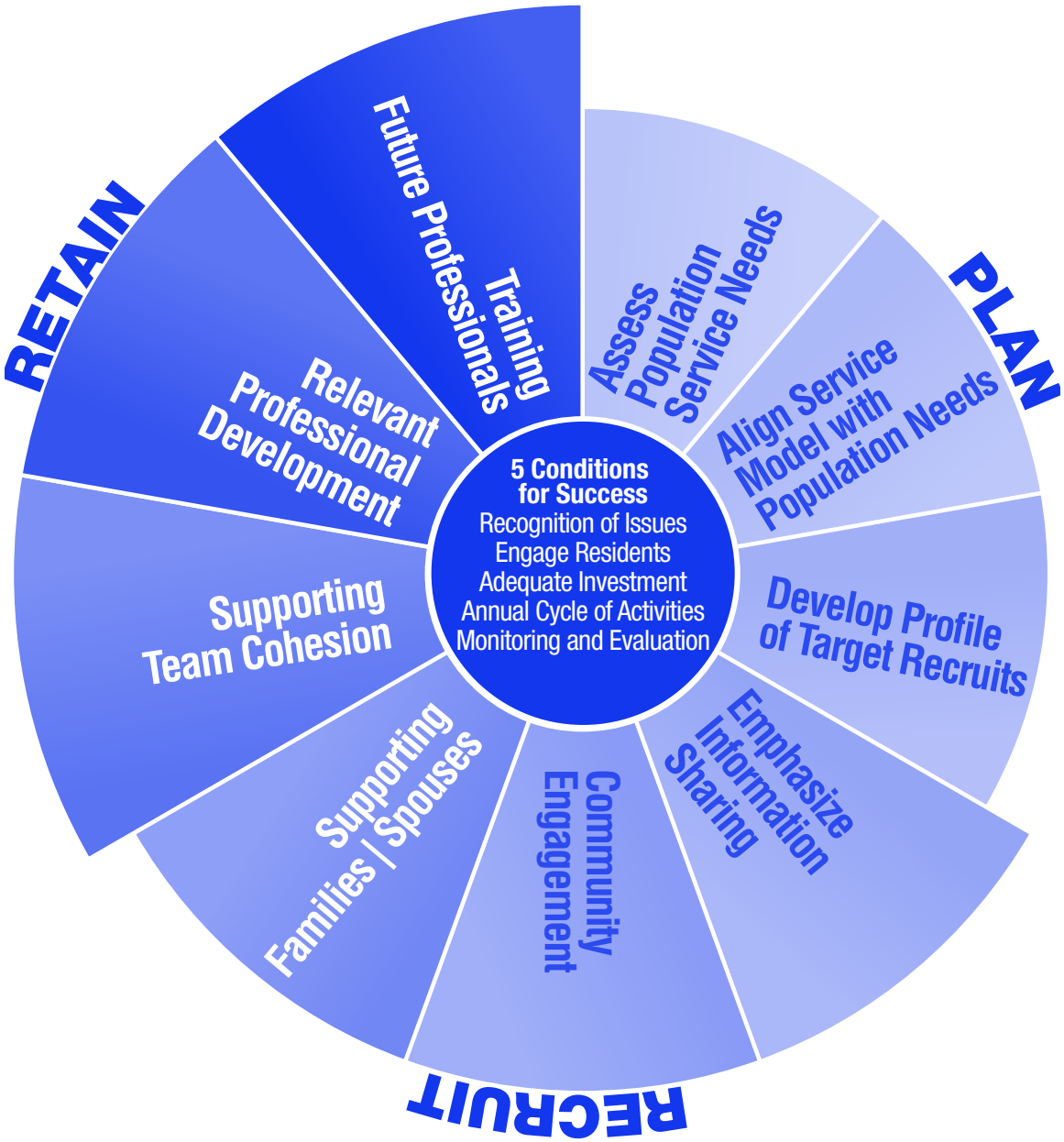
A FRAMEWORK FOR REMOTE RURAL WORKFORCE STABILITY

making it work

"To achieve sustainability, remote and rural communities require health service models that are designed in and for these settings and are responsive to local population health needs."

(Strasser et al, 2018)



The Framework consists of nine key strategic elements, grouped into three main tasks (plan, recruit, retain) with five conditions for success.

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Background

Recruiting and retaining a skilled workforce is a common issue to the entire Northern Periphery and Arctic region, and across other remote and rural parts of the world. There is no single solution to resolving inadequate public sector workforce supply; multiple initiatives that each bring incremental improvements must be used to ensure an overall positive impact.

About Recruit & Retain

Between 2011 and 2014, *Recruit & Retain*, an international collaboration worked to identify and test solutions which address the challenge of recruiting and retaining health professionals in rural areas. The project included partners from Scotland, Sweden, Greenland, Iceland, Ireland, Norway, and Canada and was funded by the European Union Northern Periphery Programme (NPP).

Recruit & Retain was the beginning of a process aiming to build capacity in rural organizations and communities to address their workforce challenges. This research provided a baseline understanding of the factors that influence recruitment and retention, through a literature review, surveys and interviews with professionals who work or have worked in their northern rural and remote regions. This transnational team also piloted and evaluated a number of interventions designed to support rural and remote recruitment and retention of professionals. The initial work produced a set of fact sheets that can be reviewed at Recruit and Retain Solutions (Hall, 2014). The project provided a set of 29 solutions, a new evidence base and, a framework from which to select and implement solutions intended to work in any given remote and rural organization and community.

From these pilots, an integrated model for workforce sustainability was developed which has been tested throughout the second phase of collaboration. In Phase 2 (*Recruit & Retain: Making It Work*), funded through the European Union Northern Periphery and Arctic (NPA) Programme, partners in each of the five countries implemented and evaluated a suite of interventions, evaluating them as case studies, and fine-tuned the *Making it Work: Framework for Remote Rural Workforce Stability* that is presented in this document.

Recruit & Retain: Making it Work

From 2011-2018, an international collaboration including academics, human resources professionals, health services administrators, health professionals, and social and cultural development professionals, studied factors related to workforce recruitment and stability in rural and remote environments. All partners were living and working in Northern rural or remote communities and, with the combined efforts of their peers, developed, implemented and evaluated a variety of solutions that support recruitment and retention in these communities.

This *Framework* document provides an overview of key initiatives and investments needed to advance a stable and appropriately skilled and sustainable (or fit-for-purpose) workforce delivering essential services in rural and remote settings.

Introduction

A stable and well-trained workforce supports access to high-quality services which are responsive to community health needs, and ultimately results in improved health and socio- economic development of rural and remote communities.

The *Recruit & Retain: Making it Work* (MIW) collaboration has reached a number of conclusions, which include:

1. **Commonalities:** Rural and remote communities have much in common with each other across international boundaries. In many cases, rural communities have more in common with rural communities in other countries than they do with urban centres within their own national boundaries. Through transnational collaboration, we can learn from each other, and develop evidence-based strategies that make a difference in rural and remote environments.

2. **Transience:** Health, education and other service providers in remote/rural communities who stay for short bouts of time significantly limits the quality and cultural relevance of services.

3. **Learning and Training:** Investing in training of rural and remote residents, in rural and remote locations, for rural and remote jobs, leads to successful recruitment and stability of services in these locations.

4. **Community Engagement:** Every remote/rural community is unique. Initiatives targeting remote/rural communities should involve effective community engagement if they are going to be successful.

