

Citizen Participation and Public Petitions Committee

6th Meeting, 2021 (Session 6), Wednesday 3
November 2021

PE1890: Find solutions to recruitment and
training challenges for rural healthcare in
Scotland

Note by the Clerk

Petitioner	Maria Aitken on behalf of Caithness Health Action Team
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to find ways for localised training, recruiting and retaining healthcare staff in difficult to recruit positions in Scotland.
Webpage	https://petitions.parliament.scot/petitions/PE1890

Introduction

1. This is a new petition that has been under consideration since 16 September 2021.
2. The Committee is currently considering a petition which explores similar issues in relation to rural healthcare, [PE1845: Agency to advocate for the healthcare needs of rural Scotland](#). At its meeting on 8 September, the Committee agreed to write to:
 - The Scottish Government;
 - The Remote and Rural General Practice Short Life Working Group; seeking its views on the action called for in the petition; and,
 - Rural health boards seeking their views on the action called for in the petition, the steps that NHS boards currently take to address the needs of remote and rural communities and what further steps could be taken to respond to the concerns raised in the petition.

3. Any responses received will be available on [the petition's webpage](#).
4. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe A**.
5. While not a formal requirement, petitioners have the option to collect signatures on their petition. On this occasion, the petitioner elected to collect this information. 55 signatures have been received.
6. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered. A response has been received from the Scottish Government and is included at **Annexe B** of this paper.
7. A submission has been provided by the petitioner. This is included at **Annexe C**.

Scottish Government submission

8. The Scottish Government's submission begins by stating that it recognises the training, recruitment and retention issues faced by Health Boards operating in rural areas across Scotland.
9. The submission notes that an [independent external report](#) of Out of Hours services in Skye, Lochalsch and South Wester Ross in 2018 recommended a centre of excellence style approach to learning, education and training. The report suggested that this would allow NHS Highland to engage more closely with partners. The Scottish Government committed to creating a Centre of Excellence (CoE) for Rural and Remote Healthcare in its [Programme for Government 2021](#).
10. The submission details the collaborative approach taken to co-designing the proposal for the CoE to meet the needs of remote, rural and island healthcare staff. The proposal is aimed at supporting both existing staff and making working in remote areas a positive career choice.
11. The Scottish Government also states that GP relocation packages have been increased from £2,000 to £5,000 and eligibility has been widened to all remote and rural practices. £200,000 has been allocated to support Rural Relocation expenses and £400,000 to fund Golden Hellos. The Scottish Government also highlights its funding to NHS Shetland to support the 'Rediscover the Joy' project which has seen 30 doctors recruited from other areas to work up to 18 weeks a year in remote and rural practices that previously found it difficult to attract a GP.

12. The Scottish Government submission recognises the challenges associated with rural isolation and notes that it will develop an approach with the National Rural Mental Health Forum to ensure equal and timely access to mental health support and services in these areas.
13. Training and recruitment initiatives for doctors in difficult to recruit areas, including remote and rural settings, were highlighted in the submission. These include:
- Implementation of the Gillies Report recommendation to increase clinical placements for undergraduates in primary care settings.
 - ScotGEM graduate entry programme for medicine course content focuses on remote and rural medicine and healthcare improvement and offers students a “return of service” bursary.
 - Targeted Enhanced Recruitment Bursary for GPs in training – one-off, taxable bursaries of £20,000 for trainee GPs filling posts in certain hard to fill and remote or rural locations.
 - A credential in remote and rural medicine (unscheduled and emergency care) has been developed by NHS Education for Scotland (NES) and is currently undergoing regulatory approval.
 - One-year GP Rural Fellowship focussed on curriculum for rural practice.
 - Funding of around £300,000 for a mixed methods study on Enhancing Recruitment and Retention of Rural Doctors in Scotland. This research will gather sector specific information on factors that influence career decision making regarding remote and rural working.
 - NHS Scotland Flexible Work Location Policy will increase employment opportunities for those living in rural areas and aid recruitment by increasing the pool of candidates from a wider geographical area.
14. A number of wider initiatives, plans and reviews are also cited in the submission as contributing to the improvement of rural healthcare and/or tackling employment challenges specific to rural areas. This includes:
- Integrated Health and Social Care Workforce Plan 2019.
 - Allied Health Professions Education Review, expected to be published in Winter 2022.
 - Mental Health Workforce, being developed in the first half of this Parliament.
 - Recovery and Renewal investment and NHS Board allocations of £34.1 million have been agreed, with NHS Highland receiving £2.2 million in 2021/22. NHS Highland has also been provided with £54,625 for recruitment of a full-time Director of Psychology.

