

Recruitment CMT & ST3 update

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outline

- background national recruitment
- RCP recruitment features
- overall ST1 data
- RCP CMT & ST3 recruitment
- 2011 plans

background

pre 2007

- deanery / Trust level recruitment
- multiple applications
- few nationally agreed standards & processes

2007

- coordination (= restricted application)

in principle, should we allow multiple (unrestricted) applications?

MTAS 2007

JRCPTB

Joint Royal Colleges of Physicians Training Board

Exclusive: junior doctors' details exposed online

By Victoria Macdonald

Adding insult to injury? The intimate details of thousands of junior doctors are left wide open on the internet.

The Medical Training Application Service or MTAS is a computer system where student and junior doctors apply for jobs - a system they were repeatedly assured was secure.

Best docs 'culled' by new system

The best qualified doctors are among the hardest hit by a new recruitment process which has left thousands without jobs, a campaign group claims.



Some 45% have yet to receive posts through the controversial MTAS system, according to a small survey of 1,300 doctors by the newly formed Fidelio.

Fidelio claims the future of medical research is at stake



Doctor application system ditched

The controversial system used to match junior doctors to specialist training posts has been shelved by ministers.



Health Secretary Patricia Hewitt said that after the first round of recruitment, the system would only fulfil a monitoring role this year.


Some doctors want the whole recruitment process scrapped

2008

JRCPTB

Joint Royal Colleges of Physicians Training Board

CMT managed locally by Deaneries via paper applications.



very inefficient, cost
much clinician time

multiple applications

why not?

consider the recruitment steps:

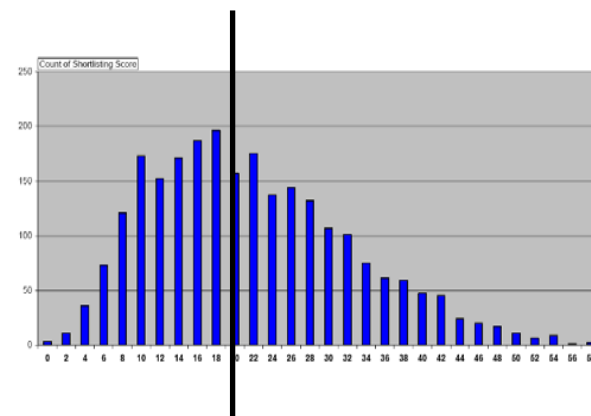
- written application with achievements
 - except GP
- on 'paper' eligible candidates range from adequate to brilliant

multiple applications

- candidates are anxious to get a post
 - more applications = better chance of a post?
 - one candidate made 39 applications
 - competition ratios high (15.5 to 1 cardiology)
- too many applications to interview all

multiple applications

- interviews resource-heavy
 - therefore limited number
- therefore short-list
- (= exclude)
- top 1/3 get multiple interviews
- middle third get 1, possibly not in their preferred deanery / specialty
- lower third get none in first round



multiple applications

- top third get multiple offers of posts
 - but only need their top-preferenced one
 - the other offers are effectively wasted
 - wasted offers are re-offered, deaneries have to go down their reserve lists which takes time
- middle third may get an offer, later
- lower third won't get an offer until much later or not at all
- no interview = no offer

multiple applications

net result:

- appointable candidates with no posts
- empty posts
- wasted recruiter time & money
- another round required

AND

- short-listing score is NOT a perfect predictor of appointability, as judged by interview score

why coordinate? (1)

coordination (i.e. restriction) of applications is *better* for candidates:

- allows more candidates to be interviewed
 - the interview is the key step in recruitment
 - ideally interview everyone who applies to you
- allows you to interview the candidates who really want you
- fewer ‘back-up’ applications

why coordinate? (2)

increased fairness and consistency:

- national standards for eligibility
- national criteria for short-listing and interview
- fewer challenges
- cascading of appointable applicants

why coordinate? (3)

efficiency savings:

- scarce clinician time
- interviews expensive
 - consultant costs £600 per day
 - each interview costs between £200 – £400

so coordination (restriction) is better for candidates and recruiters

2009

- some coordination
 - included CMT
- no large-scale ST3
 - run-through

national coordination

one size does not fit all

- nationally standardised forms & criteria, but multiple application portals & deanery delivered recruitment
- one application portal, 1 or 2 applications but deanery-delivered recruitment (RCP model)
- one portal, 1 or 2 applications, but regional recruitment 'clusters'
- one portal, one application with preferencing of deaneries, one national interview venue

