

A rapid review of the effectiveness of interventions/innovations relevant to the Welsh NHS context to support the recruitment & retention of clinical staff

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Background

The NHS is experiencing an acute workforce shortage in every discipline at a time when waiting times are at a record high and there is a growing backlog resulting from the COVID-19 pandemic.

This rapid review aimed to explore the effectiveness of interventions or innovations relevant to the Welsh NHS context to support the recruitment and retention of clinical staff.

Review Criteria

Population: doctors (including GPs & medical practitioners, nurses, midwives, dentists, AHPs and students)

Phenomena of interest: Interventions supporting recruitment & retention

Context: all healthcare settings including rural setting of relevance to Wales

Study Design: quantitative systematic, scoping (with evaluation) & rapid reviews

Methods

Searches:

- Comprehensive searches were conducted across seven databases (Medline, EMBASE, Ovid Emcare, HMIC, CINAHL, Epistemonikos and Cochrane Central Register of Controlled Trials: CENTRAL) for English language publications from 2015 to February 2022
- Key third sector, government and organizational websites were also searched

Study selection: a single reviewer screened title & abstract with 20% checked by a second reviewer & two reviewers screened full text

Data Extraction: one reviewer with another checking accuracy

Appraisal: eligible reviews appraised using the JBI critical appraisal checklist for systematic reviews and research synthesis

Reporting: narrative reporting as thematic summaries

Evidence Base	Reviews (n=9)			Primary Studies (n=9) (identified from the reviews – relevant to the Welsh Context)		
	Evidence Type	Profession	Setting	Evidence Type	Profession	Country
Systematic Reviews (n=8) Scoping Reviews (n=1) (Covering 292 included primary studies)	Dentists (n=1) Doctors including GPs (n=4) Healthcare Professionals (n=4)	All settings (n=1) Rural or remote (n=8)	Descriptive Survey (n=4) Descriptive Survey / WMM (n=1) Quantitative (retrospective (n=2) Cohort Study (n=1) Cohort / WMM (n=1)	Doctors including GPs (n=5) Nurses (n=2) AHPs (n=1) Healthcare Professionals (n=1)	France (n=1) Norway (n=4) Scotland (n=2) Germany (n=1) Across Several European Countries (n=1)	
Key Findings	Educational Interventions	Regulatory Interventions	Financial Incentives	Personal/Professional Support	Bundled	Other (mostly relevant to GPs)
	<ul style="list-style-type: none"> Selecting health professional students on rural background Locating education institutions in rural areas Exposure to rural health topics in taught curricula Rural clinical placements, fellowships & internships Facilitating continuing education for rural & remote healthcare professionals Rural-based / accelerated training programmes 	<ul style="list-style-type: none"> Bonded schemes, scholarships & bursaries Visa waivers Financial incentives - return to service Loan repayments Access to professional licences / provider number Enhanced scope of practice in rural areas Different types of health workers with appropriate training Compulsory service / national Health Insurance scheme 	<ul style="list-style-type: none"> Benefits to make working in rural areas more attractive and offset costs and losses In kind benefits (subsidised school fees, free housing, vehicles, smart phones etc) Loan payment programmes without return of service 	<ul style="list-style-type: none"> Factors that improve living and working conditions in rural areas such as infrastructure Community support & family integration into the community Opportunities for social interaction, schooling for children Opportunity to advance careers, employment for spouses etc 	<ul style="list-style-type: none"> Bundled strategies Compared different components across bundled interventions Consensus that such interactions positively impacted on recruitment and retention 	<ul style="list-style-type: none"> International recruitment (not including visa waivers) Marketing Retainer schemes Re-entry schemes Specialised recruiters or case managers Health systems (healthcare professionals)
Implications	Areas of Uncertainty / evidence gaps			Policy & Practice Implications		
	<ul style="list-style-type: none"> Limited evidence was found on interventions aimed at AHPs Insufficient detail and lack of consistency with the definition of 'rural' The evidence presented across all reviews varied in quality The majority of primary studies used cohort / cross-sectional designs with no comparison group Many primary studies did not apply appropriate statistical analysis 			<ul style="list-style-type: none"> The review identifies a range of interventions that can be used to enhance recruitment & retention in Wales and supports multiple-component interventions The findings highlight the importance of providing and locating undergraduate and postgraduate training in rural locations The findings corroborate the use of bursary schemes for training Further, more robust evaluations are required. 		