

## **Recruitment Operational Group Meeting – 24<sup>th</sup> March 2010 – Notes to NRW**

1. The Recruitment Operational Group is a collection of recruitment leads from Deaneries and Colleges and is chaired by Tracy Lakinson who is seconded to the DH. MMC representatives were present at the meeting.
2. The agenda included discussion on 2010 recruitment, mainly focused on Round 1 recruitment (CT1 posts) and proposals and discussion on 2011 recruitment led by MMC. There was also a presentation by Hicom on what I:CAMS will be able to provide for 2011. The meeting included breakout groups to discuss 2010 recruitment and IT requirements.
3. The key points from the meeting were:
  - The Group was asked to look at a proposed recruitment survey produced by MMC. 2 surveys will be distributed one for recruiters and one for the applicants. Feedback was requested by early Apr. (Survey attached).
  - A breakout session was conducted on 2010 recruitment to discuss successes, issues and suggestions for improvement in the following areas:
    - Application and registration
    - Longlisting
    - Shortlisting
    - Interview
    - Offers

In general feedback was positive including support for national coordination. Of note the following areas were highlighted:

  - Longlisting requires a 'human in the loop' and should not just be an electronic process.
  - Self assessment for a number of specialties worked well instead of shortlisting.
  - Shortlisting was complicated and time consuming and should be reconsidered for 2011. Although it was agreed that it should remain for ST3.
  - CMT reported that the single preference and single interview system worked well for them.
  - Coordinated interview stations worked well for those who used them.
  - The holding period for offers was considered too long and the 'stick or twist' conundrum created additional work and 'churn'.
  - Elaine Sullivan gave a brief summary on the concerns of and challenges from Remedy on the offers process. It was stated that recruitment was the offer of a training opportunity which then was embedded into an employment offer by Trusts.
  - There was a breakout session on IT requirements for 2011 on what recruitment leads considered as essential and what was desirable for the future. This was tied into the work Elaine Sullivan is conducting on the 2011 proposals. Principally this was focused around the offers and matching requirements to enable a coordinated process across all specialties, particularly at CT1. Views were feedback and this would be used to inform further planning. Of note was the emphasis placed on the requirement for standardised forms.
  - Mark Hinchcliffe from Hicom gave a brief presentation on IT improvement planned for 2011 on I:CAMS. The improvements will include:
    - Simple to use web interface.
    - Improved access to the service.
    - The ability to conduct all offers online.
    - The ability for applicants to accept and reject online.
    - The ability to conduct centralised and localised processes or a hybrid of the two. For the proposed anaesthesia recruitment plan, this will enable:
      - Centralised application, preference and longlisting.
      - Localised shortlisting, offers to interview and interviews.
      - Centralised offers, acceptance and clearing.

- Elaine Sullivan briefed the Group on the proposed plan for 2011 recruitment. As part of this she distributed a list of recruitment leads for each of the specialties at ST3 (attached). Of concern was the request from Elaine for a Deanery to lead on ACCS. It was pointed out that this should not be done until the Working Party and CEM and RCP have agreed the feasibility of ACCS recruitment and an outline process.
  - The proposed CT1 2011 plan comprised of:
    - All offers for all specialties to be at the same time.
    - Applicants have the same period of time to consider, accept or reject offers by an agreed date.
    - Applicants accept one offer only and cannot hold.
    - Subsequent rounds of offers happen at the same way.
    - Applicants who accept offers are then not considered in further iterations.
    - Appointable applicants without a post are offered through clearing.
    - Timetabled clearing will be conducted by MMC.
    - Rounds of offers continue until all posts are filled or applicant pool is exhausted.
  - An offers and matching system was unlikely to be in place for 2011, but a trial may be conducted. MMC is considering penalising doctors who do not 'play by the rules' by withdrawing all offers.
  - It was agreed that the CT2/ST3 process could not be conducted in exactly the same way.
  - There was considerable discussion on the details of the above proposal but the principles were accepted. This proposal is going forward to the Task and Finish Group on 30 March. Any feedback to MMC must be submitted by 29 Mar 10 latest. The paper will be copied to the Operational Group.
  - The linking of offers and the amount of information to give applicants with their offers, such as whether they might be on a reserve list was discuss in detail. The HR manager from Scotland stated that NES had a system that was similar and had been used successfully. Elaine Sullivan stated she would liaise with them and scope alternative options.
  - The proposal will require considerable forward planning by recruitment leads to include detailed contingency plans and booking of facilities as interviews will occur within a similar time period.
  - The proposed timeline was as follows:
 

➤ Round 1 (CT1) Advertisement	-	Nov
➤ Round 1 Applications window	-	3 Dec-20 Dec
➤ Offers complete for Round 1	-	4 Mar
➤ Round 2 Advertisement	-	Feb
➤ Round 2 Applications window	-	18 Feb
➤ Offers complete for Round 2	-	NLT 6 May
  - The proposal will mean a step backward for some specialties, particularly those being conducted by the MRCs. RCOG had a 96% fill rate for Round 1. It is envisaged by them that this will not happen in 2011 with the proposed plan. For anaesthesia, because the process has been deliberately slow we will be able to make this process work.
  - It was suggested that specialties were staggered in a coordinated programme across the agreed timings. This would not be ideal for us and would limit flexibility – We **must** plan and disseminate information early.
  - Elaine Sullivan discussed the involvement of IMGs. If IMGs are included in the process then the RMLT must be adhered to. It is up to the specialties whether they include IMGs in the process.
  - Tracy Lakinson requested leads feedback to her preferences for coupling points of entry. RCoA will express a preference strongly for a separate CT1 recruitment round and a combined CT2/ST3 round.
4. After the meeting London Deanery ask if a 2010 Round 2 (for Feb appointment) has to be coordinated by W Mids. I explained that it did not but the same scoring and shortlisting must be system should be used.

5. The next meeting is 8 Jun and will include feedback from the T&F and MPB. The NRWP should aim to have a detailed project plan to MMC NLT May for this to be considered and briefed to the Operational Group.

RAJB  
DoT&E  
26 Mar 10