

Recruit and Retain

Good practice

Member State, Region: Norway, Scotland, Sweden, Iceland, Northern Ireland, Greenland and Canada (Northern periphery and Arctic region)

Publication date: February 2025



Basic project details

Main institution heading the initiative:

The Scottish health provider NHS Western Isles acted as a lead partner during the first phase of the programme. The leading partner of the second phase was the Swedish Centre for Rural Medicine – an institution that conducts research and provides health education in sparsely populated areas.

Main partners involved:

1. NHS Western Isles, Scotland (health provider)
2. The Agency of Health and Protection, Greenland
3. FSA University Hospital, Iceland
4. Helse Finnmark Health Trust, Norway
5. County council of Västerbotten, Emergency & Disaster Medical Centre + Storuman Health Care Center, Sweden
6. The University Court of the University of Aberdeen, Centre for Rural Health, Scotland
7. Cooperation and Working Together (CAWT), Northern Ireland Northern Ontario School of Medicine, Canada (university)
8. Northern Ontario School of Medicine, Canada
9. Centre for Rural Medicine, Sweden (research, professional development and education)
10. Norwegian Centre of Rural Medicine, Norway (research, professional development and education)
11. NHS Highland, Scotland (health provider)
12. Akureyri Hospital (SAK), Iceland (health provider)

The first eight partners were involved in the first phase of the programme while the second phase involved the partner from eight to twelve. The Northern Ontario School of Medicine, Canada was the only partner that was involved in both phases.

Project duration: 01.06.2011–30.06.2014 (Phase 1) and 01.02.2016–31.01.2019 (Phase 2)

Main sector targeted: Jobs and Skills; Quality of life and equal access to services

Goals of the initiative:

The project's principal objective was to help countries in the Northern periphery and the Arctic to recruit and retain health professionals.

Official website:

<https://rrmakingitwork.eu/>

Implementation costs

PHASE 1

Total budget: EUR 3 million

Sources of funding: Co-funded by the EU (European Regional Development Fund – ERDF)¹ and national funding

Amounts:²

- EU (ERDF): EUR 2 million
- EU MS contribution: EUR 1 million

PHASE 2

Total budget: EUR 2 million

Sources of funding: Co-funded by the EU (European Regional Development Fund – ERDF)³ and national funding

Amounts:⁴

- EU Funding (ERDF): EUR 960,000
- EU MS contribution: EUR 770,000
- Third-country contribution: EUR 260,000 (Norway and Iceland)



Short summary of the policy approach

The **Recruit and Retain** international collaboration was a transnational partnership involving eleven organisations from countries across Northern Europe and Canada, aimed at finding practical solutions to the persistent challenges of recruiting and retaining high-quality professionals in healthcare in remote rural areas. The project unfolded in two phases. **During Phase 1 (2011 – 2014) the focus was on research and analysis.** This phase involved gathering data on the challenges and opportunities for recruitment and retention in sparsely populated areas. It included conducting surveys, interviews, and data collection from the participating regions. **The research resulted in the Recruit and Retain Business Model**, a structured approach designed to address the challenges of attracting, supporting, and retaining high-quality professionals in remote rural areas, through targeted recruitment strategies, comprehensive support systems for staff and their families, and community engagement. The project provided a set of solutions, new evidence base and, a framework from which to select and implement solutions intended to work in any given remote and rural organisation and community.

In Phase 2 (Recruit & Retain: Making It Work; 2014–2019), partners from five countries (Sweden, Canada, Norway, Scotland, and Iceland) used the learnt insights from the first phase and planned to utilise the business model and evaluate its performance. **The team implemented and evaluated a suite of interventions in five case studies.** Each case study had a specific aim based on the needs of the remote rural area. The Swedish case study, for example, had the explicit goal of recruiting healthcare personnel. Interventions included a web tool to provide information about rural living, combining positions to widen career opportunities and an alumni register to capture people interested in moving back which will receive newsletters about recent developments in the municipality. In Canada, on the other hand, the emphasis was more on the stabilisation of the healthcare workforce. Therefore, the chosen intervention varied from case study to case study depending on the defined aim and geographical and cultural circumstances. As a product of those five case studies, the team created the “Remote rural workforce stability framework” usually referred to as the “[Plan, Recruit, and Retain Framework](#)”. The framework is designed to support municipalities with the concrete tasks and challenges of recruiting and retaining health professionals in remote rural areas.