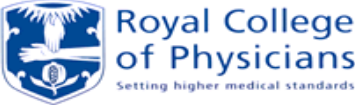
application system

Royal College of Physicians Recruitment: Home - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites

Address <https://roundtwo-cmtrecruitment.konetic.net/CAC/home.aspx> Go Links >>



Royal College of Physicians
Setting higher medical standards

The Royal College of Physicians Recruitment Office for Core Medical Training (CMT)

Welcome to the CMT Recruitment online application system


This online form has been designed to make it easier to apply for CMT in England. You can complete the form section by section, saving each section as you go over a number of days if you wish. It is very important that you start your application early, you will find it takes longer than you anticipate. Similarly, you should plan to submit the form well before the closing date and time, just in case you encounter any problems.

Separate guidance "How to make a good application" is available on CMT recruitment website (www.cmtrecruitment.org.uk). Please refer to this as you go through each section.

You will need to register (click on "New Candidate") before you can access the form. You will be asked to provide various items of information, including your email address and a password. These will enable you to log in to the system.

This application system applies only to CMT CT1 posts in England. You may wish to visit the websites of all the Deaneries that you are interested in applying to, in order to gain more specific information about CMT in that Deanery.

Once you submit your application we will acknowledge receipt by email and you will be able to return to the system at any time to track the progress of your application. Further communication may be via



Internet

automated short-listing

- candidate selects appropriate descriptor
- drop-down menu \Rightarrow automatic score
- evidence confirmed at interview
- partial for CMT in 09, now total
- partial for ST3
 - saves 80% short-listing time

MMC interview format

multiple mini-interview (MMI)

- min 30 mins contact + scenario reading time
- agreed questions & probes with indicators and scoring criteria
- clear appointability threshold



how competitive?

2010 headlines all ST1

- 24,308 applications made by 10,247 candidates for about 7000 ST1 posts
 - 2.4 applications per candidate (73% 1 or 2)
 - 1.5:1 candidates : posts
- 56.6% applications made by Foundation trainees
 - 43.4% made by other, including current ST trainees
- 45.6% of Foundation applied to GP, 34% to CMT
- half the candidates applied to one UoA and one specialty
 - 964 of 2354 CMT applicants applied *only* to CMT
- continued overlap between GP, CMT, ACCS and Paediatrics

CT1 recruitment 2010

- application ratio 2:1 (2354 for 1245 posts)
- 22% had MRCP(UK) Part 1
- 93% current or recent Foundation trainees
- all eligible candidates offered an interview
 - 97% in 1st choice deanery
 - 2062 interviews
- most proved appointable, 8% held their offer
- more deaneries full this year after Round 1
- Round 2 underway for East Mids, Eastern, NW, Peninsula, Wales, Wessex, Y & H.

CT1 Round 2

- 574 applications for 170 posts
 - exceeded interview capacity (375 slots)
- cascading undertaken
- currently 98 – 103% full
 - but R1 & existing trainees resigning
- gaps likely
 - CT2Rs?

ST3 recruitment 2010

first large scale since 2007, mixed economy:

- small specialties recruited to by a single deanery on behalf of all
- 5 large specialties coordinated by RCPL
- others 'semi-coordinated' eg agreed application form +/- single portal, thereafter deanery delivered
- remaining deanery level

possibly 1240 candidates for 1035 posts

RCP London-hosted ST3 specialties

England, Wales & Scotland:

- gastroenterology
- endocrinology and diabetes
- renal medicine
- geriatric medicine

