Recruitment and Retention

Stuart Ferguson

Author background

This is a contribution to the Health and Sport Committee’s request for written evidence pertaining to current recruitment and retention issues facing the NHS workforce in Scotland, with a focus on remote and rural areas. I am a Specialty Registrar in General Surgery but am currently a Scottish Clinical Leadership Fellow, based at the Royal College of Physicians and Surgeons of Glasgow, and employed by NHS Education for Scotland. However, the administration and interpretation of this survey was conducted in a personal capacity. I have a long-standing interest in remote and rural surgery and intend to practice surgery in a Scottish remote and rural environment once my surgical training has been completed.

Nature of Evidence

In collaboration with a fellow surgical trainee, Miss Ella Teasdale, I have undertaken a recent survey of current Scottish surgical trainees, at all stages of training in general surgery. This survey aimed to describe the attitudes of current surgical trainees to remote and rural surgery. Surgical posts in remote and rural areas are particularly difficult to recruit to1 and we wished to explore reasons why. Our survey covers a number of the areas which your committee is interested in.

Our data collection began in June this year and is still ongoing but in view of your committee’s deadline for submissions of 17th August, I present an interim report. This data was collected both by online and paper-based methods. If this work is of interest to the committee, I would be happy to provide final results or further information in due course.

Summary of Evidence

Survey Participants

Our survey has so far captured responses from 129 Scottish surgical trainees (response rate 45%), from across all regions. 84 respondents were male (65%). Twenty-two respondents were in “core” surgical training, which are the first 2 years of training (23%). Thirty-five respondents (27%) reported having lived in a rural location for at least 12 months before attending medical school. Thirty-seven respondents (29%) had

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undertaken part of their medical training in a remote and rural location, and 35 respondents (28%) had worked as a doctor in a remote and rural location.

Interest in Remote and Rural Surgery

Only 12 respondents reported being likely or very likely to work long-term in a remote and rural environment (9.8%). However, 108 (84%) felt that training should be offered in a remote and rural environment and 56 (43%) were personally interested in undergoing part of their training in a remote and rural environment. Further insights:

- Core trainees (at the beginning of surgical training) were much more likely to express an interest in working as a remote and rural surgeon (27%, versus 5.3% of later-stage trainees).
- Of those who had previously lived in a rural environment, 20% were interested in working as a remote and rural surgeon, versus 5% of individuals who had not previously lived in a rural environment.
- Of those who had worked in a rural environment, 17% were interested in working as a remote and rural surgeon, versus 6.7% of those who had not.

Barriers to working as a Remote and Rural Surgeon

Respondents were asked their opinions on the most important barriers to recruitment of remote and rural surgeons. Of ten options offered, the five most frequently rated as of first importance were, in order:

1. “unattractive geography/climate”
2. “lack of work/training opportunities for immediate family members/partner”
3. “surgeons feel that their skills are too specialised to cope with the breadth of work”
4. “high burden of out of hours commitment/responsibility”
5. “inadequate financial remuneration”

Written comments regarding the question of how to make jobs more attractive included a number of recurrent suggestions, including:

- More training opportunities in remote and rural surgery, particularly at an early stage.
- Stronger links between rural surgeons and colleagues in larger district general hospitals, for the purpose of clinical support, training, career development and research.
- Better promotion of this kind of surgical job, with more information offered.
- Better remuneration.
Conclusions

Our survey of Scottish surgical trainees finds that a small number of surgeons in training (10%) express an interest in working long-term in a remote and rural environment. Those more likely to be considering a remote and rural career are at the beginning of their training, are from rural backgrounds (in keeping with previous international research), and have had experience of working in a rural hospital.

Important barriers identified to remote and rural recruitment include factors related to the nature of rural living, the demands of these jobs and perceived lack of opportunity for competitive remuneration.

In terms of improving the attractiveness of rural jobs, trainees have suggested improving the quantity and quality of training offered in rural hospitals, improving the links between rural hospitals and larger centres, promoting remote and rural working more effectively, and offering financial incentives.

As highlighted recently by The Herald’s health correspondent Helen Puttick, the current staffing situation in Scottish rural surgery is precarious, with recurrent difficulties in filling vacancies.

Scottish surgical training programmes and the surgical community as a whole need to be sensitive to the need to produce some general surgeons who are capable and motivated to work in rural environments, and should take account of the suggestions offered here in improving recruitment. Attention is drawn to the recent remote and rural surgery report published by the Royal College of Surgeons of Edinburgh (RCSEd), which recommends that a 4 to 6-month attachment in rural surgery is offered to all Scottish surgical trainees. The data from this survey suggests that there would be considerable interest in taking up such an opportunity. The RCSEd report also advocates for carefully optimising rural consultant pay and conditions, with generous access to study leave and time in larger units being very important. Again, trainee comments in this survey would suggest that these moves would prove helpful.

Scotland’s unique geographical features within the UK present a particular challenge in providing surgical care and we must rise to this.

On 27 October Stuart Ferguson provided a link to the following report: Royal College of Surgeons Edinburgh, Standards informing delivery of care in rural surgery.

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