource Initiative
Prehospital Ambulance Service Thrombolysis project (PHAST)

Presented by Andrew K Marsden

Aim: Achieving early fibrinolysis has been shown by a number of studies including the Grampian GREAT Trial to be valuable in reducing mortality and improving quality of life after myocardial infarction. However the delivery of an early thrombolysis service is beset by a number of blocks- financial, educational, logistic etc – and these, by their very nature are worse in remote and rural communities. This feasibility study aims to overcome such blocks.
Design With a grant from RARARI, the Scottish Ambulance service has been testing a number of models of service delivery of pre-hospital fibrinolysis especially in rural sites where paramedics especially trained in taking and interpreting the ECG provide “handholding” support to the isolated general practitioner. The 12 lead electrocardiogram and a support pack containing the thrombolytic drug, tenecteplase, are carried in the ambulance which responds jointly to a chest pain call with the GP. In other areas, paramedics deliver thrombolytics on their own, though with ECG decision support from a telemedicine reference centre*:*

Method: These models have been evaluated within about twenty areas in four rural Health Board areas in Scotland. Audit of time to arrival of defibrillator, time to administration of opiate and call-to-thrombolysis needle time are undertaken together with a review of the effect of the programme on the uptake of thrombolysis in the Health area population. This paper describes the operational models and the joint educational programme

Result: Thrombolysis involving paramedic has been accomplished in about 80 cases since the programme commenced Detailed results from the audits will be presented.

Conclusion: Thrombolysis by ambulance paramedics can be safely and effectively delivered in a variety of ways. As a result of this work the Scottish Ambulance Service has developed a strategy for rolling out training and competencies in ambulance thrombolysis by end 2005.

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Abstract 037a

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TRAINING – THE BEST MEANS FOR STABILIZATION.
The Finnmark doctor training programme.

Aim

The aim of the programme is to recruit young doctors into vacant positions in the primary health care services in the northernmost region of Norway, after serving their 6 month internship within this area. The ones recruited are offered further training and professional support in peer groups in general practice and/or public health.
The "Recruit the Interns" and Public Health programmes are presented in separate posters, while the total concept and General Practice programme is presented here.

Design

The young doctors who choose to enter into positions in rural municipalities after completing their internship, often face the challenge of singlehandidly having to cover both primary health and public health services in their municipality. They hence need professional support and training in these areas as soon as possible. The recruited young doctors in Finnmark are offered special accessibility to the ordinary specialisation programmes in general practice and public health. The group in public health is organized by the County Medial Officer of Finnmark and the groups in general practice are organized by the Norwegian Medical Association alongside such groups in other parts of the country.

Method – General Practice.

The Norwegian specialisation programme in general practice is based on group training conducted while the young doctors are in service in primary health care. In Finnmark the recruited docters get access to a general practice group within a few months. All training expenses are covered by government funding.

Results – General Practice.

The training programmes in general practice stabilize the doctors in their positions in the rural municipalities, at least for the period of time they are enrolled in the programme. After finishing the programme 29 (67%) of the 43

doctors attending the general practice groups in Finnmark since 1994 are still working in the region.

Conclusion

Taking the recruited doctors into a training programme based on peer groups has proved to be a good means for stabilization of doctors in rural areas in Northern Norway.

Abstract 037b

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RECRUIT THE INTERNS!

Aim.

The aim of the programme is to recruit young doctors into vacant positions in the primary health care services in the northernmost region of Norway, after serving their 6 month internship within this area. Internship in primary health care is compulsory to be a licensed doctor and Northern Norway gets it's fair part of the interns.

Design

The interns in the primary health service in the rural counties are gathered in local groups tutored by an experienced, pedagogically trained GP. These groups constitute an additional support to the daily follow up and supervision offered to the interns by the GP they are working with. The programme is financed by the Ministry of Health.

Method

The groups concentrate on discussions concerning experiences and challenges specific to general practice in rural areas. Ordinary medical topics are supposed to be covered by their everyday supervision by their local GP. The pedagogic method in the groups builds on participants bringing casuistics from their practice to enlighten various challenges, on which they give each other feedback under supervision of the experienced tutor.