Petitioner submission

15. In their submission, the petitioner notes their appreciation for the funding allocated to NHS Highland but highlights that the Caithness community does not appear to benefit from that funding. The submission explains this by expressing the petitioner's view that health services are centralised to Raigmore.
16. In conclusion, the petitioner urges the Scottish Government to ensure that additional funding is fairly allocated by NHS Highland to benefit their rural and remote areas.

Action

17. The Committee is invited to consider what action it wishes to take on this petition.

Clerk to the Committee

PE1890: Find solutions to recruitment and training challenges for rural healthcare in Scotland

Petitioner

Maria Aitken on behalf of Caithness Health Action Team

Date Lodged

16 September 2021

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to find ways for localised training, recruiting and retaining healthcare staff in difficult to recruit positions in Scotland.

Previous action

We have contacted and communicated with MSPs Rhoda Grant and Edward Mountain about issues with mental health provision, orthodontics and maternity services for Caithness. They are both very concerned and supportive of additional measures to support healthcare training and recruitment and retention in difficult to recruit areas in Scotland. We have all met with NHS Highland management to discuss ways forward. CHAT have also contacted Universities and spoke to healthcare professionals.

Background information

There has been a continued centralisation of primary health services and centralised training for professional healthcare qualifications in specific urban areas. This is having a severe detrimental impact on recruitment to rural areas in Scotland in roles such as midwifery, orthodontics, paediatrics, allied health professionals, psychiatry and mental health services. An example of this centralised practice is Midwifery. Midwifery training is currently centrally based in three central areas of Scotland. The fast track to midwifery training with Highlands and Islands University has not been financed this year. Rural challenges have been addressed historically. For example, teaching positions in Scotland used to be difficult to recruit to, but local Universities produced the Child and Youth Studies on-line degree course and PGDE Distance Learning teaching qualification. The healthcare challenge could be addressed by creating training opportunities locally with clear qualification pathways, allocating affordable housing in hard to recruit areas and enhancing payments for recruitment.

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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Scottish Government submission of 17 September 2021

PE1890/A – Find solutions to recruitment and training challenges for rural healthcare in Scotland

The Scottish Government fully recognises that Health Boards operating in remote and rural areas face distinct training, recruitment and retention issues. We, and our partner organisations, such as NHS Education Scotland (NES), are dedicated to ensuring that our health care professionals have the right skills, and are in the right place at the right time, to meet the needs of our patients and services. This is why the Scottish Government and our partners have a number of initiatives underway to address the particular challenges faced in remote and rural settings.

Centre of Excellence in Remote, Rural and Island Healthcare and Digital Innovation

Following the 2021 Scottish Parliament elections, the recommendation to create a Centre of Excellence for Rural and Remote Healthcare became a Scottish Government Programme for Government 2021 commitment in order to ensure that our islands and rural areas are not left behind as we work to improve health services.

Background to the Centre of Excellence

On 25 May 2018, Sir Lewis Ritchie published [an independent external report](#) of Out of Hours services in Skye, Lochalsch and South Wester Ross (“SLSWR”). One of reports recommendations was for a centre of excellence style ‘approach’ to learning, education and training that would allow NHS Highland to engage more closely with education and training partners.