England & Wales

- cardiology

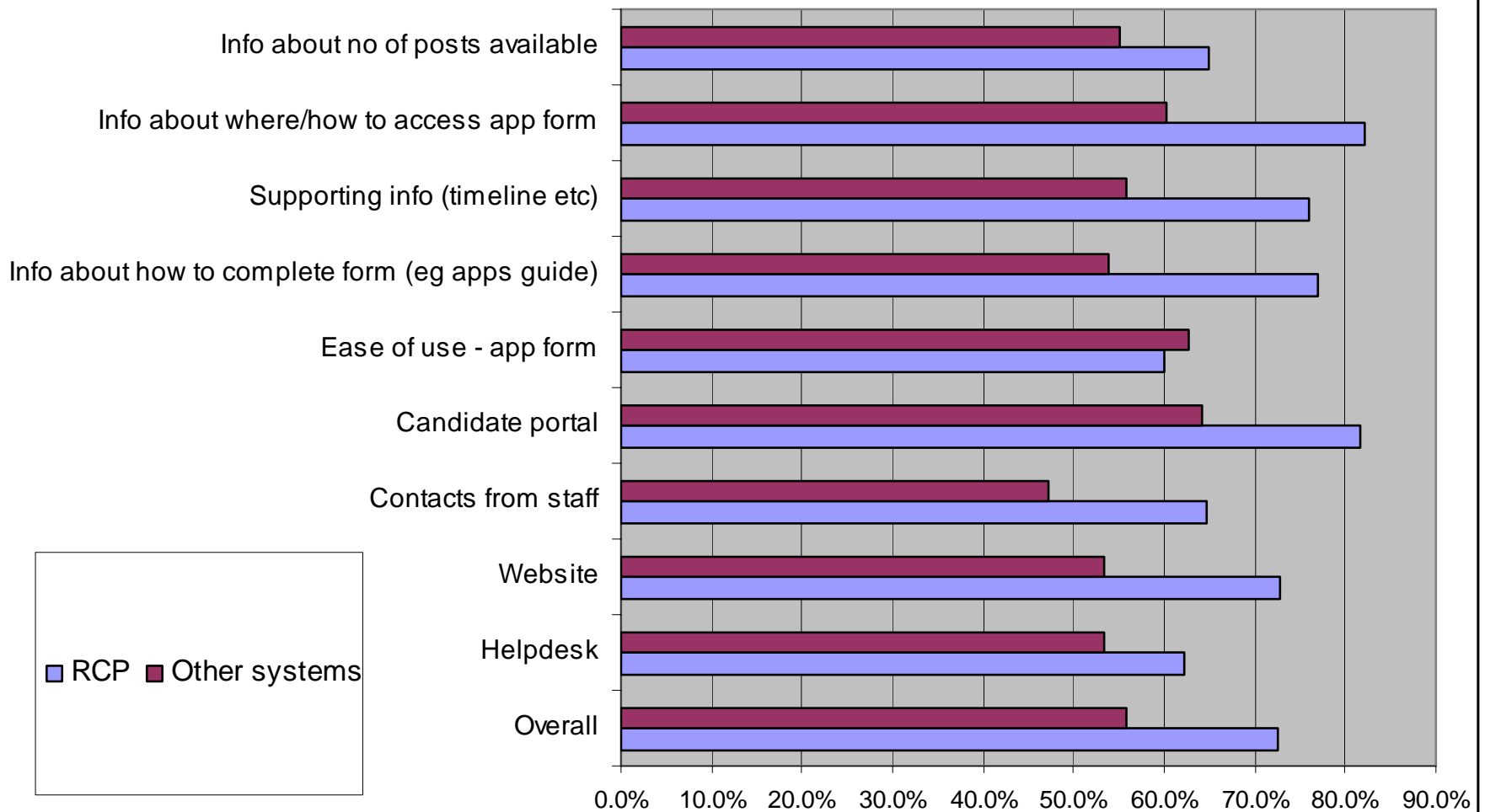
RCP-5 progress 1

- 930 candidates made 2123 applications for 270 posts
- most made 1 or 2 applications (March)
- overall candidate to post ratio = 3.4:1
- 91% Part 2, 55% PACES by end of 2009
- consultant short-listing work reduced by >75%
- interviews April / May
- candidates allowed to hold an “RCP” offer until 1st June
- clearing (local then national) & R2 planned

RCP-5 progress 2

<u>specialty</u>	<u>% applications with PACES</u>	<u>% appointable with PACES</u>	<u>% apps interviewed</u>
renal	53		80
ger med	43		64
gastro	54		49
endo / diab	45		45
cardiology	68		32
total	55	71	~50%

ST3 – user feedback



recruitment in 2011

- all specialties to be coordinated (England)
 - extend to Wales, Scotland & NI if possible
- more ST3 specialties will be coordinated by RCP on behalf of JRCPTB - possibly
 - acute, respiratory, palliative & GU medicine, rheumatology, haematology, dermatology
- all medical ST3 specialties same time period to allow PACES results, offers period & holding
- CT1 application period & process as this year
 - possible overarching IT for all ST1 offers
 - fixed iterations of offers

further information

CMT: www.CMTrecruitment.org.uk

ST3: www.ST3recruitment.org.uk

thank you to the RCP recruitment team:

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Nicole Taylor

Sarah Lazell

Stephen Harding

Tom Waterman