

ORIGINAL ARTICLES

Stop the Brain Drain: Ways to Improve Recruitment and Retention to Scottish Consultant Posts

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ABSTRACT

Background and aims

NHS Scotland loses approximately one-third of Specialist Registrars (SpRs) it trains to consultant posts elsewhere. This has considerable resource and service implications and is the cause of intense political frustration. This study sought to gather data about the career intentions of SpRs and to discover what factors influence their career decisions.

Methods

All SpRs in Scotland due to gain their Certificate of Completion of Specialist Training (CCST) between April 2005 and March 2006 were approached to take part in an interview about their career aspirations. Interviews, using a structured interview schedule, took place in spring 2005.

Results

198 SpRs were interviewed - 75% of the target population. Almost three-quarters would prefer to stay in Scotland if possible, but when asked to realistically predict where they would take up a consultant post, this proportion had dropped to 64%. Perceived barriers to working in Scotland included the large number of District General Hospital (DGH) posts (often with onerous on-call rotas). A further problem concerned poor information flow between NHS Boards and trainees, with trainees being lost to Scotland who might have stayed if a job had been advertised in time.

Conclusions

The majority of SpRs would prefer to stay in Scotland for their consultant career. There is a need to improve information flow between NHS Boards and trainees. NHS Boards need to know more about the career intentions of trainees and training committees and trainees need to be informed as to when and where posts will be advertised. Posts in DGHs might be made more appealing by having some sessions in larger teaching hospitals (although split-site working is not always popular). Flexibility and part-time options need to be promoted.

Introduction and Background

In 2005 the BMJ's Career Focus reported on the acute loss of medical graduates from Scotland who leave to take up postgraduate training elsewhere.¹ This loss is compounded by a significant loss of medical expertise at the opposite end of the training ladder. Over recent years, approximately one third of specialist registrars (SpRs) who gain their Certificate of Completion of Specialist Training (CCST) from training programmes in NHS Scotland have failed to take up substantive consultant appointments in

the country. This not only represents a failure of recruitment to career grade posts but a considerable loss of investment given the costs to NHS Scotland of SpR training.

While it is clearly important that both these areas are addressed to secure the future success of NHS Scotland, the loss of SpRs who have acquired their CCSTs must be regarded as the immediate priority. These 'trainee today yet consultant tomorrow' individuals are the key to the immediate expansion of the consultant workforce in Scotland.

Concern about recruitment of SpRs to consultant posts and their subsequent retention in NHS Scotland is not new. Recommendations about how to resolve the problem have been made from several sources.² In order to build on what is known already, the Scottish Executive commissioned NHS Education for Scotland (NES) to undertake research in this area. The aims of this study were to improve our understanding of SpR career intentions and to provide a robust evidence base to facilitate a more focussed approach to manpower retention and workforce planning in NHS Scotland.

Methodology

In order to gain both factual and attitudinal data and to encourage a high response rate, it was decided that interviews with SpRs would provide the most valuable data. It was also felt that one-to-one interviews would help convince SpRs that NES and the Scottish Executive are genuinely interested in retaining them in Scotland.

Target Population and Sampling

The target population was defined as all those SpRs in NHS Scotland who were due to gain their CCST between April 2005 and March 2006. This encompassed all SpRs who were already in, or were about to enter, their final year

of training at the time of the project. No population sampling was required as 100% of the target population were approached for the study ($n = 265$). Names and current contact information for the study population were obtained from administrative staff responsible for the relevant databases in NES.

Data Collection and Analysis

Development of Structured Interview Schedule

In order to clarify the issues that SpRs believe are important in terms of recruitment and retention, focus groups were conducted in each of the NES regional deaneries with SpRs one year senior to the target population. A structured interview schedule was developed from common points emerging from these groups.

Data Collection from Structured Interviews

Research staff in each of the NES regional deaneries contacted individual SpRs in their hospitals to arrange a one-to-one interview. During the interview, responses were entered onto a printed interview schedule and coded by the interviewer into pre-defined categories, with open-ended comments recorded where appropriate. The final section of the interview schedule was in the form of 'free-text'. Thus both quantitative and qualitative data were gathered and were analysed using SPSS and NVivo respectively. Issues covered in the interview included the career aspirations of SpRs as they enter/approach their final year of training: whether they intend to remain in Scotland if possible, the factors leading to their decisions, and the extent to which these might be influenced.