Result

Of the annual 40 interns in the primary health care in Finnmark, approximately 25% to 45% choose to enter their first position within the northern region. This has considerably decreased the number of vacancies in primary health care in the region over the last 3 to 4 years.

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Conclusion

When the “Recruit the interns”-programme was initiated in Finnmark in 1997 it soon proved useful and was extended to the other 3 northern counties in 1998. In 2000, when the recruitment to general practice also failed in other rural areas of Norway, the programme was extended to 10 additional counties.

We see this as an indication that guiding the interns through the challenges of rural practice may neutralise their reluctance to enter positions in these areas. Professional support and further training are however essential to stabilize them in these positions.

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Abstract 037c

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PUBLIC HEALTH TRAINING AND NETWORK BUILDING

Aim

To stabilize the young doctors who have been recruited into vacant positions in the primary health care services in Finnmark and Northern Troms. The doctors are offered training and support in peer groups in public health. These training groups are part of the ordinary specialisation programme in public health, but the design of programme is adjusted to the conditions in Finnmark and the group is especially accessible to recruitees in this region.

Design

The young doctors who choose to enter into positions in rural municipalities after completing their internship, often face challenges they are not prepared for through medical school. They hence need professional support and to begin their training in these areas of specialisation as early as possible. The support- and specialisation group in public health is organized by the County Medical Officer of Finnmark. The programme is financed by the Ministry of Health.

Method

The Norwegian specialisation programme in public health is based on group training conducted while the doctors are in service within these areas. In Finnmark all doctors who wants to specialise in public health can have access to the public health group whenever they wish. The group is also open to young doctors who only need the support but do not wish to complete a full specialisation programme. The group members also gain access to a network of experienced public health doctors in the county: Biannual gatherings form the base for further individual contacts throughout the year.
The discussions in the group concentrate on experiences and challenges the trainees meet in their daily work: The participants bring casuistics from their practice to elucidate various public health themes and give eachother feedback under supervision of the experienced tutors. The group meets in different places and tries to visit the different municipalities where the trainees have their daily work.

Results

This training program in public health seems to have a stabilizing effect: Since 1995 only 3 of 30 doctors that have attended the group have later left the northernmost region.

Conclusions

The fact that trainees in the public health program in Finnmark are staying in their positions for a longer time than they did earlier is seen as an indication that professional support and training is essential to stabilization. Good accessability to training groups and experienced college support in public health has proved to keep doctors in rural areas, and also to specialise in public health to a higher extent than in other parts of Norway.

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Abstract 38

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"15 New Child Psychiatrist by 2006"

Recruitment and training of child and adolescent psychiatrists in Northern Norway

Presented by: The project group

In 1998 the child and adolescent psychiatric services in Northern Norway had 8 consultant psychiatrists. This was a problem as there should be 23. The problem seemed to be connected to recruitment and training. The doctors in the region, the university of Tromsø and the health administration in the three northern counties decided that the problem could best be solved in collaboration by establishing a project. The aim was to recruit and train 15 new doctors by providing training and supervision. We wanted doctors with roots in Northern Norway who were prepared to do what it takes to do the training, traveling and moving for a period of time. We needed committed consultants who were prepared to travel and to do work for the project, health bureaucrats and county politicians who believed in the project and we also need funding from the Department of Health to implement the plan. Everybody was enthusiastic and the project manager started in January 2000. The project has so far been a success, and this autumn we will reach our aim: 23 doctors working in the child and adolescent services. The doctors have got to know each other well by meeting on a regular basis, and this has been particularly important where there are few doctors. We believe that establishing a doctor network has paid off, and consider that as one of the major factor for the success of the project.