The preliminary work for *Making it Work* focused on health services with an additional strategic focus on the broader public sector, and across the international collaborative. In the next phase, many partners extended their case studies beyond health services to education and other essential public services. In addition, engagement with the private sector operating in rural remote environments including mining, retail and regional economic development organizations, confirmed that the private sector faces similar challenges and can benefit from applying this *Framework*.

The *Making it Work: Framework for Remote Rural Workforce Stability* describes the range of initiatives that need to be considered as an integrated suite of interventions, for any organization to effectively maintain a stable workforce in rural and remote communities.

Understanding Transience in the Workforce

Data on health status and determinants of health in rural and remote communities is often limited. Available data typically describe a population with more limited access to health and other services, more limited educational attainment, and increased rates of chronic disease (Osterveer & Young, 2015; Strasser, 2003).

Meanwhile, there is a strong evidence base (Toward Optimized Practice, 2017) to suggest that transience in the workforce leads to:

- Reduced quality of service (in health, transience in providers is linked to loss of follow-up for important services, increased medical error, decreased access to culturally appropriate services);
- Increased cost to the health and education systems (high cost of relocation of new employees, high cost of unnecessarily repeated medical tests, lost productivity due to orientation of new professionals);
- Burnout of the professionals who do make a commitment to working in rural and remote environments, who are working in an environment that may be inadequately resourced and lacking in practical approaches to remote/rural challenges and solutions; and ultimately,
- Reduced outcomes such as lower education attainment, reduced compliance with chronic disease management recommendations, reduced access to services for those living in remote and rural communities, limited advancement and prosperity of rural remote communities.

For professionals working and living in rural and remote environments, there is a pervasive sense that transience in the workforce limits their ability to reach their service delivery goals. Although they can see changes to their services that might be beneficial, when positions are vacant, all resources are diverted to keeping only the most basic level of service alive, and key projects that advance the efficacy of services that are delivered must be deferred.

Those professionals who are committed to working and living in rural and remote environments often face the frustration of lost productivity because they are routinely training or orienting new or transient staff to the systems and practices in their work environments.

The *Making it Work: Framework for Remote Rural Workforce Stability* proposes a proactive and forward-looking approach to recruitment and retention, rather than an approach revolving around reaction to new vacancies. By investing human and financial resources in workforce stability, organizations are investing in improved productivity, improved outcomes, and improved development of rural and northern regions.

Making it Work: Framework for Remote Rural Workforce Stability

The *Framework* describes the necessary elements of a strategy to ensure the recruitment and retention of the right professionals to provide needed services in rural and remote locations; in other words, to ensure a sustainable fit-for-purpose workforce.

The ultimate purpose of this work is to support the health and quality of life of rural and remote residents, through improved access to essential services.

The *Framework* consists of nine key strategic elements that fall into three sections:

1. **Plan:** these elements are activities that may be taken at a local, regional or national level to ensure the population's needs are periodically assessed, and that the right service model is in place, and that the right recruits are targeted.

2. **Recruit:** these elements are generally led by the local and/or agency level to ensure that the right recruits have the information and support needed to make the life decision to relocate to the community and that when they arrive, they and their families are integrated and welcomed in the community.

3. **Retain:** this section describes the support needed to train current and future professionals appropriately for rural and remote health careers and that career options in these settings are viewed as positive.

Each of these *Framework* elements is described in detail on the pages to follow, with examples of how they have been implemented, and supported by relevant references that speak to the evidence supporting the model.

The Underpinnings of the Making it Work Framework

Taking the Long View is Essential

Remote rural service providers and the authorities that support them, must develop a long-range plan that ensures workforce sustainability. There is overwhelming evidence that supports a significant return on investment when educating and training rural and remote residents to become the professionals needed for service delivery in these regions. This investment may be the most important long-term strategy in workforce sustainability (Strasser R, Kam SM, Regalado SM, 2016).

Current Urgent Needs Often Supersede Efforts to Invest in the Long View

While taking the long view is essential to build the local pool of qualified employees, it is also essential to invest in attracting and retaining people from elsewhere, and creating an environment where they will stay.

Three Levels of Priorities that Strike a Balance Between These Efforts

Level 1: Inter-sectoral investment in training and career promotion.

In many rural regions, the goal is to recruit people from the local community or region, ensuring cultural relevance of services provided, and a stronger likelihood that the professionals will stay in these communities.

Level 2: Create a desirable workplace.

Until there is a strong pool of local candidates, emphasis should be on recruiting and retaining people who will make your location their home.

Level 3: Create and incentivize a pool of transient workers to make a longer-term commitment to your region.

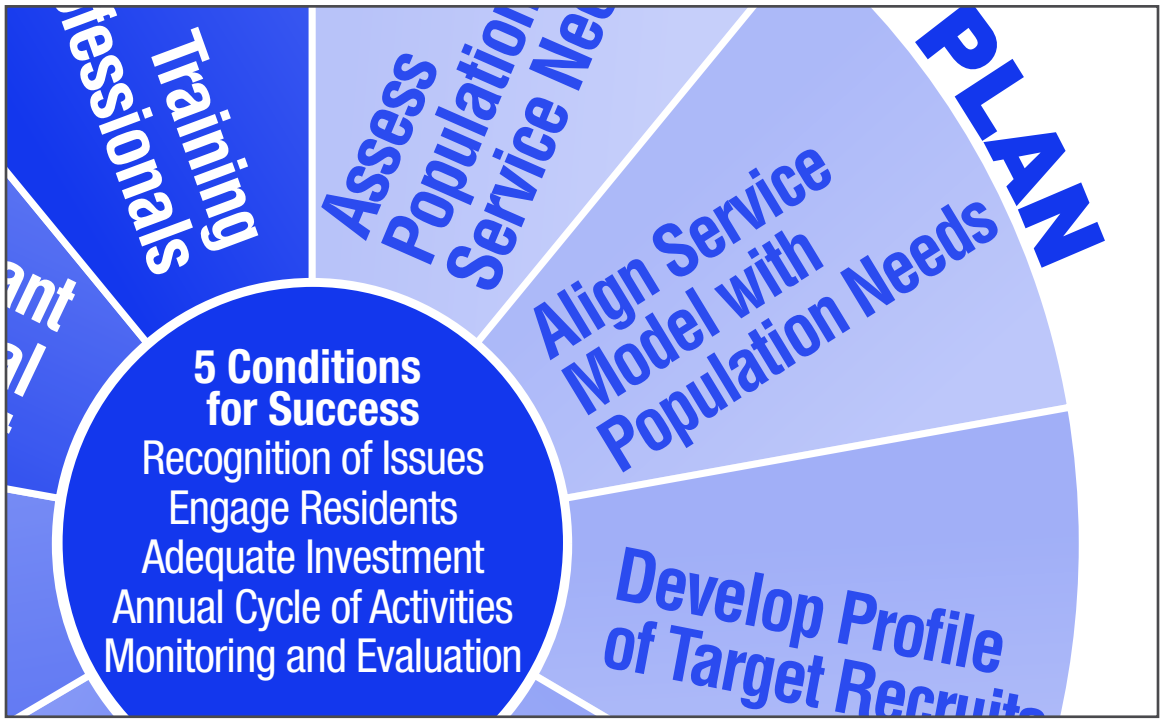
There will always be a need for locum physicians, supply teachers, and other temporary workers to fill vacations, maternity leaves, and other temporary vacancies. It is possible to build a pool of repeat candidates who contribute to the continuity and quality of service in your region.

