

EITEM AGENDA / AGENDA ITEM: 5

| Cyd-bwyllgor Iechyd a Gofal y Canolbarth / Mid Wales Joint Committee for Health and Care | | | |
|--|---|--|---|
| Dyddiad y Cyfarfod: Date of Meeting: | 25 th May 2021 | | |
| Eitem ar yr Agenda: Title of Report: | Rural Health and Care Wales (RHCW) Work Programme 2021/22 – update report | | |
| Arweinydd: Lead: | Peter Skitt, County Director Ceredigion and Mid Wales Joint Committee Programme Director | | |
| Pwrpas yr adroddiad: Purpose of the Report: | To approve the RHCW Work Programme and Budget for 2021/22; to receive an update report on the RHCW Work Programme for 2021/22 | Ar gyfer cytundeb For Agreement | ✓ |
| | | Ar gyfer trafodaeth For Discussion | |
| | | Ar gyfer gwybodaeth For Information | ✓ |
| <u>Crynodeb / Summary</u> | | | |
| <p>The RHCW Management and Steering Groups approved a draft Work Programme for RHCW for 2021/22, with the provision that it is subject to change pending finalisation of the Mid Wales Joint Committee (MWJC) Strategic Aims for 2021/22; the RHCW Work Programme 2021/22 was approved by the Mid Wales Planning and Delivery Executive Group at its meeting held on 26th April 2021 and is now presented for final approval to the MWJC.</p> <p>This report also provides an update of progress made to date by RHCW in achieving its draft Work Programme for 2021/22</p> | | | |
| <u>Argymhelliad / Recommendation</u> | | | |
| <p>For agreement - the MWJC is asked to approve the RHCW Work Programme and Budget for 2021/22.</p> <p>For information - the MWJC is asked to receive the update on achievements against the draft / approved RHCW Work Programme 2021/22.</p> | | | |



DRAFT RHCW Work Programme 1st April 2021 to 31st March 2022

Below is a proposed Work Programme for RHCW for the period 1st April 2021 to 31st March 2022, aligned with the strategic priorities and aims of the Mid Wales Joint Committee for Health and Social Care* (**note: this are subject to review in 2021*).

Aligned with MWJC Strategic Aims:

1. Aim 1: Health, Wellbeing and Prevention

- *Improve the health and wellbeing of the Mid Wales population*
- Instigate research into community projects that support innovative health and care provision in rural areas, e.g. community resilience / best practice models (e.g. Cardi Care) and pilot these for future roll-out
TARGET: Cardi Care project to be completed by July 2022
- Develop and deliver rural health and care research proposals, based on identified needs, to include completion of delivery of the “On your bike” project (Cynnal y Cardi / LEADER funded) and other projects that align with the RHCW / MWJC Aims and Objectives
TARGET: second phase of “On your Bike project” (installation of bikes and research on usage) to be completed by 31st March 2022
- Take an active role in Green Health and Social Prescribing matters across Mid Wales, providing the administrative function for the Green Health in Practice network and sitting on the Wales School for Social Prescribing Research and other social prescribing / green health networks to maximise health and wellbeing benefits for rural populations

2. Aim 2: Care Closer to Home

- *create a sustainable health and social care system for the population of Mid Wales*
- deliver the Cardi Care community resilience project
TARGET: Cardi Care project to be completed by July 2022
- conduct research on the community hospitals across rural Mid Wales to ascertain their service provision, areas of concern and measures of relevance and compare with national benchmarking criteria
TARGET: to be completed by December 2021
- develop and submit grant / research proposals that will support the creation of sustainable health and social care systems for the populations of Mid Wales