Regional context

The Recruit and Retain: Making It Work programme included working groups from seven different countries in the northern periphery, including Norway, Greenland, Northern Ireland, Sweden, Canada, Iceland, and Scotland. All partners were located in rural or remote communities. These communities often struggle with a shortage of healthcare facilities, leading to long travel distances for patients seeking care.



Public authorities were involved in some areas of support. An important element within the framework of the initiative was 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. The responsibility for this was with the regional and national governments.



Effectiveness

Types of activities

The Recruit and Retain: Making it Work initiative pursued a holistic approach to the issue of talent attraction. These interconnected activities can be summarised as follows:

Research activities

The Recruit and Retain team **conducted research that provided a baseline understanding of the factors influencing recruitment and retention in remote rural areas**. This research was carried out via a questionnaire sent out to healthcare staff working in rural areas and adjacent urban areas, allowing for rural/urban comparisons. This was conducted in the Autumn of 2012 and attracted over 5,000 responses.⁵ Furthermore, 76 structured interviews were conducted with healthcare workers in a variety of positions. The questionnaire and interviews revealed that professionals with a **rural background** are more likely to stay in rural jobs, that financial remuneration and flexible working arrangements are more valued by rural workers, and that one of the major deterrents for professionals considering rural positions was the perceived lack of **educational and career development opportunities**. Another key learning was that **family considerations**, such as partner employment and children's education, significantly influenced retention.

Business model and framework development

The partners developed a structured approach – the Recruit and Retain Business Model – to help remote and rural communities

in the concrete tasks of attracting and retaining healthcare professionals. This framework revolved around seven steps:

1. **“Yearly Wheel”**: This tool schedules recruitment activities throughout the year, ensuring consistent and proactive recruitment and retention efforts.
2. **“Tailoring Recruitment to Specific Needs”**: Understanding who you need to recruit and focusing on people who are likely to thrive in remote rural areas.
3. **“Information, Information, Information”**: Transparency in sharing detailed information about working and living conditions in remote areas, which is critical for attracting the right candidates.
4. **“Community Engagement”**: Local communities play a significant role in supporting staff, helping new recruits integrate into rural life.
5. **“Supporting Staff and Families”**: Support extends beyond the employee to their families, as retaining a professional in rural areas often hinges on the well-being of their family.
6. **“Education and Training”**: Offering local, relevant training and education opportunities is key to both recruiting and retaining skilled staff. Continuous development helps professionals remain motivated and well-equipped.

7. **“Financial Investment”:** Recruitment and retention in rural areas require substantial investment. Finding financial solutions to support workers, such as relocation incentives or bonuses, is essential.

During Phase 2, the partnership further refined the seven-step model and developed the broader Framework with nine strategic elements and five conditions for success (presented in Figure 1).

Interventions

Twenty-nine specific solutions were tested in the Recruit and Retain project. Example interventions included⁶:

1. **Buddying Programmes:** Designed to offer professional and social support to new recruits through mentorship and social integration in the workplace.
2. **Relocation Officer:** This role was established to assist professionals and their families in relocating to rural areas, addressing logistical challenges and easing their transition.
3. **Yearly Wheel:** A structured calendar of recruitment activities throughout the year to ensure continuous recruitment efforts and maintain workforce stability.

4. **Promotional Films and Booklets:** These materials were used to attract potential recruits by providing information about living and working in rural communities.
5. **Couple Recruitment:** Focused on recruiting couples or finding employment opportunities for partners, this intervention helped to address the challenges professionals face when relocating with families.
6. **Further Education Programmes:** Specialised training and continuous professional development programmes were implemented to upskill workers in remote areas, particularly in healthcare.

Evaluation

Evaluation played a crucial role in the **Recruit and Retain** project by ensuring that the interventions and solutions developed were effective, scalable, and adaptable to various rural and remote contexts. Stakeholders affected by the interventions were asked to provide feedback to identify which solution worked best in the given context. The initiative published an evaluation report after the programme ended and all five partners of the programme published a case study⁷ that evaluated the impact of the programme in each rural remote community.



Important outputs, results & achievements

The most relevant output of the Recruit and Retain initiative is the business model developed by the partners, which can assist rural and remote activities in planning and carrying out their recruitment and retention activities for healthcare workers.

Moreover, partners in each country implemented and evaluated a suite of interventions. Results and achievements can vary strongly from project to project – for this reason, they have been summarised in Table 1.

Table 1 – Set of interventions sponsored by the Recruit and Retain initiative in each country.

