

Recruitment lessons to be learnt from obstetricians

Introduction

The first and main Modernising Medical Careers (MMC) recruitment process for most specialties and GP training in England in 2008 opened on 5 January and ran to 16 May 2008 (Modernising Medical Careers, 2008). Recruitment for obstetrics and gynaecology, general practice and paediatrics was run nationally where there are well-tested, successful national processes of enlistment (Department of Health, 2007; Modernising Medical Careers, 2007). Specialty training recruitment for all other specialties is deanery based, although six subspecialties were coordinated centrally.

The shortcomings of a poorly-tested, web-based national application system (Medical Training Application Service) were discovered last year, in a hard way. Consequently, many specialties went back to traditional, deanery-based recruitment process. However, this does not necessarily mean that a web-based, centralized system is ineffective. There are many lessons to be learnt from the obstetrics and gynaecology recruitment which was coordinated by the Royal College of Obstetricians and Gynaecologists.

Personal experience

I was interviewed in two deaneries in the first round and three deaneries in the second round at ST3 level in obstetrics and gynaecology in 2007. I have attended three interviews in 2008 obstetrics and gynaecology recruitment. I believe that this Royal College of Obstetricians and Gynaecologists-coordinated recruitment process (Royal College of Obstetricians and Gynaecologists, 2008a) is a good example which fulfilled the recruitment goals that MMC was meant to have achieved in the first round in 2007.

Royal College of Obstetricians and Gynaecologists-coordinated recruitment process

Prospective trainees were allowed to register with the site (Royal College of

Obstetricians and Gynaecologists, 2008a). Applicants were able to apply to a maximum of two deaneries and rank all others in which they would accept a position. The same application form, scoring system and short-listing cut off was used by all deaneries. A similar principle was followed with the use of structured interviews, making a candidate's final interview score in a given deanery transferable.

If trainees were unsuccessful in securing a position in their preferred deanery, the coordinated process aimed to align unappointed candidates with the remaining available posts. Theoretically, one 'application-interview cycle' is sufficient to assess all applicants and to allocate them to the vacancies based on the training and service requirements.

Positive strategies

The format of the Royal College of Obstetricians and Gynaecologists webpage (Royal College of Obstetricians and Gynaecologists, 2008b) was simple but comprehensive. It consisted of sample application forms for each level of application with relevant person specifications, a list of available posts by deanery, an interview time table and, most interestingly, a structured scoring system for each application. This webpage is linked with a password-secured 'ObsJobs' application site.

Development of deanery websites in line with modernized medical recruitment processes was evaluated in February (Brown, 2008). Only one deanery appeared to have achieved full 'five star' rating. The Royal College of Obstetricians and Gynaecologists webpage has evolved significantly since last year's second round enlistment (Royal College of Obstetricians and Gynaecologists, 2007). The development of the sophisticated, concise, well-updated, reliable 'ObsJobs' application site is the hallmark of 2008 recruitment.

Information about the availability of the total number of posts in each deanery provided better choice for applicants considering potential competition ratios, training needs and personal preferences.

The interview timetable took into account possible problems such as interview clashes between different deaneries

and professional examinations. A realistic period of time was allocated for the intervals between short-listing, interviews and job offers.

The structured application form along with the scoring criteria has been developed based on a well-tested system. It appeared to have shortlisted most eligible candidates, although there is little hard evidence for this.

The Royal College of Obstetricians and Gynaecologists has set standards for structured interviews. All deaneries followed a similar interview structure, but these had different contents. More clinical competencies were assessed during the recruitment interviews in 2008 than had been assessed during interviews in 2007. Deficiencies of 2007 enlistment have been recognized and appropriately rectified this year.

Finally, the ObsJobs application site successfully carried out its job-offering process. Precise information on this process was published well in advance. Successful candidates were contacted, as scheduled, in three different ways including mobile text messages. Several security steps had to be followed during the acceptance or rejection path, avoiding misuse. Again, the confirmation message was conveyed in three different ways.

A smaller number of interviews can be beneficial in some ways. For example, one of my psychiatric colleagues, who has similar qualifications as me, attended eight interviews within 3 weeks before securing a ST3 post. Is that a direct consequence of having a non-centralized system? My colleague believes that it is a waste of time and resources, and puts trainees under an immense amount of stress. Moreover, specialties can run up to three recruitment processes during the year, depending on how often certain specialties need to refill posts that become vacant. This will apply particularly (but not exclusively) to higher specialty training posts (ST3/ST4) if the runthrough training programme is scrapped following the Tooke recommendations (Tooke, 2008). Therefore, the need for effective, centrally coordinated, structured recruitment systems cannot be over-emphasized.

Dr Lilantha Wedisinghe is ST3 Locum Appointment for Training in the Department of Obstetrics and Gynaecology, Princess Alexandra Hospital, Harlow CM20 1QX

The way forward

There is always room for improvement. A maximum of two applications does not seem reasonable to include all eligible applicants when there are fifteen different deaneries. The use of a structured application, structured scoring, structured timetable and a structured interview begs the question as to why structured references were not used? The Royal College of Obstetricians and Gynaecologists coordinated recruitment process did not include Scotland and Northern Ireland. Furthermore, the job-offering process did not take place simultaneously. Therefore, the trainee's choice of location would be restricted by the General Medical Council's regulations regarding multiple job offers.

Lessons for other specialties

The main strategy behind the successful Royal College of Obstetricians and Gynaecologists-coordinated recruitment process is clear. It adopted a more explicit approach to that which previously might have been implicit. **BJHM**

Conflict of interest: The author was successful in Royal College of Obstetricians and Gynaecologists coordinated recruitment as well as the Scottish recruitment in 2008 and he has accepted a place on the Scottish programme.

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KEY POINTS

- Specialty training recruitment for many specialties is deanery based.
- It is nationally coordinated in three specialties including obstetrics and gynaecology.
- The Royal College of Obstetrics and Gynaecology-coordinated obstetrics and gynaecology recruitment could be considered to be the 'gold standard'.