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

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### Evidence Base

<table>
<thead>
<tr>
<th>Evidence Type</th>
<th>Reviews (n=9)</th>
<th>Evidence Type</th>
<th>Primary Studies (n=9) (identified from the reviews – relevant to the Welsh Context)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evidence Type</strong></td>
<td><strong>Profession</strong></td>
<td><strong>Setting</strong></td>
<td><strong>Country</strong></td>
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</tbody>
</table>
| Systematic Reviews (n=8) | Dentists (n=1) | All settings (n=1) | Doctors including GPs (n=5)  
| Scoping Reviews (n=1)    | Doctors including GPs (n=4) | Rural or remote (n=8) | France (n=1)  
| (Covering 292 included primary studies) | Healthcare Professionals (n=4) | Quantitative (retrospective (n=2) | Norway (n=4)  
|                          |               | Cohort Study (n=1) | Scotland (n=2)  
|                          |               | Cohort / WMM (n=1) | Germany (n=1)  
|                          |               |                   | Across Several European Countries (n=1) |

### Key Findings

**Educational Interventions**
- 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

**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  
- Different types of health workers with appropriate training  
- Compulsory service / national Health Insurance scheme

**Financial Incentives**
- 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  
- 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

**Personal/Professional Support**
- Bundled strategies  
- Compared different components across bundled interventions  
- Consensus that such interactions positively impacted on recruitment and retention

**Bundled**
- 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**
- Limited evidence was found on interventions aimed at AHPs  
- Insufficient detail and lack of consistency with the definition of ‘rural’

**Policy & Practice Implications**
- 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.