On 16 January 2020, Sir Lewis Ritchie published his “Shaping the Future Together: Remote and Rural Working Group Report”. The Cabinet Secretary accepted all the recommendations in the Report including establishing a Centre. The recommendations were also accepted by the Remote and Rural General Practice Working Group.

The Scottish Government remain committed to the recommendations in the Report, which aims to enhance primary care across remote, rural and island communities by ensuring stability for rural GP incomes alongside other measures that support innovative approaches to the use of IT and physical infrastructure, as well as recruitment and retention practices. The Remote and Rural GP Working Group reconvened on 5 May 2021, for the first meeting since January 2020. At that meeting the group reaffirmed their support for the Report's recommendations.

In response to the Ritchie Review, NHS Education Scotland's (NES) Remote and Rural Healthcare Educational Alliance (RRHEAL) had been collaborating with NHS Highland, multi-agency and community partners since 2018 to co-produce the proposal for the Centre of Excellence (CoE) in Remote and Rural Healthcare. They design, deliver and support education and training specifically to meet the needs of remote, rural and island healthcare staff. This is aimed at both supporting our existing remote, rural and island staff and also helping making working in these areas a positive career choice. They are currently developing a specific Rural Advanced Practitioner Pathway in collaboration with university and multi-agency partners.

<https://learn.nes.nhs.scot/786/rrheal>.

General Practice

The Scottish Government restates its unequivocal commitment to maintain the Income and Expenses Guarantee introduced by the 2018 GP General Medical Services contract. We have increased GP relocation packages from £2,000 to £5,000 and widened eligibility to all remote and rural practices.

To support the recruitment of GPs to remote and rural practices, Scottish Government have allocated £200,000 to support Rural Relocation expenses, and £400,000 to fund Golden Hellos. These initiatives will help address workforce challenges across remote, rural and island general practice. Since 2016 we have supported the Scottish Rural Medical Collaborative to develop recruitment and sustainability measures. In 2020-21 this investment was £342,218.

The Scottish Government have allocated funding to NHS Shetland to support the 'Rediscover the Joy' project. This project has seen 30 doctors recruited from other areas to work up to 18 weeks a year in remote and rural practices that previously found it difficult to attract a GP.

Integrated Health and Social Care Workforce Plan (IWFP)

The Scottish Government's Integrated National Health and Social Care Workforce Plan, published in December 2019, recognises the distinct training and recruitment issues across health and social care in remote, rural and Island areas. The Plan profiles various measures to increase the supply of nurses and doctors in rural areas.

Regarding nursing, this includes extended 'return to practice' programmes, improved recruitment and retention, particularly in rural areas, and support to attract and retain nurses. We also fund the Open University to deliver a pre-registration programme for almost 80 nursing students including for mental health, particularly in remote and rural areas.

This includes funding the Scottish Rural Medicine Collaborative (SRMC) to develop ways to improve the recruitment and retention of doctors and multi-disciplinary healthcare staff working in remote, rural and island areas.

Allied Health Professions Education Review

The Scottish Government is undertaking a review of Allied Health Professions (AHPs) education. Our aim is to consider whether our existing AHP education provision is compatible with the current and future health and social care needs of Scotland. The review, which is expected to be published in Winter 2022, will include potential solutions to key issues facing Scotland's remote and rural services. These concerns have been a feature of the initial discussions with professions, higher education institutions and employers.

Shortened Midwifery Programme

A shortened midwifery programme was established and agreed with NES, universities and NHS partners as a time limited two year scheme in response to a workforce need in northern Scotland's Health Boards. This provision was in addition to the normal commissioned undergraduate midwifery numbers. Following two cohorts of students on this programme, a decision was made to not approve a third cohort of the pilot for 2021. The decision was made at a stakeholder meeting in January 2020, and

involved all key stakeholders including the Scottish Government, NES, the University of the Highlands and Islands (UHI) and partner health boards. The continuation of the programme depended on a higher number of students being seconded from Boards than were available at the time.

