

## **ACCS Recruitment for 2011**

### **Introduction**

1. RCoA has begun the introduction of nationally coordinated recruitment starting with CT2 and ST3 recruitment for 2010. Initially this has involved a centrally coordinated application and longlisting process run by the West Midlands Workforce Deanery and localised shortlisting and interviewing by Units of Application (UoA). MMC are keen to introduce coordinated recruitment across all specialties for all points of entry and RCoA consider this to be a sensible option for the specialty. The advantages for doing so include reduced consultant workload, standardised timings and application processes for applicants and a fairer process of selection for both applicants and deaneries. Timings for recruitment for 2010 for all points of entry were agreed by the Medical Programme Board (MPB), with the aim of introducing a standardised offers period across all specialties. The MPB are likely to agree timings for 2011 recruitment in the same way. Whilst it has been agreed in principle that Anaesthesia will coordinate recruitment at CT1 for 2011 the details are still to be confirmed and a process agreed. MMC anticipate that ACCS recruitment will also be conducted in a coordinated fashion.

### **Aim**

2. The aim of this paper is to consider options for ACCS coordinated recruitment in order to allow a decision that is both workable and supported by all stakeholders.

### **Issues with Coordinated ACCS Recruitment**

3. The key issues to be considered when considering coordinated ACCS recruitment include:
  - Different recruitment processes at deanery level (Annex A).
  - Difficulty of agreeing a process which suits the 3 colleges and the IBTICM.
  - The requirement to ensure all deaneries accept the agreed process.
  - Tight timescales to implement an agreed process.
  - The need for a robust and workable communication plan to discuss, agree and implement any form of coordinated recruitment across all deaneries, devolved nations and specialties.

### **ACCS Recruitment Options**

4. There are a number of options which can be considered:

	<b>Option</b>	<b>Description</b>	<b>Advantages</b>	<b>Disadvantages</b>
1.	Do nothing	Continue to recruit to ACCS locally and	<ul style="list-style-type: none"><li>• Easy option.</li></ul>	<ul style="list-style-type: none"><li>• Not supported by DH.</li><li>• MPB may enforce a process that is not workable.</li></ul>

		without any coordination		<ul style="list-style-type: none"> <li>Does not support move to coordinated recruitment for both CMT and anaesthesia and will mean fragmentation on recruitment methods within specialties.</li> </ul>
2.	Coordinated Offers	Deaneries continue to recruit locally for each specialty but coordinate the date that offers are made to applicants.	<ul style="list-style-type: none"> <li>Simplest option (apart from option 1) to coordinate and agree across all specialties.</li> <li>Majority of deaneries currently recruit to Anaesthesia, AM and EM ACCS streams separately, making this option more acceptable to most.</li> </ul>	<ul style="list-style-type: none"> <li>RCoA will require the date to correspond with CT1 Anaesthesia offers, which may not coincide with CMT CT1 offers date. This will require discussion between RCP and RCoA.</li> <li>Fragmented recruitment process for Anaesthesia as CT1 is likely to be coordinated for 2011.</li> <li>DH less likely to support this option.</li> </ul>
3.	Specialty specific recruitment	Specialties recruit to their specific ACCS streams with a coordinated offers date (as per option 2) but without incorporating into general specialty recruitment.	<ul style="list-style-type: none"> <li>Allows RCoA to coordinate Anaesthesia and ACCS CT1 recruitment.</li> <li>Majority of deaneries recruit within the specialties (see Annex A).</li> <li>Enables individual specialties to conduct their own recruitment process.</li> <li>Easier to coordinate.</li> </ul>	<ul style="list-style-type: none"> <li>Will require agreement from deaneries that recruit to ACCS as a whole (East of England, West Midlands).</li> <li>Will be a step back for those deaneries that currently recruit to ACCS coordinated with the parent specialty (Severn, Wales).</li> <li>Likely to lead to a duplication of interviews and complicated management of panels.</li> </ul>
4.	Integrated into specialty specific recruitment	As Option 3 but Anaesthesia and ACCS (Anaesthesia) recruitment conducted as one process.	<ul style="list-style-type: none"> <li>No requirement for separate interviews for specialties.</li> <li>Reduction in consultant workload and time away for Trusts.</li> <li>Flexibility to match applicants to suitable posts in ACCS and Anaesthesia.</li> <li>Similar process in place already in some deaneries.</li> <li>Can be conducted by one specialty independently and does not have to be agreed by all to work.</li> </ul>	<ul style="list-style-type: none"> <li>Difficult to agree and coordinate at short notice.</li> <li>Needs detailed coordination between RCoA, lead deaneries and other UoAs.</li> <li>Requires early engagement and support.</li> <li>May not suit CEM and RCP.</li> </ul>
5.	Separate specific ACCS recruitment	All applicants for ACCS recruited centrally and then allocated to specialty streams.	<ul style="list-style-type: none"> <li>Is a coherent ACCS process.</li> <li>Gives applicant flexibility to move across ACCS streams.</li> <li>Enables flexibility to allocate candidate to posts in accordance to ranking at interview.</li> <li>National process can be adapted from East of England model</li> </ul>	<ul style="list-style-type: none"> <li>Separates ACCS stream from parent specialties.</li> <li>Is contrary to majority of recruitment process.</li> <li>Difficult to coordinate between specialties and to integrate in current recruitment processes.</li> <li>Short timescales may prohibit implementation.</li> <li>Unlikely to be supported by all deaneries and TPDs.</li> </ul>