Case studies	Sweden	Norway	Canada	Iceland	Scotland
Case study aim	<ul style="list-style-type: none"> Recruit healthcare personnel to Storuman municipality. 	<ul style="list-style-type: none"> Improve recruitment and retention of General Practitioners (GPs) in three case municipalities. 	<ul style="list-style-type: none"> Stabilise the physician workforce in Nunavut. 	<ul style="list-style-type: none"> Recruit and retain specialised physicians in Akureyri Hospital. 	<ul style="list-style-type: none"> Improve recruitment and retention of rural multi-disciplinary teams.
Interventions	<ul style="list-style-type: none"> Transforming medical school curriculum to increase the number of clinical practice days at rural primary care units. Alumni register to capture people who are interested in moving back. Online social media group Move Up North to provide an overview of rural lifestyle opportunities. Relocation Coordination Officer, to facilitate community engagement and improve impact. Combined positions, to widen the career opportunities and improve the recruitment potential. 	<ul style="list-style-type: none"> A common GP-committee in the three municipalities has created a larger professional environment and a very good inter municipal cooperation. Organised the regular GP service with more flexibility to meet with the regular GPs' preferences concerning payment system and stated to hire GP-locums for long periods to cover for occasional GP absence. 	<ul style="list-style-type: none"> Website refresh. Cultural Orientation App for Mobile Devices designed for health care providers in the region. Pilot of New Physician Contract Models. Enhanced retention / team building among physicians by organising team events which prioritised Northern and rural practice issues. 	<ul style="list-style-type: none"> Community engagement by including a community council member in the workgroup. Meetings with potential recruits and their families, alongside a municipal representative, were held to inform them about local services and leisure opportunities. Visits were made to medical schools in Iceland, Hungary, and Slovakia, where many Icelandic students study, to promote the hospital as a future workplace. Additionally, meetings were held in Sweden to introduce the hospital to Icelandic specialists and those in training. Development of a programme specifically tailored for the continuing education of new recruits, to better prepare them for working in a rural hospital. 	<ul style="list-style-type: none"> Successful health board marketing initiatives were examined, and discussions with HR, the rural health team, and communities explored implementing similar approaches. A review of literature on community engagement was conducted to guide the project, and one community is developing and piloting a template that includes information on community living. Developing efficient initiatives to deliver educational material and supervision across professions.

Case studies	Sweden	Norway	Canada	Iceland	Scotland
Results	<ul style="list-style-type: none"> • The number of clinical training days for medical education students in remote and rural regions has increased from 18 days to 91 days. • Region Västerbotten has committed to investing around EUR 90,000 annually and assigned the Centre for Rural Medicine to coordinate recruitment efforts in collaboration with inland municipalities in the county. • Website succeeded in reaching more young people. 	<ul style="list-style-type: none"> • Establishment of a local regular GP recruitment and retention project that was anchored, understood, and strongly supported at the top municipal, administrative and political level. • Municipalities ended up extending their number of regular GPs with one additional GP to reduce the workload and succeeded in reducing the number of vacant regular GP positions. Two of the three municipalities could lower the number of regular GP that were served by a locum. 	<ul style="list-style-type: none"> • A new model for paediatrics residency in Nunavut has been developed, extending the duration of rotations. This reduces the effort needed for training new residents compared to shorter placements. • A panel of health experts highlighted the benefits of sharing information between rural and northern jurisdictions. Additionally, collaborations between the Qaujigiartiit Health Research Centre and the Nunavut Department of Health have been strengthened. 	<ul style="list-style-type: none"> • Increased number of medical specialists from 50 to 59, with 47 being full-time equivalent (FTE). 	<ul style="list-style-type: none"> • After a population assessment and service needs analysis, NHS Highland and community representatives created a rural support team to improve primary and urgent care in West Highland. Noticing high staff turnover, the team collaborated to develop a professional information brochure, detailing life and work in West Highland, to be included in job application packs and adapted for recruitment purposes. • Deep understanding of the issue from conducted interview with staff from HR. • Providing accessible user-friendly marketing outlets promoting vacancies. • Co-designing community information for candidates and providing local and personalised vacancy information designed by remote and rural health care teams.

