

Medical workforce planning and recruitment must support doctors

There can be very few members of the public who are now not aware that something is afoot with the training of junior doctors. For those readers who are currently in the unenviable position of awaiting the latest decisions regarding the Medical Training Application Service (MTAS) application system for specialist training posts, we offer our sincerest thoughts and support.

This fiasco is creating ripples throughout the whole of the hospital medical profession and will almost certainly see off the last of the goodwill which has driven the medical profession for so many years. Consultants are trying to create as fair an interview system as possible within the restraints of MTAS, in the knowledge that they still need specialist trainees and that hospitals need to continue functioning. In some regions, such as those recruiting to ST3 in General Surgery in the West Midlands, those involved in this process stopped the interviews as they felt that the 'MTAS procedure for recruitment to ST3 in General Surgery has not been implemented according to agreed guidelines'. This illustrates the depth of concern about the recruitment process.

Those doctors currently undertaking the foundation training courses and medical students must also be watching with bated breath, anxious to see what this means for their future in the profession.

Compromising the future for doctors and patients

Following the problems with the initial application process, demonstrating the fallibility of an online application process, and the emphasis on 'soundbites' and box ticking rather than academic achievement, junior doctors are now left with an equally unsatisfactory compromise. The MTAS review group has stated that all eligible applicants will be offered an interview for their first-choice job. This will not offer a fair and equitable recruitment process, and a legal challenge has been made by Remedy UK, a campaigning group which repre-

sents over 9000 doctors in the UK. The timetables by which this will have to take place also mean that many people will have to relocate and start a new job in some cases less than a month after they have received a job offer.

Having welcomed these proposals, many of the Royal colleges and the Academy of Medical Royal Colleges do not fare well either. They may have lost a lot of their clout since the Postgraduate Medical Education and Training Board (PMETB) assumed its statutory powers on 30 September 2005, but they surely still must feel some responsibility to their members.

The British Medical Association's (BMA) junior doctors committee has withdrawn from the discussions following this development, as they feel that this compromise is unacceptable to the 11 000 applicants who have been offered more than one interview. The BMA says that the only two acceptable solutions are for all doctors to be interviewed for the posts they have applied to, or for the entire system to be replaced. At the time of writing, Modernising Medical Careers in Scotland and Wales have stated that they will offer interviews to all eligible applicants for each post they have applied to in Scotland or Wales, not just those who have stated Scotland or Wales as their first preference. This would not be practical to implement and makes the whole compromise inequitable to those doctors who have only applied to jobs in England or Northern Ireland.

How have we got here?

This seems to be a major workforce planning disaster. Medical workforce planning operates on two levels. At the macro level it deals in overall supply and demand while at a micro level it seeks to allocate numbers among competing sectors and specialties, paying particular attention to training requirements. It can't be that difficult to work out roughly how many applicants there will be for how many jobs and then put a fair application process in

place. Medicine has always been a competitive profession, and doctors in training are aware of this, but the recruiting systems used must be meritocratic and fair. There have been a number of similar mismatched situations in recent memory within the medical profession, although thankfully none on nearly so disastrous a scale – why have lessons not been learned from those?

The old system of recruitment had often been considered to be flawed, and susceptible to unfair bias and the 'old boy's network'. However, it did consider candidates on the basis of academic achievements, research, extracurricular activities and references. The MTAS system has been criticized as making it very difficult to differentiate between a candidate who is highly suitable for a particular position and one who is highly unsuitable for that post. This doesn't help either those short-listing and interviewing or those applying for jobs.

With scary prescience, in their recommendations to the Health Committee Inquiry into Workforce Planning in March 2006, the BMA stated that 'The way in which doctors make career choices is an important issue affecting recruitment into both the profession itself and individual sectors and specialties and should be taken into account in workforce planning. It is particularly important in the context of training requirements, where any mismatch has costly unemployment consequences.'

The problems of unemployment will be both short and long term – in August, we may well end up with a lot of unemployed junior doctors, which has huge short-term implications for service provision. For the longer term there is a lot of anecdotal evidence that many disaffected doctors are heading for Australia, New Zealand and other countries which they perceive as valuing their skills and abilities. As the training cost per doctor is approximately £250 000, shouldn't PMETB and the Department of Health be doing a little

more to stop the waste of money and talent this will cause, and the implications this has for the future of medicine in the UK.

How can this go forward?

In the long term, surely short-listing and interview by an independent group would

be the best outcome for doctors and the profession. For this year, however, the best option may be to deliberately change some of the immediate interviews to giving short-term appointments, making the long-term appointments later in the year. This would take the pressure off the system, would

bypass the once-a-year-start, and would allow some continuity in the service without compromising the fairness of the recruitment process. This would require PMETB to say that the system is too flawed to allow fair recruitment to specialist training posts – it remains to be seen whether they have the bottle to do this. **BJHM**

KEY POINTS

- The current problems with recruitment to specialist training posts in the UK will have major short- and long-term implications for medical practice.
- The situation needs to be resolved fairly and swiftly.
- Workforce planning at the national and local level needs to be a more considered process and must be given greater priority within the NHS.

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British Medical Association (2006) *Health Committee Inquiry into Workforce Planning*. British Medical Association Memorandum of Evidence. British Medical Association, London (<http://www.bma.org.uk/ap.nsf/Content/MedicalWorkforcePlanning> accessed 2 April 2007)