

National Selection to General Surgery and Vascular Surgery training in 2020

The period since the implementation of COVID-19 restrictions has been difficult for everyone, in particular applicants for ST3 posts in General or Vascular Surgery. The frustrations accompanying this year's selection process have not been confined to applicants but have been shared by everyone involved with the delivery of training, albeit to a lesser extent. Uncertainty exists as to how decisions were made and concerns have been raised about a lack of clarity around the selection process. The purpose of this statement is to help provide a clearer understanding of this year's selection process.

Background

The responsibility for delivery of the selection process lies with the Medical and Dental Recruitment and Selection (MDRS) group, a body that is directly responsible to the Statutory Education Bodies (HEE, HEIW, NES, NIMDTA) and NHS services of the four nations of the UK. Much of the process is devolved to the National Selection Board for General and Vascular Surgery who work closely with the London and South East Health Education England recruitment team (the "Lead Recruiter") but the ultimate quality assurance and decision making around the process lies with MDRS. The Selection Board is chaired by a member of the General Surgery Specialty Advisory Committee (SAC) and is made up of General Surgery and Vascular Surgery consultants who have a track record of involvement in the organisation and delivery of training, many of whom are also members of the General and Vascular SACs. In addition, there is Head of School, trainee and lay member representation.

The usual selection process involves face to face interviews across six components in four stations and assesses a range of capabilities including situational awareness, decision making and communication. One of the stations assesses applicants' portfolios and this station comprises 25% of the total marks. The National Selection Board meets twice a year and whilst adjustments have been made to the four stations over the years, the basic format of the interview process has remained the same. 2019 recruitment was extraordinarily successful; all posts were filled and all appointable applicants were offered ST posts. Plans were in place to replicate the 2019 process in 2020. Five days of interviews had been scheduled for 25th to 31st March in London.

Shortlisting

The number of applicants to National Selection has been fairly constant over the past few years at between 350 and 420 per year. Ordinarily all applicants are interviewed and as part of this year's selection process provision was made to interview 420 applicants. For reasons that are not yet fully understood the number of applicants this year increased and exceeded the planned interview capacity.

It was clear prior to the COVID-19 pandemic starting that there was no capacity to accommodate additional interviews, either physically or time wise. Therefore a discussion was held with MDRS about shortlisting applicants based on career progression criteria detailed in the ST3 person specification. A proposal to exclude applicants with more than 48 months whole time equivalent experience in General or Vascular Surgery (excluding statutory leave and Foundation Training) was approved by MDRS at the end of February and this brought down the number of applicants for interview to a manageable level. The changes resulting from the COVID-19 related disruption subsequently rendered shortlisting unnecessary.

Improving Surgical Training (IST)

Trainees appointed to the IST pilot in General Surgery in 2018 are on a run through programme. The IST Pilot was initially established with an understanding that IST trainees would need to benchmark at National Selection and achieve an appointable score in order to proceed to ST3. HEE, who oversee the pilot, subsequently mandated that IST pilot trainees should attend National Selection and be awarded a score. However, this score would only be used to inform the HEE evaluation of the IST pilot and would not be a condition for trainee progression. Nevertheless, in terms of capacity there was an expectation that IST trainees would attend the original face to face interviews.

COVID-19

On 17th March, one week prior to the interview dates, all face-to-face interviews were cancelled due to COVID-19. That same day JCST and COPMed agreed to abandon the requirement for IST pilot trainees to benchmark in order to reduce the burden on a revised selection process.

As an alternative to face to face interviews the possibility of Portfolio and a Scenario assessment via Skype was explored but was considered impractical with applicants, reviewers and HEE support all on different sites.

Given the success of the established process, there was anxiety about using an unvalidated, truncated process to appoint to a National Training Number (NTN). The National Selection Board also discussed (1) postponing 2020 recruitment with trainees remaining in their current post or (2) appointing LATs rather than substantive ST posts. This would have provided the ability for successful applicants in 2021 to use their LAT experience to count towards CCT. The four Statutory Education Bodies had already decided that training progression and recruitment would continue and these suggestions were rejected by MDRS. Ultimately, after much discussion with stakeholder input, MDRS decided to proceed with ST3 selection based on applicant self-assessment of Portfolios.

The existing application form had insufficient evidence to construct a portfolio score. It was recognised that an applicant's full portfolio would not be available to reviewers and consequently, an "enhanced application form" was developed to cover all ten domains of the portfolio scoring matrix. The score descriptors were modified to make them as specific and objective as possible.

The appointable score was reduced from 67% to 65% because, in 2019, the median portfolio score was 2% less than the median total score. The ten Portfolio domains were ranked to manage tied scores. Portfolio scores would be uplifted in relation to the applicant's time since primary medical qualification as in previous years' Selection.

MDRS mandated that scoring should be undertaken by the applicants themselves and applicants should upload primary evidence to support their application form. A separate form was devised so that applicants could map their evidence to the on line application form.

