

## Statement from the Trainees' Committee, 8 January 2021

### Internal medicine training (IMT) recruitment 2021

Unfortunately IMT recruitment for 2021 is, as described on the IMT recruitment website (<https://www.imtrecruitment.org.uk/news/imt-2021-round-1-interviews-cancelled-contingency-arrangements-commencing>), changing from 'plan A' (online interviews) to 'plan B' (validated self-assessment). While this isn't something that we wanted to see, the current impact of COVID-19 upon the physician workforce (both trainee and trainer) and the predicted impact over the next 2 months (when interviews were due to occur) make online interviews at the scale needed for IMT (with thousands of applicants) impossible to guarantee. This is consequently, in our opinion, the right decision. Below we elaborate upon recruitment as a whole, as well as explaining what we've argued for and how we continue to be involved in the process.

### Elaboration on recruitment

At the heart of recruitment is the desire to appoint the best and most appropriate people into posts. Medical recruitment can be simplified down to two different strands: clinical and non-clinical. The former can be further subdivided into things like knowledge, practical skills and communication skills; the latter into research, leadership, teaching, quality improvement and other similar areas. An ideal recruitment process would look at all of these and balance them up.

Recruitment is a resource-intensive process and IMT with thousands of applicants requires significant senior clinician time, especially for anything using a live interview process either in person or online. Validation of self-assessment is not as demanding of time (it's around 50% the time requirement of interviews) and has the advantage of being able to be done over weeks or (if really necessary) months, and therefore it fits into clinical demands better. Following feedback from 2020, it was decided at senior BMA/MDRS (Medical and Dental Recruitment and Selection subgroup) level that 100% validation was to be used for self-assessment if it is used in final ranking – this is why it wasn't used for final ranking in 'plan A', as people knew capacity for this wasn't going to be available.

IMT 'plan A' was for interviews to take place online – this is by far the best single recruitment technique that could have been possible in 2021 and allows assessment of all clinical and non-clinical domains and the applicant to demonstrate how good they really are (and we know you really are good!).

'Plan B' is for 'validated self-assessment'. The only real alternative was the multi-specialty recruitment assessment (MSRA) examination (which those applying for GP training have done for a number of years) and we believe the correct decision was made to go for validated self-assessment

instead of the MSRA. These two recruitment methods look at very different things, but a few factors led to us not wanting to use the MSRA in IMT recruitment. The most significant was that if 'plan A' was not deliverable, it would mean a significant proportion of the country was facing a COVID-19 surge; given that we know trainees revise for months prior to the MSRA, asking this was not appropriate primarily because of the demand on time, but also because it would disproportionately benefit those in areas where revision was easier because workload was lower. Additionally senior physicians, on reviewing a number of questions, didn't agree on the correct answer – a major concern for any examination assessing clinical areas! MSRA is not a bad recruitment method, especially in combination with other methods, and may even be something worth considering in future years – but certainly not for 2021.

Some people may be wondering (quite sensibly) if it's possible to use both validated self-assessment and interviews, but to interview only borderline candidates. Given the time requirements for validating self-assessment, this would leave very limited interviewer time and thus numbers that could be interviewed probably wouldn't be sufficient (you still want to interview a significant proportion of candidates to do this properly). Quite simply, the time requirements for this don't add up and it could potentially leave us with the same issues with interviewer capacity and many last-minute issues that are close to impossible to resolve. Like MSRA, this is an approach that could be looked at for other years.

#### How we've advocated for trainees over the past year

We've been very concerned about 2021 recruitment and it's been something we've been heavily involved with since April 2020. For those of you interested in some recruitment theory, we've primarily advocated for a position based upon Gilliland's 'procedural justice' rules, which list applicant requirements of a recruitment process:

- 1 Ensure that the system is clearly job related
- 2 Give the candidate an opportunity to perform and to show what they know
- 3 Give candidates the opportunity to challenge their results
- 4 Ensure that procedures are consistent across all candidates
- 5 Provide candidates with informative and timely feedback
- 6 Provide explanations and justification for the use of a procedure or a decision
- 7 Ensure that administrators are honest when communicating with candidates
- 8 Ensure that administrators treat candidates with warmth and respect
- 9 Support a two-way communication process
- 10 Ensure that questions are legal and not discriminatory in nature.

Recognising that the impact of COVID-19 upon recruitment was hard to predict but likely to be at least moderate, we explored recruitment methods and developed a stance which we've held since May 2020 of wanting 'asynchronous interviews' (where interview questions are simple and answers recorded to be marked later – the answering and scoring are thus asynchronous). We knew these weren't as good as normal interviews, primarily because they don't allow exploration, clarification or expansion, but believed they had the advantage of being deliverable regardless of the impact of COVID-19, as interviewers can go through things over a period of weeks or months and aren't tied to specific dates and times. Unfortunately this option wasn't adopted. We subsequently advocated for validated self-assessment, for the reasons outlined above.

While we clearly aren't where we wanted to be, we've been very closely involved in the application form itself and the scoring matrix for the self-assessment. There are significant legitimate concerns about self-assessment and how certain groups are positively or negatively affected by it. We've worked hard with MDRS to try and make the questions, the way of demonstrating the reasons for the mark given, and the scoring clearer. We've learnt in the process this isn't something that will ever be perfect (there are some areas that initially appear easy but end up far more complex), but we do think it's better than it was in 2020, even if the form is a little more detailed than previous years to try and address some of the complexity.

We've been invited to meetings about the application form scoring – we share your frustrations that this hasn't been clarified and indeed isn't something we currently understand ourselves, so can't comment upon further – and will be advocating along similar lines to those described above, while also trying to ensure that it's not discriminatory.

**Dr Matthew Roycroft**

**Co-Chair RCP Trainees' Committee on behalf of the Trainees' Committee**