

# What's happening with recruitment this year?

**It's early March and the application window for CT2 and ST3 posts is drawing to a close. If you're making an application via national recruitment, then read on...**

## National recruitment

First proposed in 2008<sup>1</sup>, national recruitment went live last year for CT2 & ST3, and this year also includes CT1 posts for both anaesthesia and the acute care common stem (ACCS). CT1 recruitment takes place a little earlier; anxious F2's are currently in the midst of the offers period. Scotland is recruiting separately but incorporating some aspects of the *national* process. Northern Ireland is included, but is not planning to recruit into CT2 anaesthesia or any ACCS posts.

You're probably wondering what happens next. Firstly, the West Midlands deanery longlists applications to ensure all essential criteria are met. ST3 applications are welcomed from CT2's who have passed the MCQ component of the primary FRCA exam. People in this position **MUST** sit the May OSCE/SOE; any ST3 offers received will be conditional upon holding the full primary when starting the job. The full exam might be required to make applications in the future if recruitment cycles are run twice yearly.

You will have listed several Units of Application (UoA's) in order of preference.

The first two are active applications. UoA 1 & 2 will assess and score your form according to nationally agreed criteria (drawn from the person specification). Each UoA will decide how many applicants it wishes to interview (some might decide to interview everybody). You may, therefore, be called to interview twice, with the interviews being held throughout April.

## Interviews

Most deaneries have independently evolved towards similar interview formats. This year the interviews will follow a common structure based upon work done in the South West Peninsula Deanery<sup>2</sup>. They have developed a multi-station selection process where several consultants assess interviewees independently and each station looks for different attributes. This approach is popular amongst both applicants and selectors. Independent assessment by several consultants also improves the reliability of selection. National roll-out of this process is supported by surveys of current interview practice across the UK, and applicant & selector feedback from anaesthetic recruitment last year.

The common interview format will include three stations, a structured interview, portfolio station, and presentation. Your shortlisting score will not affect the interview outcome – past achievements will instead be assessed at the portfolio station. Considering the stations in more detail:

### Structured interview

This will look like a traditional clinical interview – you will be given a clinical scenario and asked what you would do. You will be assessed on the manner in which you approach the problem rather than specific facts. Sound problem solving skills will impress more than knowledge of obscure drug doses. Assessments will be made of communication, working under pressure and teamworking.

### Portfolio station

This station looks into how you have fared thus far in your career with the majority of marks awarded for verifiable past achievements (some credit is given for organisation and planning). Most UoA's will ask you to complete a self-assessment form shortly before this station to help the consultants assess your portfolio accurately.



### Presentation station

You will be given a limited amount of time to plan and then deliver a presentation to an audience of consultants. Assessments of communication, organisation and planning and working under pressure are made.

### Optional extras?

Some UoA's may decide to conduct further assessments at interview depending upon local preference. This may include simulation.

Each interview station includes a 'global-rating' assessment, or more simply the overall professional judgement made by your assessors on your performance. These marks combine to form a decent proportion of your total score, so just like any interview, for any job, make a good impression!

Your scores for the various assessments will be added-up and this will determine your ranking amongst the other interviewees. When the ranking list is compiled UoA's may decide upon an 'appointability threshold', in other words an interview score below which they would not make offers for their training programme regardless of vacancies. Interviewers also have the option

to veto a candidate if specific aspects of their performance raise serious concerns. This would make the applicant ineligible for a post in that UoA irrespective of strong scores in other interview stations. Should a veto be considered, the consultants present at that station will discuss the events with the lead consultant for the interview panel so that a collective decision can be taken. It is expected that interviewees would only receive a veto in extreme and unusual circumstances.

### Offers

Each UoA will feedback interview outcomes to the West Midlands deanery who will coordinate offers for all anaesthetic posts. The first offers will be made on the 27th of April. A code of practice for medical recruitment is currently being negotiated. It aims to ensure that offers include specific details of rotations rather than general geographical allocations. This will help you make an informed choice.