Case studies	Sweden	Norway	Canada	Iceland	Scotland
Lessons learned	<ul style="list-style-type: none"> • Work with available resources and build strategic collaborations: Initial efforts to implement a large-scale project across multiple municipalities in Sweden were unsuccessful due to resource constraints. Instead, focusing on existing partnerships between Region Västerbotten and Umeå University allowed for a more sustainable approach, demonstrating that recruitment and retention in remote areas can begin by coordinating current activities and leveraging trust and collaboration. • Patience and adaptability are key in monitoring systems: Establishing a structured evaluation system with external data sources proved challenging, as securing reliable data feeds was difficult. It is recommended to apply structured data collection only within systems controlled by your own organisation or, if using external data, to ensure it is integrated from the start, preferably with automatic feeds for consistent monitoring. 	<ul style="list-style-type: none"> • Inclusive participation supports successful change: Involving a wide range of stakeholders, such as staff, politicians, and the public, makes change efforts easier by building strong support and reducing opposition. • Flexible working conditions are crucial for sustainability: Long-term planning is key, as focusing only on short-term crises is unsustainable, especially with under-staffing. • Recruitment is easier than retention: Retaining GPs requires motivating them beyond the job, with those who relocate with family being more likely to stay. • Treat GP-locums as future regulars: Providing good working conditions, housing, and support for locums can increase the likelihood of converting them into regular GPs. • Promote the positive aspects of general practice: While workloads can be heavy, they vary, and highlighting the positive aspects can improve recruitment and retention. 	<ul style="list-style-type: none"> • Meaningful partner engagement enhances project success: Although Nunavut's Inuit organisation did not have a direct role, their involvement in planning contributed significantly. Their support and participation made physicians feel valued by the community they serve. • Physician-led initiatives are key to success: Allowing physicians to shape project topics and lead Continuing Education and Professional Development (CEPD) events ensured relevance to their practice, aligning with the "not about us without us" principle for effective collaboration. 	<ul style="list-style-type: none"> • Community Engagement Enhances Recruitment: Involving community members in the recruitment process and welcoming candidates and their families proved crucial in attracting physicians. The collaboration between Akureyri Hospital and the local community helped create a supportive environment for new recruits. • Tailored Professional Development is Key: Offering continuing education programmes and extended leave for physicians to conduct research or further their education made rural practice more appealing. Ensuring physicians are prepared for rural work through targeted training also contributed to retention. • Information Sharing and Support Systems Matter: Providing clear and detailed information about both professional and personal aspects of life in Akureyri, as well as offering support through the welcoming programme, helped foreign physicians settle in. However, improvements in language training and childcare services were identified as areas for further development. • Sustainability Requires Long-Term Planning: The sustainability plan for retaining a stable workforce includes ongoing recruitment efforts, budgeting for key initiatives, and adding dedicated recruitment staff. This long-term strategy aims to maintain the improvements achieved during the project. 	<ul style="list-style-type: none"> • Effective Recruitment Requires Clear Communication and Authenticity: Improving job advertisements and ensuring they provide an authentic and realistic picture of both the job and the community is crucial. Clear contractual information and specific job descriptions tailored to rural and remote posts are essential for attracting and retaining staff. • Community Involvement is Key to Recruitment Success: Engaging communities early in the recruitment process fosters a sense of ownership and promotes the area as an attractive location. Strong partnerships between communities and organisations, as demonstrated by Westray's 100% recruitment success, can significantly improve outcomes. • Professional Support and Development Enhance Retention: Providing support through buddy schemes and professional information sharing, such as brochures and e-learning platforms, helps improve staff retention. Offering flexible, alternative ways to access education and continuous development is critical, especially in remote areas with limited resources.



Key success factors

Two success factors emerge from the experience of the Recruit and Retain: Making it Work initiative.

First, identifying the conditions for success. At the framework's core lies the identification of five cross-regional conditions necessary for the framework implementation to be effective. When implemented as a holistic and integrated set of interventions, spearheaded by local authorities, they can provide the optimal conditions to establish a stable workforce in remote rural communities. Those conditions include:

