

PSRO-coordinated specialty recruitment – COVID-19 contingency arrangements

Introduction

The COVID-19 outbreak escalated during the first half of the current specialty recruitment window, and the difficult decision was made to cancel face-to-face interviews. At this point, the majority of interview rounds for ST3 had not started, or were only partly complete. This has resulted in different specialties reaching different stages of progress in recruitment.

A group was formed to address this and all general principles supporting the appointment of doctors to medical specialty training programmes from August 2020 were agreed by senior clinical representatives from across the four nations, and junior doctor representatives from the British Medical Association Junior Doctors Committee (BMA JDC) and Academy of Medical Royal Colleges (AoMRC) trainees' committee, supported by the Medical and Dental Recruitment and Selection (MDRS) Team.

The group agreed early on that clinician involvement should be reduced to an absolute minimum; consequently, specialties that already incorporate self-assessment scores in their processes (including all PSRO-coordinated specialties) were asked to plan on this basis.

We acknowledge that there is no evidence that the recruitment contingency processes are as robust as the normal gold standards, however we are dealing with unprecedented circumstances and have had to adjust recruitment processes accordingly in line with the agreed common principles, and the resource available.

The PSRO have based the revised process on data from previous rounds of recruitment, looking at how self-assessment scores correlated with interview performance.

Frequently asked questions

In addition to the detail provided in this document, some national FAQs are being published which are general across specialties. These will be available by the close of business on Friday 3 April on this web page: <https://www.hee.nhs.uk/coronavirus-covid-19/coronavirus-covid-19-information-trainees/frequently-asked-questions>

Principles for assessment

The following principles have been employed to implement the contingency arrangements:

- The stage the recruitment process had reached will be honoured in most cases:
 - Where possible, completed interview outcomes will stand.
 - Anyone found not appointable in an interview cannot be considered in the revised assessment process.
 - Shortlisting for cascadable specialties (acute internal medicine, cardiology, endocrinology and diabetes, geriatric medicine, renal medicine) will stand, although those not originally shortlisted will be able to be considered in clearing.
 - Shortlisting for other specialties that did not complete interviews will be disregarded, with all candidates eligible to be considered in the revised assessment process.

- Specialties that cannot use interview scores will use a revised process based on self-assessment scores from the application form.
- Self-assessment scores cannot be revised upwards after submission, however, if a candidate has knowingly over-scored themselves, they should contact the relevant email address (imtreruitment@hee.nhs.uk or st3medrecruitment@hee.nhs.uk) with details about this as soon as possible, to be fair to all other applicants; these should be sent no later than **9am on Tuesday 14 April**.
 - Those who have already notified the PSRO will have their score reduced in line with their declaration.
- The revised process will rank candidates based on the self-assessment domains that best predict interview outcomes based on data from previous recruitment.
- All specialties requiring the revised process will use the same methodology.
- Outcomes from previous rounds of recruitment cannot be taken into account.

The sections below detail which specialties are in each category and expand on the principles outlined above.

Categories of PSRO-coordinated specialty

There are four different stages that specialties have reached regarding their interviews:

1. **Completed all interviews** - allergy, audio-vestibular medicine, dermatology, immunology, medical ophthalmology, palliative medicine, rehabilitation medicine, rheumatology, sport and exercise medicine
2. **Interviews outstanding** – three sub-categories:
 - a. **Completed no interviews** – IMT (round 2), acute internal medicine, clinical genetics, clinical neurophysiology, clinical pharmacology and therapeutics, combined infection training, genito-urinary medicine, geriatric medicine, haematology, medical oncology, neurology, renal medicine
 - b. **Completed some interviews but not all – single transferrable score** - gastroenterology, respiratory medicine, cardiology in the Midlands and East cluster
 - c. **Completed interviews in one region but not others – cascable** - endocrinology and diabetes (Scotland), cardiology (Wessex-led cluster)

1. Completed all interviews

Ranking will go ahead in the normal way using interview scores and appointability. There is no change from the usual process.

It is intended that all scores will be uploaded, and candidates notified whether they can be considered in the offering stage, by Thursday 9 April 2020.

2. Interviews outstanding

Data from recent recruitment rounds were used to model self-assessment against interview outcomes.

Each self-assessment domain was stratified by the individual scoring options, then the average raw interview score (RIS) and appointability rates were compared for candidates who interviewed in a previous round.