The *Making it Work: Framework for Remote Rural Workforce Stability* addresses the first two tiers. For recommendations related to Tier 3, see the workforce transience section on page eight of this document.

Five Conditions for Success

The *Making it Work: Framework for Remote Rural Workforce Stability* provides a set of key areas of activity that, when implemented as a holistic, integrated set of interventions, can provide optimum conditions to establish a stable and appropriately skilled workforce in rural and remote communities.

However, even the most dedicated human resource professionals cannot implement this set of interventions on their own. Without top-level leaders who advocate for dedicated resources, and support these initiatives, the *Framework* will not be effective. Local, regional and national governments who are committed to optimizing available resources to ensure access to essential services must be aware of and supportive of these initiatives. The following conditions are essential to the successful implementation of the *Framework*.



1. Recognition of unique rural and remote issues

A recurring discussion among the *Recruit & Retain* collective is that policy and program decisions made in urban settings for rural and remote communities are not practical to implement, as they do not take into account unique aspects of life and work in rural and remote locations. Remote communities are also generally distinct from one another and interventions often need to be tailored to specific communities if they are to have an impact.

2. Inclusion of rural and remote engagement and perspectives

To truly recognize and integrate unique rural and remote realities, it is essential to engage residents and service providers from rural and remote environments. Community engagement is an important element of the *Framework* and should be a part of regional and national planning for rural and northern workforce initiatives. “Not about us, without us.”

3. Adequate investment

Dedicated human resources are needed; these come with a level of investment that is minor compared to the high costs (financial and otherwise) of workforce transience. Further investment in rural and remote training opportunities, professional development and other forms of education are needed. Without dedicated resources, rural and remote human resources professionals will remain focused on resolving immediate vacancies and unable to advance a strategy for a more stable workforce. In addition, adequate physical facilities and resources are required. Several of the elements of this *Framework* have physical space and other resource implications. For example, offering training placements in your region as a potential recruitment tool may require dedicated space. Similarly, many professionals require access to library and other digital resources. Organisations may determine that investing in internet capacity is important to support recruits to participate in professional communities and prevent professional isolation.

4. An annual cycle of activities

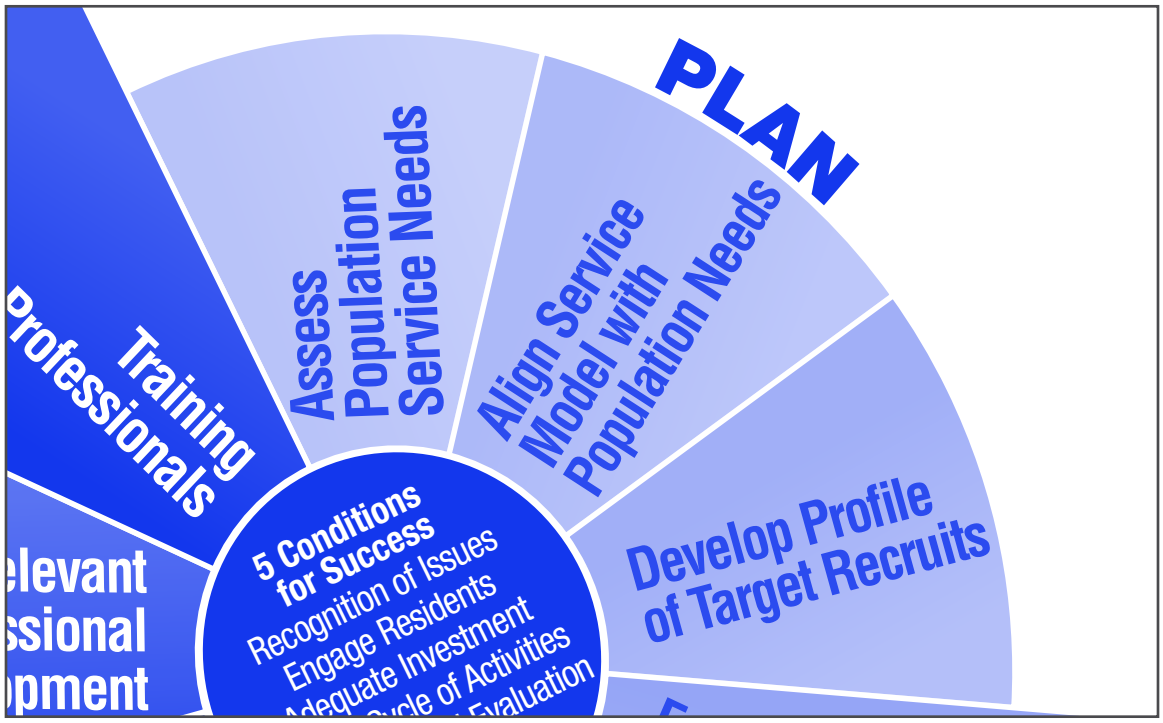
Recruitment activities are driven by urgent need, when vacancies arise. This sometimes results in deferral of upstream activities such as health career promotion among youth, the development of training partnerships, retention activities etc. When identifying a set of activities in the region, groups must create an annual cycle of key activities that will be undertaken and confirm who will be responsible for them. Building these activities into job descriptions and performance standards ensures that initiatives are future-focused and receive attention.

5. Monitoring and evaluation

On-going monitoring of impact is essential to long-term workforce stability. Key metrics of the impacts of all elements of the *Framework* must be developed and monitored, so that the interventions can be modified over time to best meet the needs of the environment.

Elements of the Framework

Plan



Assess Population Service Needs

Why is this important?

A socially accountable organization designs its services to meet the needs of the population it serves. This implies having systems in place to regularly assess the population's needs (or systems in place to monitor changes to the population's needs on an on-going basis).

Across rural and remote areas, essential services (health services, education, emergency services and more) have been established over time, in an attempt to ensure the population has access to a level of service that meets a regional or national government's basic commitments to its citizens. Often these services have been modelled on existing services in less remote areas, and once established, are sustained until there is a glaring reason to adjust the service levels. Similarly, service models from less remote areas that are implemented in rural areas, oftentimes have built-in assumptions and dependencies that do not apply in rural and remote regions and are ultimately not sustainable. Many jurisdictions lack robust on-going systems that monitor key indicators of adequacy of service, or of higher-level population-based outcomes such as population health indicators, demographic changes or educational attainment.

Mature leadership should ensure that investments in essential services are targeted at true population-based needs that can be measured and monitored. As per J Wakerman et al (2017), an effective assessment of the population and its service needs is essential to the development of

an appropriate workforce, model of service delivery and relevant policy infrastructure to support the best outcomes in rural and remote communities.

Workforce stability is threatened if population needs are not routinely monitored. When service needs have changed and cannot be met by professionals in the current service model, this can lead to burnout and job dissatisfaction for even the most committed professionals and can threaten the stability of communities.

How can this element be implemented? Whose responsibility is it?

Standards and best practices exist to guide population-need assessments in various industries. An example of one approach to population service need assessments can be found on the Government of Nova Scotia website.

In health services, needs assessments typically include an analysis of the population's demographics, the burden of chronic disease, as well as wait times for various services. In education, class sizes, educational attainment, and other key indicators are measured.

