

## EDITORIAL

# Rethinking remote

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The inaugural Innovative Solutions in Remote Healthcare conference – ‘Rethinking Remote’ – took place on 23–24 May 2016 in Inverness, in the Scottish Highlands. The conference was attended by delegates from many parts of the world facing challenges in providing good quality health care to their populations and/or employees.

Common threads emerged from presentations by delegates providing care in settings as diverse as indigenous arctic communities, military deployments, oil and gas installations and remote islands. Wide availability and optimal use of communication technologies in rural communities was identified as an overarching theme in many of the presentations that focussed on education and training, access to specialist services, support for staff and innovative uses of digital technologies. Good communications technology is a sine qua non for equitable healthcare provision across the urban/rural divide, as described in David Hogg’s article in this *Rural and Remote Health* special issue.

The need for clinical education to be firmly rooted in local communities was highlighted by Roger Strasser in our

opening plenary address, and his arguments are expanded in this special issue. Just as the North Ontario School of Medicine developed from nothing into a world-leading educational institution, creating truly innovative health services may be more feasible when starting from scratch in areas that have previously been very poorly served, such as the Nuka Project in Alaska and, historically, the Highlands and Islands Medical Service established over 100 years ago. Changing long-established services can be much more difficult unless change is forced by economic necessity or the insurmountable problems associated with recruitment and retention of staff.

Providing excellent support for professional decision making as well as offering a framework for emotional support for isolated practitioners dealing with highly stressful situations is a challenge that many managers of services in remote communities face on a daily basis. Well-supported staff are more likely to choose to work in remote areas and to stay there in the long term, but the initial choice to work in those circumstances must be made by people who are well informed of the realities of remote practice and who have the



necessary psychological skills to cope with working in these circumstances – and thus good clinical decision making.

All these issues, and more, were comprehensively addressed during Rethinking Remote, and we are grateful to our host organisations, the Royal College of Surgeons of Edinburgh, the Universities of Aberdeen and of the Highlands and Islands, NHS Highland and the Scottish School of Rural

Health and Wellbeing for making these discussions possible. We look forward to continuing them in the future.

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