## Recommendations

5. It is not easy to make recommendations at this stage without further discussion with CEM and RCP recruitment leads. However, option 3 or option 4 might be best suited for RCoA. A decision on whether the process is conducted alongside or integrated with anaesthesia CT1 recruitment has to be made following discussions with TPDs, deanery leads and the National Recruitment Working Party (NRWP), based on the assumption that other stakeholders are content with the choice of option.

## Next Steps

6. The following needs to now take place:
  - A meeting of recruitment leads from CEM, RCP, RCoA and DH to discuss options discussed in this paper.
  - Agreement from RCoA NRWP on preferred option.
  - Discussion with key stakeholders, including UoAs/deaneries, consultant body involved in recruitment to confirm preferred option
  - Decision on recruitment process and agreement from DH that process will be supported.
  - Development of a detailed implementation plan.

## Summary

7. Coordinating ACCS recruitment is a complicated issue that has no simple or easy option. A pragmatic approach is required that will require an element of compromise from all stakeholders. Continued dialogue and a unified decision making process is essential in order to come to a sensible and workable solution.

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Director of Training and Examinations  
The Royal College of Anaesthetists

Annex A: Current ACCS Recruitment Processes by Deanery/School

Distribution:

MMC Operations Manager  
RCP Recruitment Lead  
CEM Recruitment Lead  
West Midlands Anaesthesia Recruitment Lead  
All NRWP members

**ACCS Recruitment Options Currently in Place by Deanery/School (Anaesthesia Specific)**

<b>DEANERY</b>	<b>ACCS A</b> - Recruit to ACCS in general and then to specific parent specialties at a later date	<b>ACCS B</b> - Recruit to ACCS Anaes/EM/AM	<b>ACCS C</b> - Variation thereof, if any
<b>Nottingham &amp; East Midlands</b>		√	
<b>Leicester &amp; East Midlands</b>		√	We appoint as B but with input from all training providers as below. We appoint to the specialty with representatives from each specialty on the interview panel [4 tables of 2 consultants]. The rotations are 6 months of each specialty and are identical but trainees do apply for their primary specialty Anaes/A&E/Med at the application start. Because they are interviewed through the same process and have identical training some trainees do change specialty providing their progress etc is on track and space permits.
<b>South West Peninsula</b>		√	

<b>Wales</b>			<p>√ We recruit to core training in anaesthesia and ACCS anaesthesia together. Candidates are asked to rank the core training posts available which will be mainly pure anaesthetics but will include some year ACCS core training posts with a third (CT2) year in anaesthetics. Posts are allocated according to candidate's performance at interview and their post preferences. With the exception of 2007, in Wales deanery, we have recruited to ACCS via the parent specialties i.e. Anaesthesia, AM &amp; EM for the last few years &amp; it seems to work well. Trainees spend their first 2 years (4x6 months) in Anaes, ICM, EM &amp; AM, and the third year in their parent specialty, which is the specialty selected at the time of application. We have discussed separating the 2 years of ACCS training from the third year of parent specialty &amp; allowing a degree of flexibility about what they do during their third year, however we have always thought that there are difficulties allowing this as they have to commit to registering with a specific Royal College &amp; portfolio etc &amp; commit to sitting the required college exam from the beginning of their ACCS training.</p>
<b>KSS</b>		√	
<b>London - North Thames Central (UCH/RFH)</b>		√	
<b>London - North Thames East (Barts)</b>		√	
<b>London - South Thames East</b>		√	<p>But the problem is that several ACCS (usually EM) then wish to change to Anaesthetics! We interview all CT1s and ACCS(An) on the same day/s. If a trainee has applied for pure anaesthetics CT1 they get seen at three tables. If they've applied for CT1 and ACCS(An) or just ACCS(An) they get seen at those three tables + a 4th table staffed with reps from AM and EM. We send reciprocal anaesthetic reps to sit at the ACCS(EM or AM) interviews.</p>
<b>London - South Thames West</b>		√	
<b>East of Scotland</b>		√	
<b>West of Scotland</b>		√	

