The rewards of rural training in the Scottish Highlands

When I accepted a four-year training post in NHS Highland I was uncertain about the quality of occupational health (OH) training I would receive in the most remote and mountainous parts of Scotland. However, I had not foreseen the numerous benefits of working in this region.

The NHS Highland OH department is a major OH provider in the area, despite its relatively small size compared with other NHS departments nationally. This helped it win a large range of contracts not usually encountered by many trainees working predominantly with one large public or private sector organization. In contrast, I dealt with a swathe of public sector contracts (NHS, the frontline blue-light services, central/local government and higher education); private sector organizations (from small- and medium-sized enterprises to multinationals) as well as subcontracted work from numerous national OH organizations.

The greatest challenge was covering an area the size of Belgium, taking seven hours to drive from the southernmost clinic in Campbeltown to the northernmost one in Wick. However, it was a privilege to be paid to travel to work in hired cars and ferries across the Scottish West Coast and mountain ranges.

The most enjoyable role was to support the Highland and Island Fire & Rescue Service across this huge area in dealing with the largest retained firefighter workforce in the UK. The logistical acrobatics required to service this contract were extremely interesting, particularly in the numerous remote islands in the Western and Northern Isles. An added dimension was that OH issues were often scrutinized in the local press. One particularly rewarding case was the successful rehabilitation to full duties of possibly the only known retained firefighter in the world with a prosthetic hand.

Potential conflicts of interests commonly occur in rural settings, posing ethical dilemmas such as the referring manager also being a relative or general practitioner of the employee. It can be challenging to maintain confidentiality as employees frequently have multiple roles in related organizations such as a council worker who is a retained firefighter. It is often an advantage being regarded as an ‘independent’ outsider in more remote areas.

In terms of my MFOM/MSc research, one advantage of this remote location was the ease of access to a relatively research-naïve population and obtaining a third of the local NHS endowment research funding. The Scottish training programme ensured I was not isolated from other Scottish trainees whilst viewing a wide range of interesting workplaces.

Despite its remote location, the department was forward-thinking in developing a four-tiered psychological service for the NHS and researching occupational teledermatology across rural locations.

It was a steep learning curve dealing with sensitive cases and outbreaks of reported occupational symptoms, many of which were scrutinized in the national mainstream and medical media.

All in all, it was an eye-opening experience for all the right reasons. Most of all, my trainers, Dr Steve Ryder and Dr Mark Hilditch, and the team made my time extremely enjoyable.

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