Results and Discussion

198 SpRs agreed to take part in an interview - a response rate of 75%. There was no significant response bias in

Table I Country of Origin

	Number	Percentage
Scotland	99	50.0
England	39	19.7
Wales	1	0.5
Northern Ireland	11	5.6
Irish Republic	1	0.5
Other*	47	23.7
Total	198	100.0

* The largest group in the 'other' category was India.

relation to gender, region or specialty. Respondents' country of origin is shown in Table I.

Most (80%) [$N=158$] SpRs had graduated in the UK/Eire, the remainder (20%) [$N=40$] having graduated overseas. More than half (62%) [$N=122$] had graduated from a Scottish university. Two-thirds of these doctors had held training posts outside Scotland at some point (either in the rest of the UK or abroad).

Many made extensive comments about their particular career desires, the problems in their specialty, and the factors most important to them in considering a career. Perhaps the most significant finding of the research was that 74% of those SpRs interviewed would prefer to stay in Scotland if possible – a Scottish post would be their ideal. However, when asked to think about where they are realistically likely to obtain a consultant post the figure who thought it would be Scotland had dropped to 64% (see Table II).

Table II Likely Location of Consultant Post

	Number	Percentage
Scotland*	125	63.8
England**	17	8.7
Northern Ireland	1	0.5
Outside UK/Eire***	8	4.1
Undecided	45	23.0
Missing	2	
Total	198	100.0

* 7 SpRs had already been appointed to a consultant post in Scotland

** 2 SpRs had already been appointed to a consultant post in England

*** 2 SpRs had already been appointed to a consultant post abroad, one in Canada, the other in France

What were the barriers they perceived to gaining a suitable consultant post in Scotland?

Working Environment and Hospital Type

One key problem seems to be that not many SpRs want to work in a district general hospital (DGH). SpRs were asked what kind of hospital would be their ideal and just over half (52%) [$N=78$] of those who cited an ideal wanted to work in a university city hospital whilst only 14% [$N=21$] wanted to work in a DGH. A further 15% [$N=23$] were unsure or were willing to consider more than

one option whilst 18% [N=27] specified a different setting such as a community-based hospital or specialised facility, for example a secure forensic hospital. These figures reveal that there is a clear mismatch between the sort of hospital desired and what exists in reality. Whilst only 14% would prefer a DGH, if one takes the West of Scotland as an illustration, approximately 49% of consultant posts exist in this type of hospital. Opinion was divided as to how DGHs could be made more appealing. Discussion in the initial focus groups suggested that some DGH posts could be made more attractive by appointees having some sessions in regional centres, a view that was supported by statements from some SpRs in the main study cohort. Others however, indicated that offering sessions in different hospitals made posts unattractive.

What was clear, however, was the message that onerous on-call rotas in many peripheral hospitals (especially in specialties with high intensity out-of-hours work such as paediatrics and obstetrics and gynaecology) were major barriers to recruitment. Many trainees stated that, given the option, they would move to larger units (often in England) in preference to working in smaller district units in Scotland. This is clearly an issue for service reviews to take into account, however unpopular centralising services to increase the consultant pool on any one site might otherwise appear.

Information Flow between Health Boards and SpRs

A further problem identified by interviewees surrounds the flow of information between NHS Boards and trainees. NHS Boards require accurate information as to the number of individuals in each training programme, their sub-specialty interests, and expected CC(S)T dates. The Boards must be encouraged to use such information to influence job descriptions and the timing of consultant post advertisements. NHS Boards should also know what type of post and related opportunities the consultants of tomorrow are seeking, to allow them to construct attractive posts with the intention of keeping trained personnel in Scotland. Electronic completion of questionnaires by trainees may be a feasible way to gain this information to the benefit of workforce planning.

