



# RESEARCH

## Enhancing Recruitment and Retention of Doctors in Rural Scotland.



### AIMS

17% of the population of Scotland live in remote and rural areas but recruiting doctors to these areas remains a challenge. Our study set out to explore the experiences and perceptions of doctors and senior trainees with regard to working in these areas, and what factors attract doctors to, or discourage them from, remote and rural posts.



### KEY FINDINGS

- Doctors' choices about remote and rural working are only partly influenced by the nature of the advertised job
- Deciding to apply for (or stay in) a remote and rural job is influenced by a complex mix of personal and family needs and preferences, to which the job itself may be secondary
- Therefore a more person- and place-focused perspective may help identify actions needed locally or nationally, particularly the supply of affordable housing



### WHAT DID THE STUDY INVOLVE?

We conducted 10 initial interviews with key stakeholders across Scotland to understand more about recruitment and retention issues. We then conducted a further 46 interviews with doctors at various career stages, in both secondary care as well as GPs, including some who had left posts or decided not to apply. Findings from this stage informed the design of a 'discrete choice experiment' survey [n=480], which tested some factors that are important to doctors' decision-making. We sought views from five local community members in the design of the study. Two members of the public who contributed at that stage agreed to join our stakeholder advisory panel, and contributed throughout to discussions about methods and findings.





## WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Existing research has focused primarily on the nature of the job, exposure to rural practice during training, and financial incentives. While these things matter, our findings suggest that deciding to apply for (or stay in) a remote or rural job is influenced by a complex mix of personal and family needs and preferences. These include availability and affordability of housing, the attractiveness of the place and lifestyle, school provision, social and leisure opportunities, and family caring responsibilities. The availability and affordability of housing is a particularly important factor.

The focus on training has tended to overlook the potential to recruit experienced doctors in later career who are looking for a new challenge and could have much to offer. Indeed, financial incentives here suggest that rectifying pension regulation could have a substantial impact on the retention and commitment of older doctors to staying on.

Retention is often given lower priority than recruitment, but our results suggest small but important actions by local communities can make a big difference to how welcome and integrated doctors and their families can feel.

Reconceptualising 'recruitment and retention' as 'moving and staying' can help reflect this more person and place-centred and ultimately holistic approach.

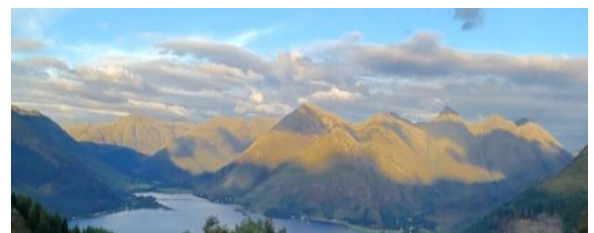


## WHAT IMPACT COULD THE FINDINGS HAVE?

Our research has been reported to key members within the Scottish Government workforce retention team, a number of who have been on our advisory panel. In February 2023 we presented findings at a [stakeholder workshop](#) organised through NHS Education Scotland, to stimulate discussion of potential proposed interventions. These included:

- Mandatory training placements, and structured opportunities to visit and ask questions
- Outreach to schools to encourage more young people from rural areas to apply for healthcare professional training
- Ongoing support mechanisms for newly recruited rural and remote doctors. This could include:
  - More professional mentoring and buddying schemes, and supervision for professional development, to strengthen retention
  - Increased training for supervisors and buddies
  - Online peer support groups (going beyond professional issues into wider aspects of personal and family life in rural and remote settings)

These could boost the mentoring and support already available for some, but make them more widely available, particularly for those not in structured programmes.





## HOW WILL THE OUTCOMES BE DISSEMINATED?

A report of the workshop held with NHS Education Scotland will feed into plans for the National Centre for Remote and Rural Health and Social Care submitted to the Scottish Government February 2023.

We have published two papers so far from our findings, with further publications planned. We have presented findings at several conferences, including the NHS Highland RD&I conference; 'Rethinking Remote' and HSR UK annual conference. We have been invited to co-host a workshop at the University of Central Lancaster's National Centre for Remote and Rural Medicine conference in Cumbria, in June 2023.

From this research we won two further grants: a pilot study based in Grampian investigating the changes to medical care for the public in rural Scotland which built on our findings on doctors' experience of the pandemic (funded by NHS Grampian) and a second larger study looking at how communities have been involved formally and informally to recruit and retain medical staff, funded by the National Institute of Health and Social Care Research. This features five case studies in Scotland and England. This new study has two PPI co-investigators, including one from our CSO stakeholder advisory panel.



## CONCLUSION

- Joined up policy, shifting the focus to moving and staying and having a holistic approach to people and place means solutions will come not only from the NHS or healthcare; it requires a wider government and local focus on creating sustainable rural communities as a whole – housing remains a fundamental issue, and retention needs as much focus as recruitment.
- Exposure to remote and rural practice during training, and recruiting more medical students from these areas, is undoubtedly important. But more proactive efforts to encourage doctors at different stages of their life and career to think about remote and rural practice will widen the pool of interested people.



## RESEARCH TEAM & CONTACT

**Louise Locock\*, Andrew S. Maclaren, Zoë Skea, Peter Murchie, Rosemary Hollick, Philip Wilson, Verity Watson, Diane Skåtun, Mesfin Genie, Alan Denison (NES Scotland), Jen Cleland (NTU Singapore), Jillian Evans (NHS Grampian)**



\*[Louise.locock@abdn.ac.uk](mailto:Louise.locock@abdn.ac.uk)

### Additional Information

The project was completed on 31 March 2023. Funding from CSO £298,984