- undertake research into the impact of Covid-19 on the delivery of health and care services across Mid Wales, focussing on the following:
 1. collating the experiences and lessons learnt by health and care providers across Mid Wales
 2. undertaking research into community resilience and the significance of strong communities in supporting local populations during the pandemic
 3. considering differences in the delivery of telehealth / telemedicine interventions during the pandemic and future implications
- Explore the possibility of developing and co-ordinating a Mid Wales Value-based Healthcare Hub involving the three health boards, in order to develop a common understanding and rural value-based assessment process, in addition to identifying collaborative value-based projects
TARGET: Develop a proposal for a Rural Value-based Healthcare Hub by June 2021; develop a minimum of two projects for the Rural Value-based Healthcare Hub, should it proceed, by March 2022
- Support and pilot digital health / telemedicine initiatives

3. Aim 3: Rural Health and Care Workforce

- *Create a flexible and sustainable rural health and care workforce for the delivery of high-quality services which support the healthcare needs of rural communities across Mid Wales*
- Complete the extensive research undertaking on the provision of Education and Training across Wales and identification of gaps in rural areas
TARGET: for completion by June 2021
- Support initiatives that provide education, training and CPD to health and care professionals working in rural areas of Wales
- Work with all relevant stakeholders and policy decision makers to support the development of an increased provision of “local” training for health and care professionals in Mid Wales
- Continue to support and provide input into the development of rural credentials for doctors / GPs working in rural areas (GMC / NHS Education in Scotland)
TARGET: Rural credential should be finalised by 2022
- support Universities to provide rural graduate and postgraduate training for medical students and the wider healthcare professions, encouraging local applications / widening participation
TARGET: submit/support at least one application for funding for a PhD student, to work on research identified within the RHCW Work Programme

- support further education institutions and work-based organisations in their provision of apprenticeship schemes relevant to rural health and care in the Mid Wales area, participating in the Regional Learning and Skills Partnership for South West and Mid Wales and contributing to the annual Skills Plan for the area (health and care)
- support career events to holistically promote health and care careers in Mid Wales and support health boards / local authority recruitment campaigns
- Participate in consultations and workshops relevant to the rural health and care workforce
- Undertake research that identifies emerging “new” health and care roles and qualifications that are required to support rural populations
- Produce an infographic on the roles within Primary Care across the Mid Wales region, for public/patient use
TARGET: to be completed by September 2021
- Publish the research conducted on the recruitment and retention of health and social care professionals in rural areas; continue to both instigate and support innovative proposals that address barriers to recruitment and retention
TARGET: to be completed by September 2021

4. Aim 4: Hospital Based Care and Treatment

- *Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales, with robust outreach services and clinical networks*

- Support the work of the MWJC in this area
- Support the development of increased care closer to home / in the community, taking the onus away from Hospital Based Care and Treatment, e.g. supporting Community Resilience and greater adoption of digital / virtual consultations

5. Aim 5: Communications, Involvement and Engagement

- *ensure there is a continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners*

- Organise an annual Rural Health and Care Wales Conference on 9th and 10th November 2021, following on from the success of previous conferences and taking on board feedback from the evaluations and proposals for improvement; to be held on-line or in person, depending on Covid restrictions in situ at the time

TARGET: RHCW Conference to be held on 9/10 November 2021

- Organise a minimum of two on-line webinars that enable the sharing of best practice in rural health and care, highlighting innovative practices and research results
TARGET: first Webinar to be held in July 2021; Second Webinar to be held in January 2022
- Influence policy on rural health and care matters by participating in consultations and disseminating research findings
- Establish and / or participate in networks of individuals and groups that support research, innovation and development in rural health and social care, including developing stronger links with the regional Research, Innovation and Improvement Hubs in North Wales, West Wales and Powys to ensure better alignment of work, collaboration and avoidance of duplication
TARGET: to attend at least 2 meetings with each regional Hub by end of March 2022; to invite each Hub to present at the RHCW Conference 2021 and / or to the RHCW Management / Steering Groups in 2021

Meeting the identified priorities of the MWJC:

- Health, Wellbeing and Prevention
- Telemedicine
- Integrated Care Hubs
- Workforce
- Engagement and Involvement

RHCW specific work:

In addition to the above, there is work specific to the continuation of RHCW that will be undertaken as part of its Work Programme for 2021/22, as outlined below:

- Establish appropriate long-term governance and operational structure for RHCW as from 1st April 2021
TARGET: review of RHCW Terms of Reference to be conducted by September 2021
- Work within the 5-year strategic plan for RHCW for 2020-2025, building on its success to date and aligning with the future governance and structure once confirmed
- Raise the profile and work of RHCW through networking, attendance at events and presentation at conferences
- Develop funding and grant applications for initiatives / projects that meet the Aims and Objectives of RHCW

RHCW Budget 2021 / 2022

| | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | TOTAL |
|--|--------------|--------------|--------------|--------------|-----------------|
| Income | | | | | |
| PTHB Income | 9,375 | 9,375 | 9,375 | 9,375 | 37,500 |
| BCUHB Income | 9,375 | 9,375 | 9,375 | 9,375 | 37,500 |
| HDdUHB Income | 9,375 | 9,375 | 9,375 | 9,375 | 37,500 |
| Other income* | 2,500 | 2,500 | 2,500 | 2,500 | 10,000 |
| | | | | | £122,500 |
| Expenditure | | | | | |
| Staff | | | | | |
| <i>RHCW Project Manager (F/T)</i> | 15,200 | 15,200 | 15,200 | 15,200 | 60,800 |
| <i>RHCW Development Officer (F/T)</i> | 8,500 | 8,500 | 8,500 | 8,500 | 34,000 |
| <i>Travel & Subsistence</i> | 1,500 | 1,600 | 1,800 | 1,600 | 6,500 |
| Meetings | 150 | 150 | 150 | 150 | 600 |
| RHCW Chair of Management Group | 1,250 | 1,250 | 1,250 | 1,250 | 5,000 |
| Annual Conference | | 1,000 | 4,000 | 2,000 | 7,000 |
| Website / Repository dev. | 250 | 250 | 250 | 250 | 1,000 |
| IT & Office consumables | 300 | 350 | 400 | 300 | 1,350 |
| Publications / Publicity | 500 | 800 | 800 | 600 | 2,700 |
| Other - printing, promotional items etc. | 850 | 900 | 900 | 900 | 3,550 |
| | | | | | £122,500 |
| Balance | | | | | £0 |

**grants / conference fees / events*



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RURAL HEALTH AND CARE WALES

RHCW Progress Report as at May 2021

Aim 1: Health, Wellbeing and Prevention

- *Improve the health and wellbeing of the Mid Wales population*
- The fourth and final site location has been agreed recently for the bikes (“**On your Bike**” project), with Cynnal y Cardi finalizing contracts between Ceredigion County Council and the Town Councils in order that installation can begin, hopefully by June 2021. The second phase of research on active use of the bikes will then commence. Site visit with installers due to take place on 3rd June 2021.
- Since January 2021, RHCW (AP) has been attending meetings to consider “**delivering value in rural Wales**” (**Value-based Healthcare**), convened by Huw Thomas, Director of Finance with HDdUHB, attended by representatives from all three health boards (HDdUHB, PTHB and BCUHB), RHCW and Aberystwyth University (RR). At the January meeting, AP was tasked with investigating the possibility of setting up a Rural Value-based Healthcare Hub in Mid Wales that brought the three Health Boards together; meetings were held with each individual Health Board and a proposal made to the March meeting to host a rural value-based hub within RHCW and potentially a jointly-funded post in VBHC. Priority areas for collaborative value-based project were identified, as follows:
 - Cataracts / ophthalmology
 - Frailty
 - Orthopaedics
 - Community hospitals
 - Cancer
 - Diabetes
 - Dementia
 - Community / Social Care
 - Rehabilitation
 - Chronic Pain Management
 - Urology

Consideration is also being given to supporting a Health Economist role at Aberystwyth University and for a course on Value-based Healthcare (from a rural context) to be delivered by Swansea University to all 3 HBs in October 2021. Next meeting to be held on 7th June 2021.