SpRs also need to be kept informed. Career guidance needs to be improved and, as they approach their final year of training, trainees need to know when new or replacement consultant posts are coming up along with specific dates when these posts will be advertised. Many SpRs leave for posts elsewhere only to find that a job in Scotland they might have preferred but did not know was going to be

available is advertised a short time later. The window of opportunity for SpRs to be appointed is small – they can only apply for a consultant post six months pre-CC(S)T. Several trainees said they would like this period extended to a year. This would avoid scenarios such as the following: one trainee noted that her unit advertised a job in her specialty and were keen to retain her. However because her CCST date was marginally more than six months ahead, she was unable to apply. The unit was unable to hold the job open for her and she was therefore forced to look elsewhere.

Timing of Consultant Appointments

The majority of trainees believe there is pressure on them, whether it be mandatory or otherwise, to leave their training post as soon as they have been awarded their CC(S)T, such that at times they feel they are rushed into a consultant appointment that is not their ideal. There would be merit in considering the introduction and funding of a mentoring scheme to keep SpRs who have acquired their CC(S)Ts in Scotland pending their appointment to forthcoming consultant vacancies. If a time-served SpR is 'ideal' for a retirement vacancy that is coming up within the next year and he/she would like that post, then it is likely to prove more cost-effective to make a proleptic appointment and pay an additional salary for the overlap period than to lose the trainee. One could also argue that there would be other considerable benefits of having a new appointee shadow an experienced consultant in his/her final year prior to retirement, particularly with the reduction in training time and younger age at consultant appointment. A mentoring scheme would also serve to improve the link between training and career grade posts and encourage life-long learning. At present, many trainees feel that they are nurtured through their training scheme only to be left to their own devices when they get their CC(S)T. As one SpR noted, "currently training is like a treadmill with trainees simply falling off at the end with no post to go to." An overall impression that NHS Scotland values them and is interested in their future career would do much to encourage many more to stay in the country.

Flexible working

Another issue raised by trainees concerned a perceived relative lack of opportunities for flexible working or part-time consultant posts in Scotland compared with the rest of the UK. This would seem worthy of further consideration. Only a small proportion of the SpRs interviewed (7%) were working less than full-time (LTFT) [N=13/198]. However, the qualitative data reveals a desire among many (more than one in ten) to be able to

work more flexibly/part-time. One mentioned a need for "suitable stand-alone part-time consultant posts" as well as a need to "reduce discrimination against part-time working - currently there is a tendency to allocate candidates who wish to job share to less popular roles." Another voiced the opinion that "in some cases candidates are rejected because they want part-time work (although this is contrary to HR policy)." Since many of those wishing to work LTFT are women and proportions of women trainees continue to rise, this issue needs to be addressed urgently.

Finally, irrespective of geographical location or hospital type, there are many other factors that contribute to the attractiveness of consultant posts. NHS Scotland has considerable ability to influence many of these. Simple measures such as ensuring that the consultant package includes a secretary, an office, and IT equipment etc. can make all the difference to recruitment. Many of the SpRs interviewed were aware that the Trusts/Health Boards had not always addressed these issues in recent years, particularly with newly created additional posts.

Conclusions

The majority of senior trainees in NHS Scotland would prefer to remain in Scotland for their consultant careers. Attractive posts will attract good applicants but at present many posts are advertised without consideration of market forces. There is an urgent need to improve information flow. NHS Boards need to know more about the career intentions of their future and existing consultants, training committees and trainees need to be informed as to where and when posts will be advertised. There is a need to improve flexibility in relation to consultant appointments so that some trainees are not lost simply because there is no suitable post available in the window they have for appointment. Some of these recommendations are now being acted upon by the Scottish Executive who have recently implemented an advance appointments scheme to allow an SpR to take up a consultant position where the existing consultant is still in post, thus facilitating their induction to the consultant grade and hopefully helping to retain a higher number of SpRs in Scotland.³

Acknowledgements

Acknowledgements are due to NES regional research staff and in particular to Fiona French, Research and Development Officer, for data analysis.

This study originally appeared as *Consultant Recruitment and Retention in NHS Scotland - A Study of the Career Intentions of*

Specialist Registrars. Authors John R McGregor, Judy Wakeling, Fiona French and Gelisse Bagnall. Available at <http://www.nes.scot.nhs.uk/publications/>

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