Unfortunately, in rural and remote environments, data is typically limited and population needs are often estimated based on data from more urban areas. As a result, essential services in rural and remote environments are often not well-matched to the local population's true needs or practical reality.

In the *Framework*, a prerequisite for success is that local, regional and national leadership must recognize that rural and remote areas have unique needs. In order to achieve workforce stability, it is strongly recommended that an evidence-informed approach be taken to develop data sources that accurately assess service needs for the targeted industry, and that a plan be implemented to routinely monitor any changes to the specific needs of rural and remote populations.

This responsibility typically lies with regional and national governments. Rural and remote residents and service providers are encouraged to advocate for appropriate surveillance systems; Need should not be based on estimates and extrapolations from incomplete or inadequate data.

Is there a cost to implementing this *Framework* element?

Yes. Data collection and analysis is an important activity that does have a cost. Governments typically do invest in monitoring that may be of value to local analysis of rural population's needs, however, if surveillance and other data from the remote/rural region is inadequate, and additional targeted data collection is required before a service model can be reviewed, advocacy for targeted funds may be needed.

Align the Service Model with Population Needs

Why is this important?

How can one be sure that the service model best meets the needs of the population, is the most cost effective, and leverages advances in technology? At times, problem-solving can take precedence over high-level strategic thinking around the service models that are in place.

In both examples of robust population needs assessments, the assessors also went on to ensure their service model best met the needs of the population and, developed metrics that monitored the effectiveness of the service model.

In addition to understanding the population's service needs, a strong body of evidence suggests that, especially in rural and remote environments, the most successful health-service models are explicitly "contextualized" to the local environment.

How can this element be implemented? Whose responsibility is it?

We should ask: does the service model leverage the expertise of the right complement of professionals? Does the service model meet the needs of the most vulnerable in the community, or only those who take the time to seek services? Have there been advances in technology that could make our model more efficient? Are there new multi-disciplinary roles available that could be added to the complement of professionals to reduce the pressures on the existing professionals? Might resources exist to address issues that are emerging in our population?

In your own role, you may be aware of new ways to deliver services that would improve the effectiveness, but you may not have the resources or authority to implement change. We encourage you to use this *Framework* as an advocacy tool to build a case with your leadership for the development of a model that will better meet your population's needs.

Is there a cost to implementing this *Framework* element?

The costs to implement efficiency measures will vary depending on the need and the solution. A return on investment analysis can be performed to gauge overall savings of the proposed implementation.

Develop a Profile of Target Recruits

Why is this important?

In rural and remote environments, management and their human resource teams may be obliged to hire whomever is readily available and ultimately be disappointed with the outcome. Delivery of safe and effective healthcare in remote and rural areas requires a specific additional skill set including ongoing skills maintenance and continuing education. In addition to ensuring there are appropriately tailored education and training opportunities that are accessible to remote and

rural practitioners, there is a need to ensure recruits are learning-focused and have the ability to develop the remote and rural skill set that is required. This *Framework* challenges this perception and encourages organizations to seriously consider the characteristics of the ideal recruit for the position. Management may find that promotional and advertising materials used may be targeting the wrong person.

> **Example:** In one arctic jurisdiction, where many recruitment materials described the adventure of working in the North, a survey was conducted of physicians who had worked in the region, and they were asked whether they would consider making a long-term commitment to living and working there. It turned out that those physicians who were attracted by the adventure of visiting the arctic were least likely to report that they would consider making a long-term commitment. Physicians who indicated they liked the scope of work, enjoyed the challenge of working as generalists, and who appreciated the culture and wanted a long-term relationship with a pool of patients were most likely to be interested in moving to a rural remote community. As a result, the contract models that currently offered are being modified and the key messages used to advertise positions are being more closely targeted to the more desirable recruits.

How can this element be implemented? Whose responsibility is it?

Consider developing a profile of the professionals you wish to recruit – what stage of their career are they likely to be at? If they are from a certain generation or demographic classification, what can you infer about their career aspirations? What is it about your environment that is likely to appeal to them? Ideally, this profile should be created based on evidence: study the characteristics of the actual individual professionals that have been the best fit in your environment. Interview them to understand how you can recruit professionals with similar characteristics.

This work can be led at the local, regional or national level, and is a step that should not be overlooked.

Another important activity that is part of the target recruit profile is examining the "market" that the target recruit may be exploring. What salaries and benefits might be expected? In many cases, professionals are not only looking for monetary incentives. There may be more interest in flexible work hours than in extremely high pay. There may be a willingness to sign long-term contracts in exchange for flexibility in leave options, rather than significant monetary incentives. Part of the recruit profile should seek to understand what work arrangement recruits would find desirable, and design professional contracts to match the expectations of the most desirable recruits.

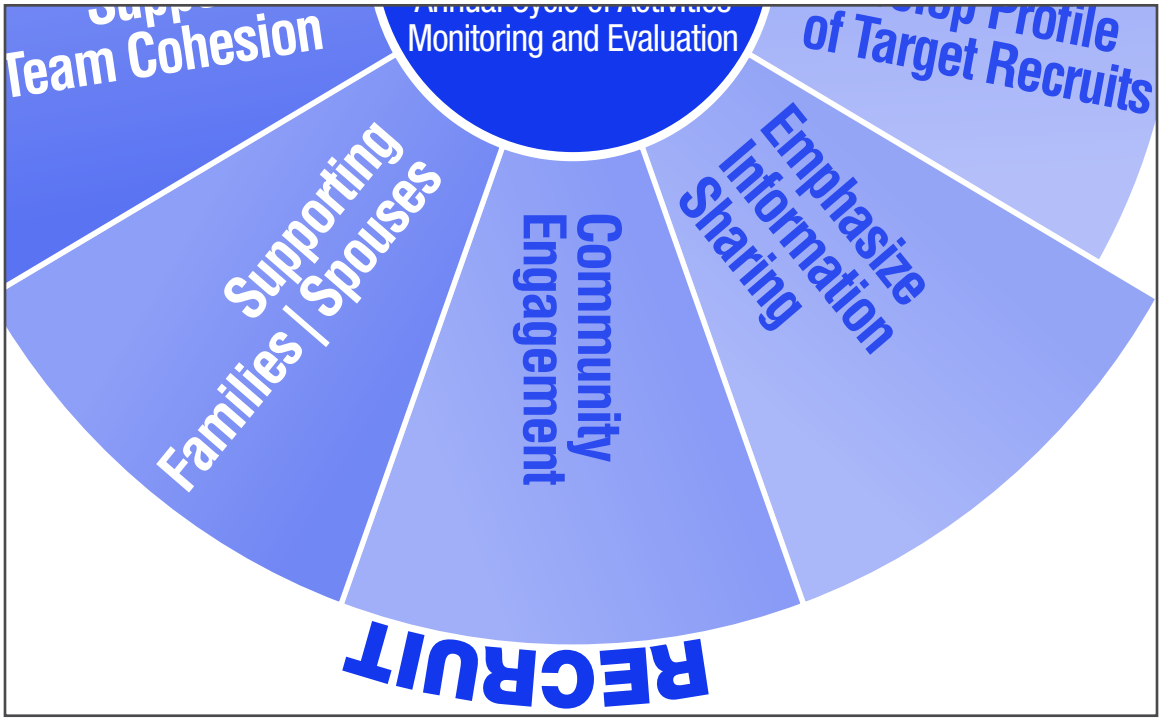
Example: The *Recruit & Retain* Norwegian partner developed two large state-funded projects based on work with municipalities. In 2016, the first five-year *Recruit & Retain* project started on the West coast of Norway. In order to recruit and retain GP's, 12 municipalities adjusted their service model, based on research, that examined what young Norwegian doctors want: they want to be employed by the municipality for their five-year training period instead of buying their practice and working on a contract with the municipality. Building on results from this research, another five-year project was funded by the government in the autumn of 2018 for the entire Northern region, this research will include 24 municipalities.