- AP has met with Wendy Hooson, Acting Head of Health Strategy and Planning BCUHB, Dr Lynne Grundy, Associate Director Research and Innovation BCUHB and Sarah Bartlett, North Wales Research, Innovation and Improvement Hub Manager, on 18th February and 12th May to consider the RHCW Work Programme and explore options for closer collaboration in future. AP is to present on the work of RHCW at the next North Wales Research, Innovation and Improvement Board meeting on 17th May 2021. Ongoing meetings between all three organisations are to continue. Regular meetings are now being held with representatives from all 3 RI&I hubs, with the recommendation in the new TOR that these be included in the RHCW Stakeholder Group.

Aim 2: Care Closer to Home

- *create a sustainable health and social care system for the population of Mid Wales*
- The funding for Cynnal y Cardi, who administer the LEADER grant for the Cardi Care project, has been further extended to September 2022. As such, another re-profiling of the Cardi Care project had to be submitted and a new Deed of Variation drawn up (same grant amount); a key development includes engagement with Bethan Jenkins (previously employed as Development Officer with RHCW) to work for 3 months in a self-employed capacity, to start work on Cardi Care before the Co-ordinator is employed. This work has now commenced and the part-time role of Co-ordinator is in the process of being advertised (3 days a week until June 2022).

New project plan:

| Proposed Activity | Timetable |
|---|---|
| Preparatory work (literature / surveys) | Work undertaken until April 2021 |
| Stakeholder Group formation | June 2021 |
| Recruitment & appointment of Co-ordinator | February – May 2021 |
| Assessment throughout of ease of use, replicability and success / failure of Solva Care tool kit | February 2021 – June 2022 |
| Stakeholder Group meetings | June 2021; August 2021; Sept. 2021; Dec. 2021; March 2022; June 2022. |
| Engagement and exploratory work with 4 identified villages, including baseline assessment of needs and commencement of identification of potential volunteers | Feb. 2021 - May 2021 |
| Recruitment of Volunteers | March 2021 and ongoing throughout project |
| Employment of Co-ordinator | May 2021 – 30 June 2022 (14 months; 3 days a week) |
| Final identification of one village location for Cardi Care pilot | June 2021 |
| Launch event | June 2021 |
| Identification of specific needs of residents | February 2021 – June 2021 and ongoing throughout project delivery |

| | |
|---|--------------------------|
| Delivery of Services | June 2021 – June 2022 |
| Assessment and evaluation of services | June 2021 – June 2022 |
| Exploration for future funding and potential grant applications (if above is positive) | October 2021 – June 2022 |
| Final report compiled on process, project delivery and public dissemination of findings | June/July 2022 |
| End of project event (presentation of findings) | June 2022 |

- RHCW approached Aberystwyth University with a proposal to submit an application for funding to Health and Care Research Wales for a PhD student (f/t over 3 years) to consider the impact of loneliness in diverse rural communities on health/wellbeing; this will also consider mental health impact on the agricultural community (**Social Care PhD Scholarship Scheme**, value £66k or £22k per annum over 3 yrs). The grant funding will primarily be for the successful student (£15k annual stipend) and AU (fees), plus a small amount for travel/resources, but the work will directly relate to the RHCW Work Programme and RHCW will provide additional supervisory support (RR, AU main supervisor) and receive a report on findings and presentation at its Conference as targeted outcomes. The findings of the research will be of particular value to rural communities in Mid Wales, where the research will focus. AP and RR (AU) have worked collaboratively on the grant application which was submitted by AU on 5th March 2021. Title for the research: *“How living in rural areas contributes to feelings of loneliness in diverse rural communities, and the role communities play in addressing social inequality”*. An email was received on 22nd April confirming that the application was deemed in remit and would be fully considered on 18th May, with a decision soon after.
- AP attended a meeting of the **National Centre for Population Health and Wellbeing Research** (NCPHWR)'s **Healthy Working Life Advisory Group** on 13th January 2021, to discuss elements of Healthy Working Life and explore projects that could improve this area of health and wellbeing.
- AP also attended a meeting of the **Rheumaps External Advisory Group** (musculoskeletal research in rural areas, Scotland and Wales) on 17th February 2021.

