Recruitment and Retention
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I am a surgical trainee currently working at the Borders General Hospital. I am interested in remote and rural (R&R) surgery and have experience working in rural locations in the UK and abroad including a 6 month surgical post at the Western Isles.

My colleague and I, Stuart Fergusson (who is a witness) have conducted a research project into the barriers facing recruitment of surgical trainees to the remote and rural hospitals in Scotland. Stuart is presenting our results today but I would also like to contribute some thoughts and suggestions which represent those of my junior doctor colleagues, particularly those of the surgical trainees in the East of Scotland Deanery. Whilst I am concerned about the recruitment and retention of healthcare staff in general to rural areas, I am most familiar with the medical system and in particular the path that surgeons in training must follow since this is wherein my experience lies.

R&R surgery is a topic that has come up many times in lectures and in conversation at our regional teaching sessions and there is definitely interest and energy for taking up training placements in these locations (as evidenced by the results of our research). However in surgery for example, there is almost a complete lack of training opportunities in these environments and in fact I believe the post I undertook in the Western Isles is one of very few, if not the only R&R surgical post in Scotland to be recognised as part of postgraduate training. I feel that it is training opportunities that hold the key the future recruitment. Having R&R placements as part of training mean that these count towards career progression rather than locum-work which does not and if anything, may actively count against surgical trainees for future job applications. Doctors need exposure to these environments at an early stage when they are relatively free of the constraints of later life and career. We envisage that this would help to dispel the myths and expose individuals to what is on offer.

The surgical training system in particular is very complex and inflexible and does not allow the opportunity for trainees to sample R&R. The rationale is that the majority of surgical training should be undertaken in large centres with high volumes of patients and theatre cases to maximise learning opportunities and experience. I agree with this sentiment and competence is paramount, particularly in a craft specialty such as general surgery. However, having worked in such a setting, I also believe that the benefits and learning opportunities available during such placements are grossly underestimated and juniors, particularly in the early stages of their career can benefit a lot from this.

One issue I myself came up against was the sheer cost of taking up a post in a rural location. As you are aware, junior doctors rotate through placements and this requires moving (often around the country) very frequently. Some deaneries cover the hospital accommodation costs for their juniors, others do not. Therefore some individuals can end up paying for accommodation costs
at both their training base (i.e. Edinburgh, Dundee, Aberdeen) as well as at their peripheral placements. The cost of hospital accommodation in peripheral locations can be in excess of £330 per month for the most basic of facilities. Had I known I may have had to pay rent in two locations I would not have taken the rural post as, on a personal level, this would have caused a major financial strain. I also know of at least two trainees who said that they didn’t want to go to peripheral attachments because “it ends up being so much more expensive”. Post-graduate training (fees, exams, courses) is already extremely costly to individuals as are the ever increasing medical student debts therefore double rent is unfair and irrational if we want to attract trainees to the regions. I absolutely do not think that any sort of golden-handshake is required to attract people to R&R. Those who require high-levels of financial remuneration in order to agree to work in such areas are not good long-term investments for R&R hospitals.

That said it must be fair and trainees should not be out of pocket. Instead, we perhaps ought to be attracting people by offsetting the cost of relocating/travel by minimising the training costs individuals have to pay. It is difficult to quantify the cost of postgraduate training as the financial burden is footed by the trainee themselves. Instead of paying doctors more, we should charge less for the ones willing to work rurally; relative cost neutrality with a possible recruitment benefit. From a personal point of view I have spent in excess of £6000 over the last 12 months and almost all of these costs were for compulsory courses, exams and fees. If we do not pay, we cannot continue our training. I note that there is a “rural allowance” of £80 per calendar month and whilst appreciated, does not even cover a one way flight from the Western Isles. In terms of attracting healthcare staff to such areas, we have to be more realistic and have longer-term aims.

- Increase the number of training placements available for healthcare staff in rural areas. If trainees express an interest in taking up a rural post, post-graduate deaneries should be flexible and make an effort to allow for this opportunity. However these should be opportunities and not compulsory placements as forcing people to do will have the opposite effect to that intended.

- Health boards to supply hospital accommodation free of charge to staff willing to do rural training placements for reasons outlined above. Travel discounts are also required, there may be merit in partnerships or agreements with the Air Discount Scheme/Calmac Ferries etc.

- Have at least one compulsory R&R rotation at medical school (many of the doctors who work in the Western Isles Hospital had been there as medical students).

- Free life-support courses and concessions for diplomas/masters/exams/courses for those willing to work rurally. Involve royal colleges, national bodies and others who have an interest and a responsibility to patient safety, staff well-being, training and excellence.
• I feel that medical training should be more flexible and encourage skills mix and encourage people to broaden their experience including supporting or allowing them work overseas for periods of time in order to gain the necessary skills to work rurally (very difficult to obtain when training in a super specialised healthcare system with an emphasis on early sub-specialisation). A large proportion of the R&R doctors and surgeons in Scotland are from overseas or are British but have spent significant amounts of time working in developing countries. They are naturally going to be generalists likely more willing to work outside of the sub-specialties of tertiary centres.

These are a few suggestions but you will hear the actual evidence collected from trainees from Stuart Fergusson. I would be delighted to assist further in the development of these or any other ideas put forward as well as the implementation of any future changes to training opportunities or recruitment drives.