Is there a cost to implementing this *Framework* element?

This exercise can be cost neutral. The most important part of this *Framework* element is that HR professionals and management teams should dedicate time and potentially resources to periodically review who it is they wish to recruit, and explicitly developing a profile of their target recruit (most desirable hire) that will meet their service delivery and retention goals.

However, some investment may be required. For example, employers may wish to engage analysts to undertake a survey as in the example of the arctic jurisdiction described above.

Recruit



Emphasize Information Sharing

Why is this important?

Making a move to a rural or remote community, relocating and building a life is a major consideration. Prospective employers want to reach recruits with more than just a job advertisement; it must be easy for target recruits to access any information that would influence them in making this major life decision. Professionals may have families including a spouse who needs to find work, and children requiring education and activities. Potential questions may include information about:

- The work they would be doing
    - The scope of practice, the patient / student / client population
- The work environment
    - The number of co-workers they would have, number of hospital beds, or students in their classes
    - The amount of driving or flying required to access the communities served by the role
    - The impacts of weather or other factors on the work environment

- The employment benefits package
- Opportunities for advancement and professional development
- Available housing
- Recreational activities for themselves and their families
- Schooling for their children
- Potential work opportunities for their spouse

> **Example:** The Scottish partners undertook to develop friendly, supportive and informative communication process and recruitment information packages for potential candidates and newly appointed candidates. One local healthcare team produced a template that incorporates team and speciality information. Local and personalized vacancy information are now part of the candidate information package, available digitally and in hard copy. HR have incorporated newly developed marketing materials into recruitment processes.

Recruits can be encouraged to choose the rural location by making it easy for them to find out what they need to know through web access, and also having one or more people available to respond to e-mails and phone calls requesting information. Personal and positive contact with recruiters, with current employees and with community contacts is an important part of the recruitment process that should not be overlooked.

How can this element be implemented? Whose responsibility is it?

To implement this element well, take the time to reflect on all of the ways information can be made available and easily accessed by prospective candidates. Not only do the job ads need to be seen by as many candidates as possible, but information about the organization and the lifestyle in the community is just as important. Consider your target recruit profile, and how they might be likely to access information (professional journals, professional conferences etc.) and try to get information in front of them, rather than expecting them to find the agency's website and job ads on their own.

Having a web site for an own agency or clinic that is easy to navigate (and mobile friendly) is an important first step. If the main employer is regional, links to their collective agreement and benefits packages would be important to include. Including videos or descriptions of the work environment in the voice of current employees is also considered to be a best practice (Recruit & Retain, 2014). Also consider the potential partners who might have web links or even personnel that would be willing to be positive and welcoming points of contact. Another of the *Framework*

elements is community engagement. Engaging community or regional partners in your recruitment strategy can have many benefits. There may be a municipal recreation employee whose contact information you can provide on your web site.

Example: The *Recruit & Retain* Swedish partner has started to use a Facebook profile to enhance their branding strategy for its Centre for Rural Medicine. This is not specifically for recruitment, but to inform people about what it is and how it is different from other departments within the Västerbotten County Council. The Centre for Rural Medicine chose Facebook as the platform to promote their national and international collaborations. This helps readers understand the type of national and international contacts that the Centre has and what they can offer their employees. The Centre for Rural Medicine has successfully attracted attention with many more Facebook followers than their main home organization, Västerbotten County Council, primary care profile.

Another Example: The Swedish website, uinnorth.se, offers a 360-degree perspective on rural living in the different communities. The website receives between 300-400 visitors per month and the majority of the visitors are 18-34 years old. The most visited pages on the site are: job vacancies; mountain hiking; couple recruitment; living in rural areas; developmental opportunities; and, distance by car. Given the success of this website in reaching a young audience who are interested in working and living in rural areas, a collaboration with all 10 remote and rural communities in Västerbotten county has started. The current site will be merged with the website, moveupnorth.se. By combining these sites users will benefit from a better experience and communities benefit from a more elaborate recruitment vehicle which is technologically advanced and responsive to mobile devices.

Anyone committed to strengthening workforce stability should consider their role in supporting the availability of information needed. Monitoring and evaluation efforts can include asking new recruits, formally or informally, whether the information that they had access to was adequate to help them make the major decision to relocate to your community.

Is there a cost to implementing this *Framework* element?

While there are activities in this element that can be costly (development of videos, web content development), much can be achieved in a cost-neutral manner by leveraging community partners and their personnel, and by simply improving the content of your existing website.

Community Engagement

Why is this important?

"…international experiences suggest that a sustainable remote and rural medical workforce… is more likely to be achieved by policies that encourage active community participation." (Strasser, 2017)

'Community engagement', or 'public participation', can be loosely described as the involvement of people in a community on issues that affect them (Albert & Passmore, 2008) (Reed, Harvey, & Baghri, 2002). Engaging communities is crucial to providing sustainable and appropriately tailored services for communities and responses to contextually specific challenges (Albert & Passmore, 2008) (Reed et al, 2002). Community participation can be undertaken through several different project stages; in the needs assessment, planning, mobilizing, implementing and monitoring and evaluation (Reed et al, 2002).

This is a central element to the *Making it Work: Framework for Rural Remote Workforce Stability*. Engagement of communities in defining their recruitment and retention strategy is essential to the development of partnerships that will make the entire suite of interventions work. Having communities involved in defining the approaches that will be applied to their communities ensures that the solutions are feasible in their specific environment, and that community members are likely to sustain them. The ultimate goal of community engagement is "sustainable community ownership" of these solutions (Centre for Rural Health, 2015).

Involving communities in the planning and development of their own health care systems allows these systems to be better tailored for the community; using local knowledge and incorporating local concerns. Strasser et al (2018) found that small communities that have a history of struggling with recruitment and retentions have moved 'from perpetual crisis mode' to 'planning ahead'.

A scoping review of the literature (Urquhart, 2018) suggests that community engagement can support recruitment and retention of rural and remote professionals in the following ways:

1. Planning

Communities have the local knowledge, skills and experiences to help create recruitment strategies, and involvement from the beginning better allows ongoing collaboration.

2. Attractive communities

Communities can improve the appeal of their location through developing and promoting lifestyle and career opportunities for potential recruits and their families.

3. Welcoming new people

Community engagement can connect community members and create a more welcoming environment for new recruits.

4. Sustainable relationships

Good relationships with organizations need a shared vision, honest communication and trust.

5. Improving community outcomes

Coming together around a shared challenge such as recruitment can strengthen communities and direct the type of recruitment best suited to their community. Community cohesion enhances community outcomes.

How can this element be implemented? Whose responsibility is it?

While regional or national support and commitment are needed to ensure there is sufficient personnel to take the time to meaningfully engage with communities, the work of community engagement is best undertaken by the same agency or office that is undertaking recruitment and retention for the rural and remote communities affected. Community engagement is an on-going process that relies on authentic on-going relationships characterized by collective advocacy on behalf of the community.