NHS Highland

Abstract 039

Making it Work

Recruitment and Retention in Remote Areas, 4 – 6 September 2003, St Andrews Bay

Name of presenters: **Ken Gill* & Colwyn Jones**

e-mail address: topshopsurgery@tiscali.co.uk

Free paper for workshop: **Working within increasing standards and regulation.**

Abstract title

Running the Remotest NHS Dental Surgery in a Fragile Scottish Mainland Community

Aim

To present a personal narrative of the problems and advantages faced by a remote and rural general dental practitioner working in a fragile Scottish mainland community.

Design

A qualitative, anthropological (social and cultural) report on the many changing financial, regulatory, professional and local pressures on NHS general dental services, and their unforeseen and distorted impact on the sustainability of rural NHS dental practice.

Method

Rapid, unstructured, iterative, ethnographic research ranging from belief constructs of policy influences on macro attitudes of the Scottish establishment towards remote and rural NHS dental practice, combined with a micro focus from the aspect of a general dental practitioner in a fragile community.

Result

1. Decision making process of establishing the practice.
2. Practical considerations behind delivering a real and actual service to a fragile area. Consideration of the work and transport issues for the population e.g. lambing, fishing hours and harvest.

3. Range of dental intervention offered self regulated to ensure standards of care, flexible hours of work, choice and length of appointment times offered to facilitate uptake.
4. Fishbowl effect - small communities patients or friends? (broken leg anecdote!!!)
5. Compliance with new and changing regulations with little financial support. Exclusion from government support due to paucity of population – resolution of these situations.
6. Uptake of service offered.

Conclusion

Balance of personal financial sacrifice versus real psychosocial rewards.

Peace of mind and contentment gained through:

i) reduced stress levels
ii) reduced financial expectations therefore reduced financial demand
iii) confidence in the quality of service provided
iv) the ability to extend appointment times facilitates preventive approach and increases patient confidence
v) Relationship with the community

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Abstract 040

Name of presenters: **Dr C M Jones BDS FDS DDPH MSc MFPH***
Dr K H Scoular BDS MFGDP

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Free paper for the workshop: **New models of recruitment and retention**

Abstract title: **Recent changes to Scottish dentistry in rural & remote areas**

Aim

To chart the provision of NHS dental care in Scottish rural communities.

Design

Quarrying of data already in the public domain to show any established changes in the NHS dental workforce and activity in Scotland

Method

Time trend analysis of workforce using the 4 remote and rural Health Boards in Scotland, using NHS registrations (general dental services and community dental services), tooth decay in 5-year-old children and NHS practice closures.

Results

The dental workforce in R&R Scottish Health Boards fell from 5.98% of the national total in 1998 to 4.18% in March 2002, a 30% reduction overall (Scottish Dental Practice Board).

Twenty four percent of dental practices that have closed in Scotland between 1999 – 2003 were in rural Boards containing 5% of the total Scottish population (www.scottish.parliament.uk, written answer S1W-33454).

GDS capitation (children) registrations were constant over time and consistently below the Scottish mean. Whereas CDS activity fell by 20% over the study period.

There was no discernible pattern of changes in tooth decay in children in rural Health Boards.

Conclusion

The results show a sustained reduction in workforce in rural health boards in Scotland. Current policies towards the GDS in rural and remote areas are failing to sustain NHS dentistry in Scotland.

New methods of attracting and supporting NHS dentists are discussed with recommendations for action.

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Abstract 041
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Redesigning acute services in Helse Nord – the Acute Services Project.

Aim: Workshop 13: A comparison of the 2 projects of redesigning the acute services in Helse Nord, North of Norway and the West Highland Health Services in Scotland. To present the process of facing the challenges of public perception, and the challenges of implementing new models of acute care, in areas with historical models of provision. The project is aiming to provide higher quality of care and increase professional skills of complex procedures by centralising procedures where guidelines and medical audits indicates that the volume of procedures have an impact on the results of treatment.