1. **Recognition of unique rural and remote issues.** Life and work in rural and remote areas are distinct from those in urban environments, and policy and programme decisions need to reflect these differences. Rural and remote issues regarding healthcare can include travel and transport challenges due to the distance from the health service facilities,⁸ scarce resources, reduced flexibility regarding staffing, and difficulties in sharing health records and information⁹.
2. **Active community participation** was described as **the main engine that allowed this systematic approach to work.** This entailed working with the local community, the municipalities or local government, the health service delivery organisations, and the health professionals. An example of this is the Scottish case, in which a strong partnership between the community and primary care staff led to a 100% success rate in recruiting GPs and nurses over 8 years, in part due to a comprehensive welcoming plan for candidates and their families. In another municipality, the community created an adaptable brochure offering local information for potential and newly appointed recruits.¹⁰
3. **Targeted investments and dedicated resources.** Success is more likely when investments are made in addition to, rather than within, existing budgets. The Swedish region of Västerbotten decided to invest around EUR 90,000 annually and has tasked the Centre for Rural Medicine to facilitate and coordinate recruitment efforts in collaboration with inland municipalities in the county. This is an example of a transition from a project-based approach to an ongoing recruitment process.
4. **An annual cycle of key recruitment and retention activities must be identified and undertaken (the “Yearly Wheel”).** Upstream activities like health career promotion, training partnerships, and retention efforts are sometimes postponed. To address this, groups should establish an annual plan of key activities, assigning responsibility to specific individuals. Incorporating these tasks into job descriptions and performance standards ensures ongoing focus and progress.
5. **Evaluation and monitoring** are necessary so that interventions can be modified over time to meet the needs of the specific environment.

A second success factor was the grouping of the strategic elements of the framework into three main tasks: plan, recruit, and retain. Each task includes three key strategic elements, gives guidance regarding implementation, and provides project examples. The total of nine strategic elements are defined by a starting and endpoint (plan & retain) and represent the entire cycle of the intervention. The aim for any community or region should be to identify the elements of the framework that are most likely to have a significant impact in their specific context. From there, they can design a series of interventions to implement these elements and work towards achieving long-term workforce stability.



Figure 1 - Recruit and Retain Framework

Note: further information on each element [can be reviewed here](#).

Key challenges

Creating a fit-for-purpose healthcare workforce in remote and rural communities is hindered by several challenges. The following factors were identified through the questionnaire and interviews conducted during the first Phase of the Recruit and Retain Project:

1. **Geographical isolation:** Distance from urban centres and limited transport links make access to essential services, amenities, and cultural or social activities more difficult. This – coupled with the harsh weather conditions which can be expected in remote communities in the northern periphery – make rural life unattractive for many healthcare professionals.
2. **Professional isolation:** Opportunities for career progression, skill development, and professional networking are often limited. Professionals may struggle to find specialised training or mentoring programmes locally, which can result in stagnation or decreased job satisfaction.
3. **Social and domestic isolation:** The lack of social, recreational, and leisure activities deters many professionals, especially those with families. Professionals may find it challenging to settle their families in rural areas, particularly when there are limited employment opportunities for spouses, inadequate schooling, and limited social services.
4. **Limited infrastructure and resources:** Remote areas often suffer from underdeveloped infrastructure, including poor internet connectivity, which is critical for professionals needing to access digital resources, telemedicine, or online training. This challenge extends to professional resources like modern healthcare facilities, diagnostic tools, and the technological support necessary for many professionals to perform at their best. The interviewed healthcare workers expressed how the inability to offer the best possible care due to lack of appropriate tools is a considerable source of frustration.
5. **Recruitment and retention costs:** Recruiting professionals to rural and remote areas is more expensive due to the scarcity of qualified candidates and the need for attractive incentives. Additionally, turnover rates are high, and recruitment efforts must be sustained over time, which increases the overall cost burden.



Scalability¹¹ and replicability¹²

Scalability

The Recruit and Retain Framework can be adapted for recruiting public sector workers outside of healthcare due to its flexibility and broad applicability. The model, although developed with a focus on healthcare, addresses general recruitment and retention challenges common to many public sector roles in rural and remote areas. In addition, engagement with private sector entities operating in rural and remote areas, such as those in mining and retail, revealed that the **rural private sector encounters similar challenges in recruiting and retaining personnel**. These organisations can also benefit from applying this Framework.

Replicability

Regarding replicability, **the initiative could be implemented in other remote and rural areas**. Local and regional governments can use the framework to initiate dialogue with the state government about their shared role in advancing rural and remote health services. The goal of any community would be to identify which elements of the framework could provide the biggest impact within their geographical and cultural reality and then design a set of interventions.