Aim 3: Rural Health and Care Workforce

- *Create a flexible and sustainable rural health and care workforce for the delivery of high-quality services which support the healthcare needs of rural communities across Mid Wales*
- Work continues on the medical **Rural Credentials** project (led by Dr Pauline Wilson, Consultant Physician and Director of Medical Education NHS Shetland), with an update report received on 14th May 2021 attached as Appendix 1. AP attended a small workgroup meeting in March to discuss the following:
 - Processes to acknowledge those already working within the remit of the credential

- Appropriate experience and competencies that would be suitable for entry into credential outside General Practice.

As per an action from the RHCW meeting held on 8th December 2020, Dr Sue Fish was nominated to attend as a representative from Wales (GP/educator), with RHCW (AP) also requested to remain on the Steering Group.

- AP attended a meeting convened by Dr Tom Lawson, Postgraduate Medical Dean HEIW, on 31st January regarding setting up a group to inform what the “healthcare workforce needs and training requirements might be for Wales”, with the intention of this influencing the HEIW workforce strategy and planning. The meeting was held on the 9th March and considered “**Rural Healthcare, Workforce and Training (including Credentialing) in Wales**”, with the discussion feeding into the Scotland NHS work on Rural Credentials. AP has been asked to submit the RHCW review of Education and Training in Wales to HEIW, which is under final review.
- AP attended a meeting of the **Health and Social Care Cluster** sub-group of the Regional Learning and Skills Partnership meeting (Mid and West Wales) on 11th February 2021, where the focus was on the impact of Covid-19 on staffing in care homes, with little debate on education/training in this instance. RHCW has been asked to sit on the Steering Group for the Mid Wales Regional Learning and Skills newly formed group, with the first meeting held on 12th May 2021. The work of the Mid Wales RLSP will feed into the Mid Wales Growth Deal.
- RHCW continues to support the recruitment of **Graduate Entry Medicine** students at Swansea University, with AP having interviewed candidates as a “lay” representative on 25th February 2021 and 10th March 2021.

Aim 4: Hospital Based Care and Treatment

- *Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales, with robust outreach services and clinical networks*

No further update.

Aim 5: Communications, Involvement and Engagement

- *ensure there is a continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners*
- The RHCW annual Conference was held on the 10th and 11th November 2020 on Teams Live, with over 200 attendees on each of the two days (655+ “visits”). Whilst there were some technical issues to contend with, the feedback received to date has been very positive, with an excellent selection of quality presentations.

The Poster competition was extended to the 7th December and the award winners were:

First place:

“Evaluating the mental health and wellbeing benefits associated with outdoor activities in Brecon Beacons National Park and informing the development of “green health” services in Powys”

Tania Dolley, Amy Goddard and Emily Moore, PTHB

Second place:

“Co-production in Commissioning Carers Projects”

Marie Davies, Credu

Third place:

“Arts for Health’s Sake”

Pod Clare, HAUL Arts in Health

The online Conference Evaluation survey had a very poor response this year, whether this was due to feedback being given informally online during the Conference or the online Poster competition emails or other reasons is unknown (less than 10 responses received). As such, an informal report will be collated, based on downloaded comments (technical issues are present preventing download).

The 2021 RHCW Conference is proposed for the **9th and 10th November 2021**, with a fuller discussion on format and content to be held at the June 2021 RHCW meeting.

