



# Implementation of changes to specialty recruitment and selection processes

The Academy Trainee Doctors' Group (ATDG) is a forum for trainee representatives from the medical royal colleges and faculties to come together. It provides an informed and balanced view on cross-specialty issues relevant to College-registered trainees.

The Medical and Dental Recruitment and Selection (MDRS) subgroups review the delivery of medical and dental recruitment and where required, can make recommendations or implement changes to help improve the overall recruitment and selection processes. Two representatives of postgraduate doctors in training (who are part of the ATDG and British Medical Association (BMA) Junior Doctors Committees) also sit on these subcommittees, with a maximum of one representative from each committee permitted to attend each meeting.

Recruitment and selection processes require considerable resource to ensure that each recruitment window runs satisfactorily and at different points throughout the year. This is vital to maintain workforce numbers for each specialty, but also to ensure that healthcare trusts can prepare for new starters and mitigate for any rota gaps. It is also important to ensure that selection processes are recruiting applicants to the specifications of each specialty.

To maintain these standards, changes may be needed to improve different elements of the process. One of the aims is to minimise disruption to applicants. However, there are factors that can be unintentionally overlooked as a result of the urgency of the required change which may result in a significant impact on applicants. At a time when there is significant clinical pressure experienced by doctors in training, this should be avoided as much as possible and in recent years, there have been incidences where the impact of changes have been significant.

From the perspective of postgraduate doctors in training, the following checklist of seven key questions are recommended for review when changes are proposed to different elements of the recruitment and selection process.

### Summary

To maintain standards in specialty recruitment and selection, changes may be needed to improve different elements of the process. One of the aims is to minimise disruption to applicants. However, there are factors that can be unintentionally overlooked as a result of the urgency of the required change which may result in a significant impact on applicants. At a time when there is significant clinical pressure experienced by doctors in training, this should be avoided as much as possible. From the perspective of postgraduate doctors in training, the following checklist of 7 key questions are recommended for review when changes are proposed to different elements of the recruitment and selection process.

1. Has there been engagement with trainee groups at an early stage?
2. Have the appropriate trainee groups been engaged with?
3. Has the timing of implementation been considered?
4. Has the feedback provided by trainee groups been actively used and a response provided?
5. How has this change been communicated to the trainee network?
6. Are there any resources/advice/support that can be provided to minimise the impact of change?
7. Has the requirement for feedback been considered for the different aspects of the change process?

Frequently reviewing and improving recruitment and selection processes is important to ensure that they are working effectively and are fit for purpose. They are a vital part of the ongoing strategy to improve specialty workforce numbers. MDRS and trainee groups can work together effectively and collaboratively, and are aligned in their desires to ensure that these processes are optimal for those delivering the recruitment rounds and for applicants. If the factors above are followed, it will help to ensure future changes are implemented with minimal disruption.

### 1. Has there been engagement with trainee groups at an early stage?

When it is identified that a change is required to a particular process, engagement with the trainees who will be impacted by this will be needed at an early stage. The change may even have been suggested by particular trainee groups and therefore this provides an ideal opportunity to explore the issue further and the potential impact of making any change. Communication to relevant trainee groups that a change is being proposed will be important so that they have the opportunity to provide their input into discussions.

## 2. Have the appropriate trainee groups been engaged with?

Although there are two trainee representatives who sit on the different MDRS subgroups [Recruitment Group and Programme Board], they may not be in a position to provide the perspective of specialties which they are not a part of. However, they can be a portal of access to other trainee groups who are more representative of the groups that should be engaged with. The specialty recruitment representatives who are part of the MDRS subgroups will also have links to the different trainee committees providing an opportunity for engagement. The discussions and points raised from this engagement should be reviewed in relevant MDRS meetings.

## 3. Has the timing of implementation been considered?

Trainees often spend considerable amounts of time [sometimes many years] preparing for their specialty recruitment applications. They are also under considerable clinical pressures which can severely limit their capacity to deal with short notice changes. Therefore, timing should be a priority to ensure it minimises disruption to the applicants as much as possible. Engagement with potentially affected trainee groups will also help to identify any particular issues related to timing at an early stage, and allow sufficient opportunity for mitigation. At least six months' notice should be given to affected trainees if a change is to be implemented to existing processes.

## 4. Has the feedback provided by trainee groups been actively used and a response provided?

For any surveys or data collection from healthcare groups, it can be helpful to show how the data has been used or the feedback has been acted upon. This also helps to maintain productive engagement with groups going forward by showing that their input into different processes is valued. Responding to feedback, updating particular trainee groups about processes or next steps etc., and repeated engagement as the new strategy moves forward, will all help to ensure that trainees are onboard and supportive of the changes being made, and that any concerns have been satisfactorily addressed. Giving sufficient time for trainee groups to disseminate information to its members and to gather comments/feedback will be very important to consider.

## 5. How has this change been communicated to the trainee network?

Good communication is vital to ensure the success of changing a process. It is important that the first time that the trainees hear about these changes is not at the point of implementation. Communication about the changes, how they are progressing and when they are expected to be implemented are needed. Everyone involved has a responsibility to make sure this takes place, including the MDRS subgroups, specialty recruitment

representatives and the trainee committees who are part of this process; everyone should work together to help ensure this is completed appropriately. The use of official websites, mailing lists, trainee networks and social media will be helpful to maximise reach. The timing of such communications will also need to be considered. Trainee representatives can also be a very helpful resource in reviewing or constructing communications, and can also utilise different forms of communication to ensure maximum reach. Subtle changes to communications can help to minimise impact and ensure it is received in as positive a way as possible.

### 6. Are there any resources/advice/support that can be provided to minimise the impact of change?

If there are resources that can be provided to applicants to help minimise the impact of a change to the process, these should be made available in advance of the date of implementation. Engagement with trainee groups can help to explore which resources might be helpful. Clear and accessible information about contact details of those who can provide help and support to anyone who would like to discuss the changes should also be provided so that help and advice is available when needed, and to show applicants that their well-being is prioritised. This information should be available on the specialty recruitment website, and when such resources are made available, it should be communicated to the trainee network.

### 7. Has the requirement for feedback been considered for the different aspects of the change process?

Data collection exploring the impact of implementation at different stages will be very important to review the success and impact of the change, but also for exploring how the process can be improved for everyone involved going forwards. If required, feedback from trainee groups, candidates, previous candidates, and assessors/interview panel members should contribute to this review.