Another important aspect is that according to the research team, **rural and remote communities have much more in common with rural and remote communities in other countries than they do with urban centres within their borders**. Therefore, the framework can be used by rural and remote areas outside of the northern periphery, but one needs to keep in mind that every remote rural community is unique and therefore the framework needs to be tailored to the specific geography, culture, and needs of every region. For example, after the end of the programme, one of the partners – the Norwegian Centre of Rural Medicine – used the framework for a programme “Rural Health for Peace” to create a model for working systematically with the recruitment and stabilisation of health personnel in rural areas of Colombia.¹³



Sustainability¹⁴

The project emphasises that service providers and local authorities need to create long-term solutions for workforce recruitment and retention that can continue to benefit rural and remote areas beyond the project's duration. To reach the goal of a stable workforce of health professionals the framework pointed out three key factors.

First, an active involvement of local communities in the planning and implementation phases ensures that the solutions are relevant and sustainable. The framework emphasises that engaging communities is crucial to providing sustainable and appropriately tailored services for communities and responses to contextually specific challenges.

Second, ongoing initiatives, investments and continuous stakeholder engagement, to ensure that the developed solutions remain effective and sustainable. This includes investments into educating and training rural and remote residents to become healthcare professionals, the development of training partnerships and promoting healthcare among the youth.

Finally, if possible, recruit people from the local community or region. Recruiting people from the region or community who are accustomed to geographical and culturally specific factors will increase the likelihood that the professionals will stay.



Innovativeness

Innovative aspects of the practice:

The most noteworthy innovative aspects of the programme relate to **the transnational collaboration to research the main challenges of recruiting and retaining healthcare professionals in remote rural areas in the northern periphery.** Professionals with different backgrounds from academics, HR staff, and health care workers to government officials worked together to identify the main workforce challenges in rural and remote areas. The project avoided being confined by traditional business models and was instead open to creativity and flexibility. This allowed the team to test different strategies across jurisdictions and develop a framework that proved effective in various contexts. This flexibility was crucial in adapting to the unique challenges of each region, particularly in remote areas where standard approaches often fall short.

This approach led to a comprehensive overview of the main challenges and to the creation of the framework that 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 framework represents a practical tool that can be implemented in any local context as a holistic, integrated set of interventions or as selected components to gain recruitment and/or retention improvements. **While the framework directly benefits the participating regions in the five countries involved in the project, it also offers valuable guidance for other remote rural communities seeking to recruit and retain essential professionals.**



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Endnotes

- 1 2007 - 2013 Northern Periphery (<https://keep.eu/programmes/127/2007-2013-Northern-Periphery/>)
- 2 The given information is provided by the programme. Financial data is not exact and should only be taken as a reference. See <https://keep.eu/projects/5604/Recruitment-and-Retention-of-EN/>.
- 3 2014 - 2020 INTERREG VB Northern Periphery and Arctic (<https://keep.eu/programmes/84/2014-2020-Northern-Periphery-and-Arctic/>)
- 4 The given information is provided by the programme. Financial data is not exact and should only be taken as a reference. See <https://keep.eu/projects/18580/Recruit-and-Retain-2-EN/>.
- 5 306 from Canada, 227 from Greenland, 1551 from Iceland, 375 from Ireland, 1118 from Norway, 964 from Scotland, and 550 from Sweden.
- 6 More information on the examples can be found here: <https://rrmakingitwork.eu/wp-content/uploads/2018/06/Bilaga-4-Solutions-Booklet-1.pdf>
- 7 All case studies are linked in the sources.
- 8 Strasser & Strasser (2020). REIMAGINING PRIMARY HEALTH CARE WORKFORCE IN RURAL AND UNDERSERVED SETTINGS. Available under: <https://documents1.worldbank.org/curated/en/304851606975759118/pdf/Reimagining-Primary-Health-Care-Workforce-in-Rural-and-Underserved-Settings.pdf> (last access 10.09.2024).
- 9 Canadian Institute for Health Information (2021). Rural Health Service Decision Guide. Available under: <https://www.cihi.ca/sites/default/files/document/rural-health-service-decision-guide-manual-en.pdf> (last access 10.09.2024).
- 10 <https://rrmakingitwork.eu/wp-content/uploads/2018/06/Bilaga-4-Solutions-Booklet-1.pdf>
- 11 Scalability entails that a policy approach can be adapted to a bigger scale than just the local context.
- 12 Replicability entails that a policy approach can be applicable to a similar setting and replicated.
- 13 Rural Health for Peace – a health collaboration between Colombia & Norway Final report 2018 – 2022. Available under: <https://www.nsd.no/wp-content/uploads/2023/02/Final-report-RHfP-2018-2022.pdf>
- 14 Sustainability refers to the capacity of the project to be sustained over the long term.