- RHCW sits on the **Communications Consumer Hub for Wales** (addressing connectivity / broadband / communication issues across Wales), with AP attending a meeting on 7th October 2020 and 3rd February 2021. HOS attended a further meeting on 21st April 2021 and AP attended a pan-UK meeting on 11th May 2021 which considered the imminent move to VOIP telephony as from 2025, raising potential implications for telehealth interventions.
- On 20th April 2021, AP presented on rural health and care issues in Wales at an international (virtual) conference convened by SAPHIRE (Securing the Adoption of Personalised Health in Regions; www.saphire-eu.eu). The Conference title was **“Problems and solutions for personalised healthcare in remote, rural and sparsely populated regions”** and involved presentations from the Nordic countries, France, Spain and Holland, with attendees from across Europe. It was interesting to note that the rural health and care issues faced in Wales were common across all countries and there is potential collaboration on future projects. Members of SAPHIRE will potentially present at the RHCW Conference in 2021.

RHCW specific work

- Helena O’Sullivan commenced in post as **RHCW Development Officer** on 6th April 2021. This post is a full-time, fixed term appointment to 31st March 2022, with potential to extend.



- ⋮ The purpose of the Rural and Remote Health curriculum is to provide a supportive training framework for doctors delivering unscheduled and urgent care in rural and remote hospitals and at the interface with the community.
- ⋮ The curricular competency framework has been developed in collaboration with existing rural and emergency health practitioners and is an evolution of the Acute Care General Practitioner Rural Fellowship competencies, originally developed and delivered by NHS Education for Scotland. It has been subject to iterative review and wide discussion with key stakeholders across the UK.
- ⋮ The Rural and Remote credential has been designed to meet the stipulations of the UK Shape of Training Review and will be overseen by NHS Education for Scotland (NES).

☰ The curriculum for the credential is an outcomes-based curriculum, written in line with the GMC Excellence by Design standards.

☰ The credential curriculum has been developed by a Rural and Remote Health Credential Expert Steering Group convened under the auspices of the statutory body, NHS Education for Scotland. Membership of the Rural and Remote Health Credential Expert Steering Group was drawn from across the four nations, comprising a range of organisations with an interest in the development of the credential

☰ In November 2020, the Rural and Remote Health Credential Expert Steering Group met virtually to discuss the aims and objectives of the credential and to work toward an agreed competency framework and curriculum design and delivery.

☰ In January 2021, three sub-groups (comprised of members of the Rural and Remote Health Credential Expert Steering Group) met to discuss the credential development process:

- Sub-group one - Programme of learning and assessment
- Sub-group two - curriculum competencies
- Sub-group three - How to acknowledge those already working in the rural and remote settings who meet the credential outcomes

☰ In February 2021, a working group with representation across the four nations was formed to refine the capabilities in practice (CiP) and procedural skills:

- 2 representatives from Wales
- 2 representatives from Scotland
- 2 representatives from England
- 1 representative from Northern Ireland



🎓 Three generic and nine clinical CiPs were developed. The approach taken was to match each clinical CiP to key clinical presentations and conditions with a general descriptor of the knowledge, skill and behaviours required for each capability. The presentations and conditions have been presented in an ABCDE structure, which is a recognised structure of assessment in urgent care settings.

- **Generic CiP 1:** Able to work as a rural and remote practitioner within NHS system
- **Generic CiP 2:** Adapting practice to Urgent Care Setting

- **Generic CiP 3:** Facilitate effective handover of patient to specialist services
- **Clinical CiP 1:** Recognise and appropriately manage acute paediatric presentations
- **Clinical CiP 2:** Management of time critical presentations/conditions (Medical and Surgical)
- **Clinical CiP 3:** Assessment and initial management of the trauma patient
- **Clinical CiP 4:** Ability to assess and appropriately manage core Ear, Nose, and Throat (ENT) presentations
- **Clinical CiP 5:** Ability to evaluate and appropriately manage the patient presenting with eye problems
- **Clinical CiP 6:** Ability to assess and manage appropriately core obstetric and gynaecology presentations
- **Clinical CiP 7:** Evaluate and appropriately manage the patient with acute psychiatric presentation including overdose
- **Clinical CiP 8:** Evaluation and management of the older person
- **Clinical CiP 9:** Management of patients requiring palliative and end of life care



The procedural skills required in each locality may differ due to the provision of the service by other clinicians e.g. anaesthetists. It was agreed that credential holders should be proficient in procedures that they will be expected to carry out, and have simulated competencies for those skills they are less likely to use.