Design: Developing new organisational structures of acute surgical procedures and maternity care in the 2 trusts of Helgelandssykehuset and Hålogalandssykehuset. Both trusts includes 3 hospitals each, where 24 hours emergency care in surgery and acute gynecology/obstetrics is provided in every unit, despite the low volumes of procedures in each hospital.
Method: Using regional expertise on reviewing reports, local project groups with clinicians and administrators on detailing reports and a broad hearing amongst the public, politicians, unions and industry, developing alternative structures and designs. Decisions are taken in trust boards, the board of Helse Nord RHF and finally by the Minister of Health (general assembly). The process has been going on from the autumn 2002 and until summer 2003 with the aim of implementing the changes from 2004.

Results: Decisions aim to reduce the acute services in surgery and develop midwife-lead units in 1 hospital in each of the trusts. An enormous resistance and frustration amongst the public and politicians, as well as the clinicians, has made the process difficult and challenging.

Conclusion: Redesigning of acute hospital services is challenging the publics trust in health authorities, and procedures of change are not welcome in the public perception. Making the redesigning work will require lots of information and dialog at every level of care and we have to show the public, throught the

outcomes, that the quality of our services are no less than previous models of care.

Abstract 042

Sture Pettersen
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Telemedicine in Norway

At the end of 1996, the Norwegian Ministry of Health and Social Affairs published a very ambitious plan of action called "More Health for Each bIT", on use of information technology within healthcare. In 2000 a follow up plan, Say@, (http://www.shdir.no/index.db2?id=549) came. The plan is to connect all Norwegian healthcare institutions in a national computer network. Together with the other hospitals in the Northern region, The Norwegian Centre for Telemedicine at the University Hospital of Tromsø initiated implementation of the Northernmost parts. An instrument for this is The North Norwegian Health Net. It was originally funded by the Norwegian Ministry of Health and Social Affairs and the Research Council of Norway. Today the net is owned by Northern Norway Regional Health Authority

The services so far available to the users are telemedicine services, including traditional diagnosing activity and services like e-mail, e-mail lists, news and web. All connections to institutions connecting to the North-Norwegian Health Net must be done according to the rules of The Data Inspectorate, an authority on protection of privacy in Norway.

Telemedicine services within radiology, dermatology, ENT, cardiology, gynaecology, internal medicine, psychiatry and ophthalmology are integrated into the network.

Medical, sociological, economical and patients and users satisfaction evaluation are performed parallel with the development of new telemedicine solutions. Some of the results will present. A special emphasize will be drawn to the on and offline services included distant learning for health care workers.

NHS Highland

Abstract 043

Making it Work

New Models for Recruitment and Retention

Danny Muschate, NHS Highland
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Aim: To look at recruitment methods in other sectors in order to apply different approaches to the Health Service

The long-term problems faced in the Health Service are caused in part by the failure to attract enough people into clinical and related NHS professions.

Are we simply sitting back and expecting young people to choose medicine or nursing and leaving it at that? Are we relying on sons and daughters to follow in the footsteps as used to be the tradition? Is medicine, for example, elite?

It's time to be pro-active in promoting Health Service careers.

How can we learn from sectors outside of Health?

How does the Education Service encourage people into teaching?

How do the Police encourage young people into their service?

What lessons can be learnt from business?

Is financial support available? Are bursaries needed?

Are young doctors, for example, encouraged to work in remote and rural areas as part of their training programme? If not, why not? Could incentives be offered?

Let's be innovative in our thinking.

Let's be brave and willing to try new initiatives.

Let's break away from traditions.

NHS Highland

Abstract 045

Robbie Coull
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Locum123.com is a fully automated web recruitment portal. It is a unique development that allows employers to disseminate information in real time about work (locum medical work) to potential employees via email and SMS text messaging. It also gives employees (locum doctors) a remarkable degree of control over how and when they receive information, and what types of work this information is for.

The total automation and instant SMS text messaging not only brings an unprecedented speed to the process of recruitment, but allows the service to be provided at a previously unheard of cost.

It was soft launched in January 2002 and has grown rapidly by word of mouth and now has nearly 3000 users in the UK. The site has a modular design that provides it with the ability to be modified for virtually any recruitment purpose within minutes.

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