





A JBI Centre of Excellence







Rapid umbrella reviews and rapid evidence maps are useful when research questions are broad and large number of systematic reviews are available

Title: A two-stage rapid umbrella review of interventions relevant to the Welsh context to support recruitment and retention of clinical staff

Background: The UK is facing an acute healthcare workforce shortage in every discipline, hindering NHS recovery from the residual impacts of the COVID-19 pandemic and increasing ongoing endemic pressures.

The aim of this project was to investigate the effectiveness of interventions relevant to the Welsh NHS context to support both recruitment and retention of clinical staff.

Methods: Rapid evidence map (REM) Rapid umbrella review (RUR) Rapid evidence map Rapid umbrella • Present RUR results (n=9 Present REM results (n=58 Confirm research review systematic and scoping systematic, scoping and question with reviews including 218 narrative reviews) stakeholders • Electronic database Systematic electronic unique primary studies) database searches Refine research question search (n=7) from 2015 Discuss initial research Develop knowledge based on REM results to 2022 methods, time frames Organisational website mobilisation plan search for grey literature • Plan RUR with Organisational website search (n=35) stakeholders Abbreviated evidence map Abbreviated umbrella methods Final stakeholder Introductory review methods Intermediary stakeholder meeting meeting stakeholder meeting

Results:

• Population: dentists (n=1), doctors including GPs (n=4), variety of healthcare professionals (HCPs) (n=4)

Educational interventions:

- Selecting students with rural background
- Locating education institutions in rural areas
- Exposure to rural health topics in taught curricula
- Rural clinical placements, fellowships & internships
- Continuing education for rural & remote HCPs
- Rural-based / accelerated training programmes

Regulatory interventions:

- 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
- Skill-mix
- Compulsory service / national Health Insurance scheme

Financial interventions:

- 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

Personal/Professional support:

- 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.

Conclusion: While RURs and REMs, are less common than other review types, they are viable options for providing timely evidence-based support for decision makers. Stakeholders' feedback was that the RUR enabled them to share accurate data with policymakers in Westminster, other Royal Colleges, and Heads of Medical Schools in the UK.