Aligned with “Excellence by Design”, the Rural and Remote Health credential curriculum is outcomes-based. Progression will therefore depend on capability rather than time. Attainment of the competencies may accordingly be achieved at different times depending on clinical placements as well as pre-credential experience and training.



The curriculum will be delivered through a variety of learning experiences and will allow learners to achieve the capabilities described through a variety of learning methods. There will be a balance of different modes of learning from experiential learning ‘on the job’ to more formal courses. The proportion of time allocated to different learning methods will vary depending on the previous experience of the learner. Training will be constructed to enable learners to experience the full range of educational and training opportunities available and there will be robust arrangements for quality assurance in place to ensure consistent implementation of the curriculum.



Response to consultation in terms of credential development:

- After consultation and it was decided that the title of the credential should be adjusted to ensure that the scope and purpose of this credential is clear. The credential title has been accordingly refined to “GMC-regulated Credential in Rural and Remote Health - Unscheduled and Urgent Care”.



- The entry point for this credential will most commonly be doctors on the GP Register (or equivalent) who already work (or wish to work) in rural and remote settings. They are already required to display a wide range of knowledge, skills, behaviours and attributes, reflecting the broad nature of General Practice. The credential curriculum will add further breadth and depth. They will develop expertise in a range of practical procedures and be adept at the management of complex situations in hospitals, and at the interface between primary and secondary care.
- The entry point for the credential will also include doctors practising in non-training grade positions in rural and remote contexts with appropriate experience and existing competencies (e.g. Staff and Associate Specialist doctors). During the consultation phase of the credential development, discussion was held with the COPMeD SAS Associate Postgraduate Deans' subcommittee to explore the premise of inclusion of SAS grade doctors. The Associate Deans were supportive and endorsed the introduction of the Credential in Rural and Remote Health for SAS doctors across the UK.
- While the focus of this credential is at the interface between General Practice and Rural and Remote small hospitals, it is recognised that some smaller hospitals may be staffed in part by doctors on the Specialist Register, and that their scope of practice may differ from their specialty postgraduate training. The Credential in Rural and Remote Health (Unscheduled and Urgent Care) may therefore also be applicable for some doctors on the specialist register who work in this context. Doctors on the Specialist Register who provide front door unscheduled and urgent care in rural and remote hospitals are welcome to apply to the UK Rural and Remote Credential Board to be considered for inclusion in the credential training programme.
- The credential is desirable and not essential for rural and remote practice. However, it is anticipated that over time the value and contribution of the credential to patient safety, the clinical service and to personal and professional development will be significant to stakeholders across rural and remote communities.
- Recognising the heterogeneity of credential entrants, it is estimated that the curriculum may take up to 2 years to complete.
- The process for reviewing learners' performance and making decisions on their progression through the credential programme will be very similar to the Annual Review of Competence Progression (ARCP) process that trainees in specialty training programmes undergo. Unlike ARCPs however, the reviews will be carried out by a UK Rural and Remote Credential Board.



The Credential in Rural and Remote health (Unscheduled and Urgent Care) was submitted to the GMC in April 2021.



The Credential will be formally considered by the GMC Curriculum Advisory Group in June 2021.



Subject to GMC approval, the next steps are:

- Appoint to UK Rural and Remote Credential Board;
- Identify those currently working within the scope of the credential for potential sign off and credential award;
- Train and appoint Educational Supervisors;
- Develop an e-portfolio for credential learners;
- Develop and formal launch, including provision of full online resources including the credential curriculum, and guidance documents, FAQs, rough guide for learners, person specification and guidance for trainers.