Strong candidates may receive offers from both UoA's but can only accept one. Declined offers will be recycled to other applicants according to the interview

rankings. For 1st choice offers you may either accept or decline. For 2nd choice offers you also have the option to hold. This enables you to wait and see whether your 1st choice rotation makes you an offer in later cycles whilst retaining the safety net of your 2nd choice job. The offers churn is essential to maximise fill-rates – improving YOUR chance of getting the job YOU want. However it comes at a price; you must respond to offers within 48 hours. You must be contactable during the offers process and internet access is essential. This is a minor inconvenience when you consider that an ST3 post is a five-year training rotation.

Further offer recycling will take place following the primary FRCA OSCE/SOE exams (16-20th May) where conditional ST3 offers are withdrawn from candidates unsuccessful in the exam. Any held offers must be confirmed by the 27th of May.

You may have applied for both CT2 and ST3, perhaps anxious that you won't pass the primary FRCA OSCE/SOE's. **WHEN** you pass your exam in May, **IF** you have already accepted a CT2 post **AND** you are later offered an ST3 post (offer recycling) you **CAN** still reject your CT2 job and accept the ST3

job - clear? Full applicant guidance and frequently asked questions are available via the West Midlands Deanery website<sup>3</sup>.

Should vacancies remain following the offers period, then a clearing process will be run. This will be open to candidates who were interviewed and deemed *appointable* (above the threshold) in at least one UoA. Based on 2010 recruitment, we do not expect clearing to contain large numbers of posts. If you do enter a clearing process, you should expect to be interviewed again.

### Isn't this just MTAS mark II?

There remains a palpable anxiety of MTAS being repeated (even four years on) and there are many who wonder why this is happening. However MTAS had some positives (honestly!), they were just drowned out by the negatives.

Deaneries used to compete with one another to make offers earliest and appoint the best applicants – good for deanery fill-rates, but harsh for trainees forced to choose between their 1st offer or sitting tight for the job they wanted. This *stick-or-twist* dilemma can be solved by central offers coordination which MTAS should have provided. Anaesthetic national recruitment introduced offer coordination last year with great success.

With unlimited applications, very strong applicants are repeatedly shortlisted to the exclusion of others; MTAS did not solve the *crowding out* problem. We learnt from *ObsJobs4* that a limit of two applications maximises your chance of getting your 1st choice rotation, and successfully introduced this into anaesthesia last year.

MTAS strove to standardise selection criteria, but these did not enjoy the full confidence of our profession. National recruitment has instead incorporated traditional criteria – the sort of things we expect to be judged upon. A standard approach creates a level playing field nationally, and piloting has ensured the process works. If you are a good doctor with a track record of success and high-achievement the system will recognise and reward you.

Feedback from last year identified weaknesses that we have endeavored to improve upon, notably the online application portal for applicants, and logistics of shortlisting for selectors. The delivery of the process was generally considered satisfactory and the concept of national recruitment has widespread support. Two quotes from 2010 applicants:

***'Having been through MTAS this whole process has been a pleasure compared to that! Well done!'***

***'Very smoothly run application process. I was very impressed'***

In contrast, in 2007, MTAS enraged a generation of junior doctors and led to several thousand marching through London in protest – including me!

### References

1. *'National Recruitment: evolution not revolution'* van Besouw, Bulletin of The Royal College of Anaesthetists, September 2009; 57: 7-9
2. *'Predictive validity of a selection centre testing non-technical skills for recruitment to training in anaesthesia'* Gale et. al., BJA 2010; 105(5): 603-609
3. <http://www.westmidlandsdeanery.nhs.uk>
4. <https://obsjobs.rcog.org.uk/CAC/home.aspx>

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**THE ASSOCIATION OF ANAESTHETISTS**  
of Great Britain & Ireland

TRAVEL GRANTS / IRC FUNDING

The International Relations Committee (IRC) considers applications from members who are seeking funding for projects usually, but not exclusively, in the developing world. This includes travel grants of up to £1000.

*Please note that grants will not be considered for the purpose of taking up a post abroad, nor for attendance at congresses or meetings of learned societies. Exceptionally they may be granted for extension of travel in association with such a post or meeting. Applicants should indicate the expected benefits to be gained from their visits, over and above the educational value to the applicants themselves.*

**For further information and an application form please visit our website:**

**<http://www.aagbi.org/foundation/grants/travel.htm>**

There is no closing date; applications are assessed every few months. Please contact Chloë Hoy at the AAGBI on 020 7631 8807 for further details of when the next IRC meeting for assessment will be.