

Recruiting physicians to core medical training: how should it be done?

Liz Berkin and Bill Burr

In 2009, the Royal College of Physicians (RCP) undertook the coordination of recruitment to core medical training (CMT) for the first time. Given the recent history of medical recruitment in the UK, this was a high risk and politically sensitive area.

Before 2007, and again in 2008, trainees could make unlimited numbers of applications to individual trusts or deaneries, and there was massive reduplication of recruitment work. In 2007, the Medical Training Application Service (MTAS) was introduced in an attempt to coordinate recruitment, and became synonymous with disaster. Coordinated recruitment has the potential to make much more efficient use of resources, especially the valuable time of applicants, recruitment staff and consultants. With unlimited applications, finite interview capacity results in competent, but ‘weak on paper’ applicants being excluded by shortlisting, and high-achieving applicants getting multiple interview offers which they do not need and are therefore wasted (up to 40% in 2008). The Department of Health invited bids to pilot nationally coordinated recruitment for 2009, and the RCP responded to this challenge for CMT recruitment, believing there were important benefits for applicants, patients and the service.

Applicants for CMT posts in England applied for Core Training Level One (CT1) posts in January 2009 via a national web-based system (Konetic Powered Recruiting). The system allowed electronic flagging of eligibility issues, which greatly improved the efficiency of longlisting. At this point the intention was to offer a guaranteed interview to all applicants between deaneries, while using an invigilated test (machine marked test, MMT) to move applicants if necessary, to utilise all of the interview capacity. Additionally the MMT would provide a knowledge score to contribute to overall assessment. The proposed MMT was an established test of applied knowledge, problem solving and professional judgement, developed for general practice recruitment (see www.gprecruitment.org.uk/recruitment/assessment_process.htm for further information). The intention was to use the MMT only as a knowledge score, and not for exclusion (historically general practice (GP) recruitment excluded the lower 10–15% on the basis of the MMT result).

In the event, although data collected from CMT applicants who also applied for GP training in 2008 had already shown that the MMT had good predictive value for CMT appointability, the

Modernising Medical Careers Programme Board required that the MMT should be used only as a pilot, and that applicants should be allowed to apply to two deaneries. Because of insufficient CMT interview capacity (over 4,000 interviews would have been required to allow all eligible applicants to have two interviews), this re-introduced the unavoidable need for shortlisting. The electronic application system allowed refinement and shortlisting based on applicant selection from drop-down lists. Inevitably, over 40% of applicants were excluded from either their first or second choice deanery and a few were excluded from both choices. This undesirable outcome (of a two application per applicant system where interviews are limited) was predicted.

An article by Patterson *et al* in this issue (pp 417–20) includes the results of the 2008 and 2009 pilot studies and shows that both components of the MMT remain very good predictors of CMT appointability, and perform at least as well in CMT-only applicants as for those who also apply to GP. There were fears that CMT applicants, knowing the MMT mark was to be discounted, would underperform. There is no evidence that this occurred.

The MMT performed better than the shortlisting score (obtained from the application form) in determining appointability as judged by interview. Clearly any method used to select applicants should avoid using a pre-interview hurdle that excludes potentially appointable applicants if at all possible. However, if exclusion is required (in order to match interview capacity) the method used should have the best possible correlation with any subsequent assessment score in the interests of fairness. The interview score is currently the ‘gold standard’, but interviews alone, particularly when using a single panel, are imperfect. CMT recruiters used a nationally standardised three-station approach in 2009, and added the achievement score to the interview score to obtain the final assessment score.

The future of medical recruitment lies in an assessment-centre approach, where applicants have a number of opportunities to gain independent marks in stations which test a comprehensive range of the required attributes. Clinical knowledge, problem-solving abilities and professional judgement are uncontroversial requirements for a physician, and it has been shown that the MMT can test these adequately. CMT recruitment in 2010 will move to a one-application system. Although the MMT will not be used for CMT recruitment in 2010 for practical reasons, this method is under serious consideration by a wide range of specialties for use in 2011 as a method of

Liz Berkin, Associate Medical Director; Bill Burr, Medical Director
 Joint Royal Colleges of Physicians Training Board, Royal College
 of Physicians

matching to interview capacity, and forming a component of the assessment score. It will not replace other forms of assessment, but because it tests important attributes, which are not otherwise assessed, it is likely to enhance an overall assessment score.

**Address for correspondence: Dr L Berkin, JRCPTB,
5 St Andrews Place, Regent's Park, London NW1 4LB.
Email: liz.berkin@jrcptb.org.uk**

WORKING PARTY REPORT

Innovating for health Patients, physicians, the pharmaceutical industry and the NHS

Medicines and the practice of medicine are inextricably connected. Today, the NHS, academic medicine and the pharmaceutical industry have a symbiotic relationship, each depending on the other for success. Enormous benefits have been derived from this relationship – clinically, scientifically and economically. However, in recent years the strength and integrity of these relationships have been questioned by diverse critics – in the medical profession, politics and the media. To redress this, and to further support a dynamic and productive relationship between doctors and the pharmaceutical industry, the Royal College of Physicians convened a working party to examine in some detail the political, economic, commercial, organisational, professional, and public barriers to creating an ideal relationship – the overwhelming principle being the improvement of patient care.

The report is in five main sections: patient care, professional education, research for health, getting the culture right, and future relationships. It contains 41 recommendations covering each of these aspects.

Key recommendations include:

- the development of a comprehensive medicines information strategy for patients
- patient-friendly packaging of medicines
- an expansion in the role of pharmacists in the delivery of information on medicines
- medical school responsibility for the quality of prescribing among newly qualified doctors
- the promotion of standards for prescribing at postgraduate level
- a method for gradually ending the support of the pharmaceutical industry in the education of doctors-in-training
- stronger leadership for the promotion of research collaborations to enhance good quality care
- innovation and continuous learning throughout the NHS.

This report is essential reading for anyone with an interest in securing better medicines for patients. It sets out the changes needed to secure the relationships and improve the working methods that will enable this to become a reality.

Contents

- Introduction
- Patient care
- Professional education
- The correct culture
- Future relationships
- Recommendations



**Royal College
of Physicians**
Setting higher medical standards

Published FEBRUARY 2009 ISBN 978-1-86016-351-7 A4 report, 85 pages
Price: £15.00 UK, £17.00 overseas (prices include postage and packing)

▶ Please quote the reference **Clinical Medicine** when placing your order