How community engagement is undertaken can be as unique as the communities involved. It could involve engagement with the local or regional health committees, conversations with the local mayor and council and municipal staff, engagement with community businesses.

Is there a cost to implementing this *Framework* element?

The major investment needed for community engagement is human resources and time. This work involves developing personal relationships with the people who work in other agencies. Doing this well may involve increasing the complement of staff, to ensure that there is time to meet with partner agencies, possibly travelling to other communities in the region to strengthen and maintain partnerships and shared initiatives. Community engagement requires a commitment to genuine relationship development and building partnership and shared initiatives that may advance recruitment efforts, but ultimately will have a benefit across the region.

Key elements of effective community engagement

Willingness and recognition of the value of community input

- Willingness and valuing of community engagement processes is important for success
- 'Participation overload' is a barrier to ongoing willingness from communities which can be avoided with careful planning

An equal valuing of diverse sources of knowledge and of diverse operational structures

- Both expert and local knowledge must be equally valued for both to be well utilized
- Expert knowledge is always privileged but genuine power sharing in participatory processes can challenge this
- Communities and organizations should not be expected to operate in similar ways

A move away from conventional methods

- The use of public participatory processes is on the rise, however, methods that allow low levels of citizen power are still favoured
- Attempts should be made to accommodate communities and ensure accessibility to the more marginalized members of society through innovative new participatory methods

Clarity and honesty in and of participatory process

- Community engagement continues to be discussed and communicated with poor clarity and can convey misleading results
- Poor communication in and about participatory processes is a barrier to success
- It is important to assess participatory processes to ensure honest reporting

(Urquhart, 2018)

Supporting Spouses / Families

Why is this important?

Community organizations and partners have an important role to play, even after a recruit has signed the employment contract. Ensuring that the new employee and their family is made to feel welcome in the community, and supported to become integrated in community recreation and other activities, is a key factor in ensuring a positive start and long stay in the community. (Buykx, Humphreys, Wakerman, & Pashen, 2010). This can mean involving community partners in meeting with the new recruits and their families, giving tours of the town, health services, and schools to ensure they are able to register in recreational and other programs.

Another important support that is often considered too complex to address is spousal employment. Lack of work opportunities for professionals' spouses is known to be a key barrier in the recruitment of professionals to rural locations. It is often one of the most challenging factors to mitigate. Dedicating resources to assisting spouses to learn about work opportunities is a good start to addressing this barrier. Partnering with other employers to secure employment for professionals' spouses is more challenging, however, likely to have a significant impact on recruitment.

How can this element be implemented? Whose responsibility is it?

A positive and committed human-resources officer can contribute a great deal to the welcoming of new recruits, their spouses and families. However, a network of community partners can greatly contribute to the integration of new professionals in the community. Often the spouse of a professional is also a professional, so this may be a double win for the community. Some activities which have been piloted, evaluated and recognized as effective include:

- Identifying a staff member or community partner whose role is to learn about the family and their hobbies and help them to become integrated in the community.
- Identify a staff member or community partner who has the resources to assign a "buddy" to newly arriving families.

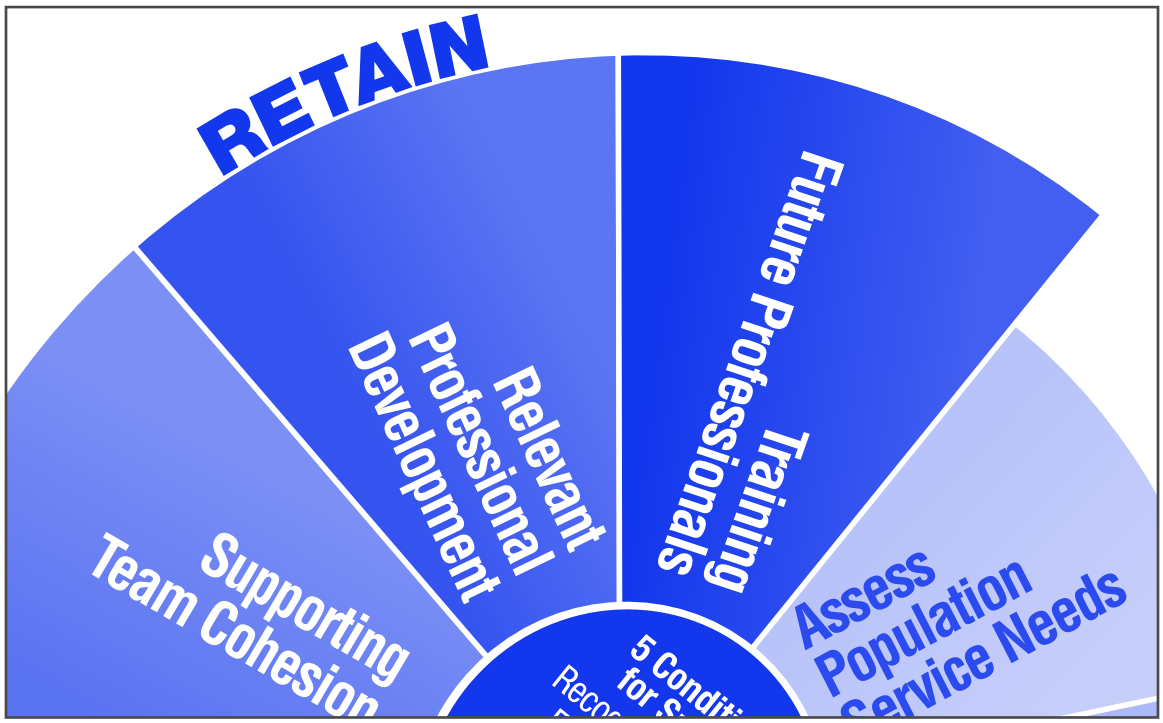
> **Example:** A series of 10-15 minute exit interviews with nurses at Cottage Hospital in Storuman, Sweden, identified the main reasons for their departure, including dissatisfaction with their working hours, salaries and workplace relationships. The hospital management was subsequently able to address these issues.

Is there a cost to implementing this *Framework* element?

The main input required for this element is time. Human resources officers do not typically have time to invest in "softer" activities like the development of community partnerships, acting as a "buddy" to new arrivals. To effectively implement these elements of the *Framework*, additional personnel may be needed.

Example: A "Professional Buddy" can be an experienced practitioner who is prepared for the role and actively contributes to the continuous support, development and coaching of a peer. The buddy guides/supports a fellow team member to practice in accordance with the organization's quality objectives. The local buddy actively encourages and supports reflective practice which promotes a culture of high-quality practice that is safe, effective, legal and which adheres to the employing organization's agreed policies, procedures and priorities and promotes understanding about respective roles, duties and responsibilities to effectively implement these elements.

Retain



Supporting Team Cohesion

Why is this important?

It is often said that employees don't leave a job, they leave a work environment that they don't like. In rural remote communities, professionals often work in isolation, without access to specialist support that they may have enjoyed in previous urban roles or in their training. In a service environment with often high demands, and sometimes limited resources, professionals can feel stretched thin, unsupported, and frustrated at their inability to make systems changes. In such high stress environments, tension can rise, causing strain on working relationships. These kinds of frustrations and burnout are typically reported in exit interviews when professionals leave rural or remote roles.

Njemanze (2016) reports that "workplace culture" is more important than salary in 80% of surveyed millennials (people born between the early 1980s and 1990s).