Further consideration was also given to the likelihood of students remaining in rural posts following their completion of the programme. The learning and experience from the shortened programme informed the NES comprehensive workforce and education review, commissioned by Scottish Government, the report of which is available [here](#).

This review resulted in a number of recommendations, one of which requires the offering of shortened midwifery programmes to meet specific regional workforce needs as well as additional funding for midwifery practice education facilitators to support sustainable implementation. In addition, midwifery has an established workload tool that is regularly refreshed to ensure it continues to reflect evolving practice models reflecting current maternity policy.

Medical Students and Trainee Doctors

Several targeted initiatives have been implemented in recent years to support the training and recruitment of doctors in difficult to recruit areas, including remote and rural settings. These initiatives include:

- **Increasing undergraduate education:** the Scottish Government is currently implementing the specific recommendation from the [Gillies Report](#) to increase clinical placements for undergraduates in a variety of primary care settings including remote and rural, with the aim of making a career in General Practice more attractive to aspiring medical professionals.
- **ScotGEM:** ScotGEM is Scotland's first graduate entry programme for medicine and is run jointly by the Universities of Dundee and St Andrews in collaboration with the UHI and partner Health Boards. ScotGEM was commissioned by the Scottish Government to meet the contemporary and future needs of the NHS in Scotland. The course content has a focus on remote and rural medicine and healthcare improvement, and is designed to develop interest in a generalist career within NHS Scotland. Students are offered a "return of service" bursary, which is worth £4,000 per student per year in exchange for four equivalent years of service. The first

cohort of graduate students commenced in the 2018-19 academic year and are due to graduate in the Summer of 2022.

- **Targeted Enhanced Recruitment (TERS) Bursary for GPs in Training:** the Scottish Government offers one-off, taxable bursaries of £20,000 for trainee GPs who agree to fill posts in certain hard to fill and in remote and rural locations. The bursary payment is made to trainees as a lump sum upon taking up the post and in return they agree to complete the three year training placement in the specified location. This incentive is helping distribute trainees more evenly across Scotland i.e. away from central areas and towards harder to fill locations.
- **Development of credentialing of medical skills:** credentialing will allow fully qualified doctors to be recognised as a specialist in new or additional areas of expertise without having to undertake lengthy training for a full Certificate of Completion of Training (CCT). A credential in remote and rural medicine (unscheduled and emergency care) has been developed by NES and is currently undergoing regulatory approval.
- **Introduction of the one-year GP Rural Fellowships:** these Fellowships have been in place since 2000 and offer the opportunity to develop the generalist skills required to work in some of the more remote and rural areas in Scotland. There are two distinct GP fellowship options, one focussed on curriculum for rural practice. The other is focused on the acute care competencies needed to support hospital based care which includes supporting midwives and managing psychiatric emergencies.
- **Improving recruitment to Psychiatry trainee posts:** a Psychiatry Priority Programme has been running in the North of Scotland which offers priority programmes to trainee doctor applicants in advance of standard foundation programme recruitment. This means every trainee in the programme will: rotate through a psychiatry placement in the second year of Foundation Training; be offered a psychiatry mentor; and, automatically have access to the Scottish Royal College of Psychiatrists conferences.
- **Medical Foundation Training:** we are increasing the number of Medical Foundation training posts by 51 in 2021 and by a further 54 in 2022, therefore increasing the number of established Foundation training places by 105 overall. These extra places are

to accommodate the first of the additional medical undergraduate places that have been added since 2016. The new places will create a greater range of placements for trainee doctors, particularly in general practice and psychiatry and in remote and rural parts of Scotland.