<b>North of Scotland</b>		v	In Scotland all ACCS trainees are appointed to a specialty specific post at interview. All applications are specialty specific and interviews take place with the parent specialty. Trainers are not free to switch between specialties thereafter.
<b>Northern</b>			<p>v This is quite "timely"! Previous ACCS recruited completely separately to Anaes Core, but this led to major problems with duplication of interviews/ offers etc. This year (last week), we have just been recruiting in the following fashion: 1. Single application covering Anaes Core and ACCS(AN), so that any trainee wanting to apply for either of these had to apply through this new "combined" process. The "pool" was then shortlisted and interviewed as a single entity, with trainees expressing their preferences at the time of interview. Offers were made on the basis of ranking at interview. 2. The other 2 ACCS streams (EM and AM) had a separate application/ shortlisting process, but interviews were done on the same day as the anaes core and ACCS(AN) interviews, and only a single offer (for 1 of the 4 possibilities) made. This has resulted (so far anyway) in a much easier, fairer, and more efficient process, than in previous years. I understand that there may be changes (possibly with a national recruitment process) in the near future. If that is the case, I would strongly advise that a system such as we have used in the Northern Deanery this year is used. It is extremely important that Anaes Core and ACCS (AN) recruitment is done together (i.e. as a single process), and in a coordinated fashion with the other ACCS streams. If you need any help from TPDs with the development of national recruitment at Core Training level, I would be happy to be involved. Yours sincerely David Mayne TPD for Core Training</p>

<b>Severn</b>		<b>√</b>	<p>Severn ACCS recruits to directly to all 3 sub specialties- holding 3 separate panels but on same days with very similar questions.- ( alongside " straight" anaesthesia programmes - and there are many who attend more than one set interviews</p> <p>I have debated this for some time and canvasses many trainees- most prefer this option. Allocation of specialty at a later date has significant problems for those who don't get their chosen route and I think this is considered less "fair" than the problem that develops when a trainee wants to swap parent specialty at a later date.</p> <p>I am running a day at the college for ACCS trainers on wed March 10 - and will be covering this topic- so any information you get back I would be pleased to see if possible. Would it be helpful to discuss with Richard - would he be able to attend on 10th and perhaps contribute- it will be a very interactive day designed to share as much information about ACCS programmes around the country- all input gratefully received! Anne Whaley.</p>
<b>Oxford</b>		<b>√</b>	
<b>South Yorkshire &amp; South Humber (aka Sheffield)</b>		<b>√</b>	
<b>Yorkshire &amp; Humber - Leeds/Bradford</b>		<b>√</b>	
<b>Yorkshire &amp; Humber - Hull/York</b>		<b>√</b>	However a large proportion of ACCS-EM have since transferred to anaesthesia (via CT2 posts in anaes). Good for us! I think A would be a better option.
<b>West Midlands - Warwickshire</b>			<b>√</b> We recruit to ACCS, rank the candidates, and then fill specific numbers of specialty places, with ranked candidates.
<b>West Midlands - Birmingham</b>		<b>√</b>	?????

<b>Mersey</b>		√	In Mersey, ACCS recruitment is done by parent specialty at the outset. I organise the recruitment to 4 ACCS-Anaesthesia posts. Dr John Hollingsworth organizes recruitment to 14 ACCS-EM posts. There are no ACCS-AM stream posts in Mersey. The 18 trainees recruited to the posts are then allocated within a matrix of 18 posts for 2 years by John Hollingsworth, on the basis of factors like preference and geography. Any trainees wanting to move from one stream to another (effectively from EM to Anaesthesia or vice versa), have to compete for a post in the other stream. Best wishes, Chris Parker
<b>Tri-Services</b>			ACCS is used by the military only for EM trainees. For anaesthetic trainees I can arrange stand alone medical posts for those wishing to do ICM and therefore ACCS does not really offer anything.
<b>North West</b>		√	We recruit to specific parent specialties from the first instance, as we find that the top people have an anaesthetic interest and if we just took the top recruits for ACCS we would end up with the wrong numbers in each specialty. At present applicants have to specify for which specialty they are applying. This year this was invisible to shortlisters (though could be inferred from the "commitment to specialty question" - we did however shortlist horizontally). At interview it became obvious which specialty the candidate wished to enter. They, as mentioned above had to specify their specialty and this was again confirmed at the selection centre. We shortlisted enough (we hoped) to fill our least popular specialty. In the event we have one AM vacancy. As Sarah says, the entire top of the ranking consisted, to an almost embarrassing extent, of "Anaesthetists ". We are interested in exploring appointment to a "generic" programme - but realise that there will then have to be competition at CT3 (essentially for "CT2 Anaesthesia").
<b>Anglia</b>	√		We ask them to specify and apply at about 15 months and then we allocate them a third year. We tell them when they start the programme that this allocation is 'subject to availability and competitive interview'. However, so far we have been able to accommodate all requests