Rural and remote health leaders who report that they have overcome challenges in recruitment and retention of professionals typically report that they consider supporting team cohesion to be a major part of their role. They involve their team of professionals in decisions on who to recruit to the team, they create opportunities for their team to socialize and learn together, and offer them some control over their work environments (shift scheduling, strategic planning, creation of leadership roles among professionals, such as regional professional development lead) (Wakegijig, 2018).

How can this element be implemented? Whose responsibility is it?

This element does not necessarily have a financial cost, but instead involves the commitment of leadership. Leadership can prioritize team cohesion in many ways that are cost neutral ranging from:

- Creating opportunities for professional teams to socialize outside of work;
- Creating opportunities for professionals to connect with similar professionals working in similar environments, reducing professional isolation;
- Involving professionals in assessing potential new recruits for "fit" on the team;
- Inviting professional teams to provide feedback and input on their practice environment (how their work is scheduled, how they would like to communicate, how frequently they would like to meet);
- Creating special roles for professionals, allowing them to specialize in areas of interest;
- Ensuring effective and accessible communication and information strategies;
- Multidisciplinary team training events.

Is there a cost to implementing this *Framework* element?

In many work environments, new human or financial resources are not necessary to make strides in this area, but rather, it is a management and leadership philosophy which must be espoused. However, dedicated resources for social or on-the-land activities or, for pay increases for specialized roles can also have an impact.

Example: In Canada's arctic territory of Nunavut, during this project, physician continuing education events were offered as an effort not only to provide relevant professional development, but also to support team cohesion. With an emphasis on peer-to-peer learning, with content requested by the local pool of physicians, as well as content related to Inuit culture and history, this provided an opportunity for the 15 full time physicians who have heavy clinical loads and sometimes limited access to resources, to spend time together discussing northern and remote practice. There was an additional opportunity to learn from each other, to identify potential improvements to their practices, and to gain an increased appreciation for each others' perspectives, experience and expertise. These events also included social activities. The physicians indicated that during future event planning, they would like the opportunity to undertake an excursion together out "on the land."

Relevant Professional Development

Why is this important?

Professionals working to deliver safe and effective healthcare within remote and rural communities require an additional set of skills. As a result of this they require ongoing access to education, training and skills maintenance opportunities that are relevant to the context that they practise in. Affordable, accessible and high quality professional development (PD) opportunities are needed to sustain and improve service delivery and are a known factor in retaining professional staff.

It is important to highlight the range of remote and rural relevant training, education and research opportunities that will be open to prospective candidates at an early stage of recruitment. In many countries professionals will be required to travel from remote areas to urban centres and undertake training that often lacks relevance to their rural practise and context within which they provide care. The issues that rural professionals struggle with most and that they would like to gain skills or experience in are often not addressed in training that is available in urban centres.

In Norway, the national system for GP training was developed to fit rural practice as well as urban. The necessary courses and mentor groups are available near GPs in all counties, and often developed by a mixture of rural and urban GPs. Travel expenses are covered if urban GPs want to go to a rural course and vice versa. The challenge for rural GPs has been a mandatory year in a hospital in an urban centre. This hospital training has been made much more flexible as of March 2019, with trainees no longer being required to move to the city to participate.

Supporting professional teams to access professional development that is relevant to their rural and remote work environment can be a significant factor in enhancing the quality of local services and also in retention of employees. In-person training as well as technology-enhanced or distance

education can be effective, however, it is important to prioritize the relevance of the training to the local practice environment.

In Sweden a new type of health care infrastructure has been developed, connecting citizens with their primary-care units called Societal Rooms (previously Virtual Health Rooms). The number of rooms have, during the last three years, increased from two rooms to eight rooms. This is a health-care and social-care infrastructure for citizens in remote rural regions provided in joint collaboration by municipalities and the county councils. As one of the first users expressed, Anna Lisa Lirell, "For people that need care, it is a world of difference to be able to walk to the societal room and meet your doctor compared to travel 65 kilometres one way."

In 2017, the Norwegian *Recruit & Retain* partner provided research support and co-hosted a national seminar on "in situ" (local) training of primary-care emergency medicine teams according to the "BEST" model (Brandstorp H, Halvorsen PA, Sterud B, Haugland B, Kirkengen AL, 2016). The BEST model is based on low cost/high impact simulation-based learning in situ in local clinics, using local equipment. This was undertaken in partnership with the northern municipality of Alta and national health authorities. As a result of this work, the national health authorities are developing national guidelines and quality indicators to be implemented 2019.

How can this element be implemented? Whose responsibility is it?

If resources are available to support professional staff to access Professional Development (which often is spent on airfares and registration for far-away conferences), organizations can consider seeking out specialized training opportunities for staff to attend. However, another consideration is to redirect those funds to hosting relevant professional development within the rural area. Incorporating peer to peer learning, as well as inviting guest speakers from other rural and remote environments who may have specialized skills or knowledge. Local or regional continuing education opportunities can also double as an opportunity to promote a collegial work environment, and for colleagues in your rural area to become a stronger team.

> **Example:** In Sweden, a training programme for Emergency Care in remote and rural areas was developed. This training has helped raise the profile among GP's of the primary care system in remote and rural regions. This has also helped primary care units in rural regions to identify GP's with interest in working in the remote and rural regions. The training programme becomes a recruitment tool.

The use of well-designed technology-enhanced training, education and knowledge exchange opportunities should be both prioritized and promoted. An optimal mixture of good quality "at a distance "or "technology enhanced" education programs together with some" face to face "education and training should be offered on an ongoing basis. At a more national level it will be useful to ensure that new education programs are commissioned and developed in a "remote and rural inclusive" format in this way ensuring their applicability for both practitioners in remote and

rural areas and more urban settings. There are many successful examples of this where effective partnership working between remote and rural service providers and national education providers have been established. It may be useful to develop a remote and rural education guideline or policy to assist education partners in understanding and increasingly developing program of work which are inclusive of content and formats that also work for remote and rural practitioners

Is there a cost to implementing this *Framework* element?

Yes. Professional Development does have a price tag and advocacy may be necessary to implement this *Framework* element. However, many organizations do have targeted funds for professional development that can be redirected more strategically to promote both team cohesion and ensure that professional development is locally relevant.

Training Future Professionals

Why is this important?

"In order to ensure a fit-for-purpose workforce, there needs to be a workforce supply system that produces… graduates with the capabilities and desire to provide the right care in the right place at the right time." (Strasser, 2018)

Developing an academic/training mandate in the organization, and potentially seeking funds to allow professional teams to dedicate time to training other professionals of the future will lead to a strong return on investment. There is a clear and substantial body of evidence which confirms that offering health professional training in rural and remote environments leads to increased retention of those professionals (Strasser R, Kam SM, Regalado SM, 2016). Furthermore, training and rural and remote environments ensures that professionals have the unique skills that are needed for rural practice. (Strasser, 2016).