- **Enhancing Recruitment and Retention of Rural Doctors in Scotland:** the Scottish Government is currently providing funding of around £300,000 for a mixed methods study through the Chief Scientists Office, and the University of Aberdeen, on Enhancing Recruitment and Retention of Rural Doctors in Scotland. This piece of research will gather sector specific information on factors that influence career decision making regarding remote and rural working.

Mental Health Workforce

The Scottish Government has committed to develop a long-term Mental Health Workforce Plan in the first half of this Parliament, in which we will consider the distinct challenges of recruitment in remote and rural areas.

Existing Mental Health workforce commitment include, but are not limited to, the following:

- Providing funding for around 320 additional staff in Child and Adolescent Mental Health Services (CAMHS) over the next 5 years, to support those who require mental health interventions, but do not require the clinical response of CAMHS. This will provide downstream support and reduce pressure on CAMHS.
- Recruiting 800 additional Mental Health Workers to A&Es, GP practices, police station custody suites, and prisons, ensuring that local provision and support is at the heart of our plans.
- Creating a network of 1,000 additional dedicated staff in Primary Care Mental Health and Wellbeing Services by 2026 to ensure every GP practice in the country has access to a dedicated mental wellbeing link worker who can help grow community mental health resilience and help direct social prescribing.

Although there are many positives about rural life, we also recognise that there can be challenges relating to rural isolation. These may be increasingly felt by those in remote communities as a result of the pandemic. In partnership with the National Rural Mental Health Forum,

we will develop an approach to ensure that these communities have equal and timely access to mental health support and services, including consideration of whether dedicated pathways are needed.

Our Mental Health Transition and Recovery Plan lays out a comprehensive set of actions to respond to the mental health need arising from the pandemic. In February 2021, we announced an additional £120 million for a Mental Health Recovery and Renewal Fund, which is the single largest investment in mental health in the history of devolution, and which will ensure the delivery of the Mental Health Transition and Recovery Plan.

We have agreed early priorities for Recovery and Renewal investment and NHS Board allocations of £34.1 million have already been agreed to deliver:

- Improved community Child and Adolescent Mental Health Services;
- Expansion of community CAMHS from age 18 up to the age of 25 years old for targeted groups and those who wish it; and
- Clearance of any waiting list backlogs for CAMHS and Psychological Therapies (recognising that this may take up to two years).

NHS Highland has received £2.2 million from this fund for 2021/22. In addition, NHS Highland has been provided with £54,625 to enable recruitment of a full-time Director of Psychology to improve clinical leadership, management and accountability. We will allocate the remainder of the investment over the next few months – with a focus on wider support for mental health and wellbeing, including Primary Care and Community Services.

As part of our Recovery and Renewal Activity, we will work with NES to further increase the training intakes identified in the IWFP. More information on these developments will be made available as the details are agreed and finalised.

NHS Scotland Flexible work location policy

It is recognised that agile working, as an approach, is becoming more common place. The current Homeworking Policy that sets the standard for NHS Scotland Health Boards is being refreshed and modernised to

reflect the changed working environment. This work has involved consideration of: Fair Work commitments, equality and diversity impacts, and environmental considerations.

The updated Flexible Work Location Policy will help to support employees and managers in considering and agreeing options for flexible work locations. This includes working from home.

Notwithstanding potential challenges associated with connectivity due to a lack of national infrastructure, the option to work from home will:

- Offer more choice for individuals where they live and work. It will increase employment opportunities for those living in rural areas
- Aid recruitment by increasing the pool of candidates from a wider geographical area.

Petitioner submission of 27 September 2021

PE1890/B - Find solutions to recruitment and training challenges for rural healthcare in Scotland

That we appreciate NHS Highland receive funding for medical staff and training etc. However the Caithness community does not appear to benefit from this additional funding as it is swallowed up by an enormous institution that has a policy of centralising health services to Raigmore with little regard for rural and remote areas within their responsibility.

We urge the Scottish Government to ensure that NHS Highland are being fair with the additional funding and that it is being used to also benefit their rural and remote areas and hold them to account for this.