The domains that showed the best predictive value, i.e. the appointability rates and RIS increased with domain score, were:

- Quality improvement
- Teaching experience
- MRCP(UK) – ST3 only, not included in IMT
- Training in teaching
- Presentations

Other domains showed significant variability, with higher self-assessment scores not correlating with higher RIS or appointability rates. As a result of these findings the following will be used to assess and rank candidates:

- Only these 5 domains (four for IMT) will be used for initial ranking.
- These domains will be weighted so they count equally towards ranking – 12 points each (teaching experience and training in teaching are combined into one domain and collectively equal 12); this gives an assessment score out of 48 (36 for IMT)
- A cut-off has been set below which candidates cannot be considered for offers:
 - Those scoring 0 for BOTH quality improvement AND teaching experience
 - IMT – a revised assessment score of less than 10/36
 - ST3 – a revised assessment score of less than 30/48
- Other domains will be used as tie-breakers to split duplicate ranks
 - In the event of identical self-assessment scores across all domains, anonymised commitment to specialty and training course sections will be reviewed by two nominated clinical leads who will rank tied scores.
- Candidates shortlisted out, due to insufficient capacity, can be considered for ranking.

The same model will be used by all PSRO-coordinated specialties that have not completed interviews.

The table below details the assessment model.

Domain	Used in ranking	Self-assess max points	Weighting	Tie-break rank
Quality improvement	Yes	10	1.2	1
Teaching experience	Yes	7	1.0	2
MRCP(UK)	ST3 only	12	1.0	3
Training in teaching	Yes	5	1.0	4
Presentations	Yes	8	1.5	5
Publications	No	8	N/A	6
Additional undergraduate degrees	No	6	N/A	7
Prizes/awards	No	8	N/A	8
Leadership and management	No	8	N/A	9
Postgraduate qualifications	No	8	N/A	10

a) Completed no interviews

The process detailed above will be followed. Confirmation of scores, outcomes and ranking in the new process will be confirmed between **Tuesday 14 and Friday 17 April 2020**.

For specialties using the cascable model (AIM, cardiology, endocrinology and diabetes, geriatric medicine, renal medicine):

- The outcome of shortlisting will be retained.
- All applicants on the reserve list will only be considered in clearing.
- Candidates not interested in a post in their shortlisted region should not preference any posts, so that they can be considered in clearing for other regions.

b) Completed some interviews but not all – single transferrable score

The process detailed above will be followed. Interview scores for applicants who were found appointable will not be used, as it is not possible to compare them fairly with candidates who were not interviewed. Therefore, all applicants will be assessed via the model above.

The exception to this applies to candidates who were found not appointable at interview; this decision will stand and they will not progress.

Confirmation of scores, outcomes and ranking in the new process will be confirmed between Tuesday 14 and Friday 17 April 2020.

c) Completed interviews in one region but not others – cascable

In the two instances where this occurred, the scores from the interviews will be used for initial offers, and then any candidates eligible for clearing will have scores generated using the revised process described above.

Candidates who were found not appointable at interview will not be considered for the self-assessment score only method.

It is intended that all scores will be uploaded, and candidates notified whether they can be considered in the offering stage, by Thursday 9 April 2020.

Revised recruitment timeline

The table below details the revised timeline for recruitment based on the level or category of the specialty to which you have applied:

- **ST3 Category 1:** those which have completed interviews
- **ST3 Cascadable Specialties:** acute internal medicine, cardiology, endocrinology and diabetes, geriatric medicine, renal medicine
- **ST3 Category 2 National Specialties:** all other specialties that did not fully complete interviews
- **ST3 Cascadable Specialties – Category 2:** cardiology in the South West/Thames Valley/Wessex cluster and endocrinology and diabetes in Scotland

Stage	IMT Round 2	ST3 Cat. 1	ST3 Cat. 2 – National Specialties	ST3 Cascadable Specialties	ST3 Cascadable Specialties – Cat. 2c
Scores uploaded and confirmation if can proceed to offers stage	Between 14-17 April	By 9 April	Between 14-17 April	Between 14-17 April	By 9 April
Preferences open*	23 April – 6 May	Variable by specialty	Variable by specialty	Variable by specialty/ region	Variable by specialty/ region
Offers commence*	7 May	Variable by specialty	Variable by specialty	Variable by specialty	Variable by specialty
First offers deadline	26 May	11 May	11 May	11 May	11 May
Holding deadline	29 May	18 May	18 May	18 May	18 May
Upgrading deadline	29 May	18 May	18 May	18 May	18 May
National clearing	N/A	Not applicable	Not applicable	22-29 May (TBC)	22-29 May (TBC)

*Each lead region for a specialty/region's interviews are responsible for opening preferences and making offers. The timing will vary, and lead regions will communicate with their candidates over this period. However, offers cannot start until both scores have been uploaded and preferences have closed.