Example: Rural Fellowships were created in Scotland to increase retention of these professionals. NHS Education for Scotland offers an array of post-CCT GP Fellowships. These are one-year posts in a range of locations across the country with a focus on Rural Practice, Health Inequalities and Medical Education. These posts are recruited to each Spring. The Rural Fellowships in General Practice is a one-year GP Rural Fellowships and represents an opportunity to develop the generalist skills required to work in remote and rural areas in Scotland. There are two types of Rural Fellowship - 'Standard' and 'Acute Care'. Up to 12 Rural fellowships are available each year. The 'standard' GP Rural Fellowship option based on the curriculum for rural practice developed by the Remote and Rural Training Pathways Group (GP sub-group Final Report Sept 2007). The newer GP Acute Care Rural Fellowship option based on the, GP Acute Care Competencies work following from the agreement of the Framework for the Sustainability of Services and the Medical Workforce in Remote Acute Care Community Hospitals.

Fellows gain experience by working in remote and/or rural general practice (for the 'Standard' option) or hospital practice (for the Acute Care option) as well as in a 'base practice' in a rural area. The fellowship year includes 13 weeks of protected time and a generous financial allowance to support a flexible, individually tailored learning program based on the fellow's individual needs. The Rural Fellowships are designed for doctors that have reasonably recently completed their General Practice Specialty Training and have an interest in experiencing remote and rural practice.

Since its inception in 2005, the Northern Ontario School of Medicine in Canada has graduated 595 doctors and 94% of students who have completed both NOSM's MD and residency programs are now practicing in the Northern Ontario region.

In Northern Norway, the aim of establishing the medical school in Tromsø (UiT) in 1973 was to improve access to doctors and standards of health care for the previously underprivileged rural population of Northern Norway. In 2013 altogether 822 of 1611 doctors (51%) educated at UiT were working in Northern Norway. The proportions working in the north for old, intermediate and young cohorts were 37%, 48% and 60%, respectively (Aaraas, Halvorsen & Aasland 2015). UiT has now established Distributed Medical Education Programs in Nordland and Finnmark County to improve recruitment and retention of doctors in these regions. The program in Nordland trains 24 students in their 5th and 6th year of medical school and the program in Finnmark trains 12 students.

In Labrador, a remote/rural region of Canada, Dr. Michael Jong reports that recruitment and retention is no longer the challenge that it was in the past. Since establishing a partnership with a medical school, welcoming a steady stream of medical students and residents to train in Labrador and, creating a positive and supportive work environment, Dr. Jong reports the region is now able to only hire physicians that were trained there, and therefore have a level of cultural competence and fit well within the existing team. (Wakegijig, 2018).

Remote/rural communities can strive to become centres of rural training excellence and become the hub of a strong regional rural training program for all remote and rural staff or they may wish to simply take the necessary steps to receive professional students on rural placements a few times per year. Any effort on this spectrum can have a number of positive impacts on recruitment and retention efforts including:

- Reducing feelings of professional isolation of current professional staff
- Professional staff feeling valued

- Professional staff being motivated to remain at the leading edge of knowledge in their fields, advancing the quality of available services

- The opportunity to show trainees the beauty and lifestyle they would enjoy if they moved to your area

- The opportunity to build relationships with and recruit trainees when they have completed their professional training

Also worthy of consideration is exploring the opportunity to support local residents to train for allied health professional roles (nursing assistant, physician assistant) that can add value to services offered and may create a pipeline of future trainees for needed professional roles.

How can this element be implemented? Whose responsibility is it?

Local, regional and national agencies and governments are encouraged to explore partnerships with academic institutions that deliver rural training programs and pathways for needed professional services. Around the world, there are networks that can offer support and advice on developing remote/rural training programs that will advance access to rural remote services and encourage socially responsible recruitment. The Training for Health Equity network (thenetcommunity.org) is one example of such a network.

The Swedish *Recruit & Retain* Partner strategically worked with the Medical School at Umeå University to develop training for Medical Doctors. This work resulted in an increase from just 10 days of primary care training in remote and rural areas to a minimum of 58 days during their medical education. This pilot is still ongoing and will, with researchers' support, feed into a reform to update the medical training program at University of Umeå by 2020. This has been made possible by collaboration with Dr. Roger Strasser, Northern Ontario School of Medicine, who has shared NOSM's approach to distributed medical education and demonstrated its positive effect.

Is there a cost to implementing this *Framework* element?

Developing training opportunities in rural and remote settings do have an associated cost, with a strong return on investment.

Barriers to creating rural and remote training placements or programs typically include the cost of travel and accommodations to the rural and remote placements. As in urban settings, to ensure quality training in rural and remote environments faculty development is also required, to support professional staff to gain skills in teaching.

Resources are needed to support a strong partnership with a training institution, professional development for existing staff, and travel and accommodations for students. Health care provision in remote and rural regions, is a female dominated profession. It is also one of the biggest service sectors in sparsely populated areas. Investing in developing and training front-line health-care

professions is also an investment in a profession dominated by women. Making it attractive for all professions, female-dominated and male-dominated professions, is important for retention of staff in organizations and ensures that both genders have development possibilities within the geographical area they are based.

Taking Control of the Transient Workforce

Even in environments where there is substantial continuity of service providers, there will always be reliance to some extent on a transient workforce. There will always be holidays that require back-filling, or maternity leaves, or sick leaves, sabbaticals etc.

You can, however, limit excessive spending and improve the continuity and quality of service from the transient workforce that is also needed.

In rural remote areas, human-resources personnel and senior administrators often feel they have to "take whatever they can get" when they need short-term professional support. They pay out high wages, and considerable travel and other costs for short-term professional support that is often unsatisfactory (unfamiliar with local culture, unfamiliar with the work environment, limited commitment to providing the best possible service, inability to follow up).

The *Recruit & Retain* collaboration proposes that it is also possible to manage the pool of available transient professionals in a way that limits these issues. A regional, national or internationally coordinated service that places remote/rural service providers, ensures they receive orientation to cultural and service environment issues, and monitors performance of the transient professionals against an objective standard would be a worthwhile investment that would provide some quality assurance, and would better utilize resources that typically are directed at for-profit agencies. This would help reduce the administrative burden on local staff, who spend considerable time recruiting transient staff, processing their travel and other documentation, etc.

Example: In Scotland, a Rural Support Team in the Highlands of Scotland was developed. The team forms part of a wider support network across Remote & Rural Community Hospitals, vacant GP practices and in very remote and rural small islands off the west coast of Scotland. Included in this team is the introduction of remote and rural Advanced Nurse/Paramedic Practitioners - who are prepared at a Masters level. They have the authority to work independently as an "extended Generalist". They provide both unscheduled and scheduled care and carry a high level of clinical responsibility in relative professional isolation within these remote and rural settings often replacing medical staff. The unscheduled care aspect of the role is primarily out of hours, but with plenty of opportunity to work in hours.

Example: In Nunavut, Canada, new approaches to contracting have been introduced by the Territorial Chief of Staff, Francois de Wet and the Territorial Director of Medical Affairs, Steven Tuitt. In the past, physicians' options were limited to either making a move to the arctic and becoming a full time physician OR only taking on shorter term locums. By creating additional flexible options that incentivize even temporary physicians to commit to longer stays or repeat stays, Francois and Steven have already seen pleasing results that will lead to improved continuity and quality of care.

Conclusion

Developed over seven years by an international collaboration of northern and rural residents who are academics, professionals, and administrators, the *Making it Work: Framework for Remote Rural Workforce Stability* describes a spectrum of strategic elements that are essential to advancing consistent access to high-quality essential services in rural and remote environments.

Local, regional and national authorities that are committed to ensuring investments in rural and remote communities are making a difference, and encouraged to review these conditions for success, and to examine their own practices in each of the *Framework* elements.

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