Self-Scoring

Applicants who had initially applied through National Selection were asked to submit a further on line self-scoring form together with primary evidence. Applicants who had originally been shortlisted out of national selection on the basis of time spent in General or Vascular Surgery were permitted to apply. IST pilot trainees were not required to submit an application. It was recognised that this involved a significant amount of extra work for applicants at what was already a difficult time.

As this process had not previously been validated MDRS, following extensive discussion, decided that a process of validation was necessary to encourage accurate self scoring. MDRS decided that it would not be possible to validate each applicant's score due to workforce pressures and that, therefore, a sample of 30% should be validated (the top 10% of applications, the 10% at or above the 65% appointable threshold and the 10% below the appointable threshold). As a consequence of having to validate only a sample, MDRS decided that no scores would be altered as a result of validation and that the applicant's self assessment score would be the one used to determine rankings. The National Selection Board/SAC felt that it would be more appropriate to validate the score of those applicants who achieved a score resulting in an NTN appointment. Although this was discussed by the MDRS Task and Finish Group, ultimately MDRS decided to proceed with validation of the groups originally described.

The validation of self-scores of these 30% of applicants was undertaken by members of the National Selection Board and National Interviewers who had Portfolio Station experience in 2019. Validators were blinded to the applicant's self-score. Again, this required a significant amount of extra work for validators. A maximum score of five marks was available in each domain giving a maximum total score of 50. Those applicants whose total self-score was greater than 5 points more than the validator's score ("tolerance"), received a telephone call from the validator for further discussion (similar to the face-to-face Portfolio Station). The applicant had the opportunity to justify their self-score, so giving the validator the chance to change their validated score. If, following discussion, the applicant's self-score remained greater than 5 marks more than the validator's score the applicant was removed from the selection process. For those applicants remaining in the selection process it was their self-score that was used rather than the validator's score.

The SACs and National Selection Board continue to feel that a more robust method, given the constraints this year, would have been to review all those who were in line to achieve an NTN and to use the validator's scores rather than self-scores. Although these arguments were put forward in advance of the modified national selection process, MDRS decided to proceed with the system as described above.

The number of posts available this year at first glance may seem lower than previous years. However, one must be mindful that in 2020 the first cohort of IST trainees in General Surgery will progress to ST3 on their run through programme. These trainees account for more than 50 additional posts which when added to the available posts through national selection takes the total back to more usual numbers.

Adjustment of scores

In line with previous years, the Portfolio self-assessment scores were adjusted based on the number of years since qualification. This principle has been applied since the start of national selection because the objective of the Portfolio score is to measure "rate of attainment" rather than "total attainment". Each of the 10 Portfolio domains was marked out of 5 giving a maximum total score of 50. Each individual domain was uplifted by a multiplier according to the applicant's whole time equivalent time since primary medical qualification, excluding statutory reasons, up to a maximum score of 5 per domain. Therefore the adjusted score also had a maximum of 50. The multipliers were published in the applicants' handbook and were the same as used in previous years. The multipliers are shown below:

<4 years	x1.66
<5 years	x1.5
<6 years	x1.33
<7 years	x1.15

7 or more years x1

Once the adjusted score was calculated this figure was doubled and applicants were given their adjusted score out of 100.

It is possible for applicants with the same pre-adjusted total scores and same multiplier to end up with different adjusted scores as shown below:

< 4 years, Multiplier 1.66

Applicant 1

Raw score = 30 (6 domains score 4, 2 domains score 3, 2 domains score 0)

Adjusted score = 40 (6 domains - uplift 4 to 5, 2 domains - uplift 3 to 5, 2 domains stay at 0)

Applicant 2

Raw score = 30 (4 domains score 4, 4 domains score 3, 2 domains score 1)

Adjusted score = 43.33 (4 domains - uplift 4 to 5, 4 domains - uplift 3 to 5, 2 domains - uplift 1 to 1.66)

If these multipliers were not used, then applicants following a direct training path from CT2 into ST3 would be at a significant disadvantage compared with others who have been qualified for longer and have had more opportunity to develop their portfolios.

Outcome

Circumstances have resulted in concerns that the 2020 selection process has been less robust and reliable than we would wish. It was certainly different from usual practice. In normal years, the Portfolio score accounts for 25% of the total score; the remaining 75% is not adjusted for time since primary medical qualification. This year, due to exceptional COVID-19 related circumstances, ranking was based entirely on the Portfolio. Consequently, the proportional impact of the Portfolio (and weighting) is increased four-fold.

Nevertheless, new trainees have been appointed and no-one foresaw the circumstances in which this would occur. These trainees deserve to be welcomed into training and given every opportunity to develop to their full potential. Training Programme Director (TPDs) do, however, need to consider this altered appointment process when reviewing their newly appointed ST3s and it is recommended that the ARCP process should be particularly thorough. Early review by Assigned Education Supervisors and the TPDs is also recommended. At this time the data relating to 2020 recruitment remain under HEE embargo. Further analysis of data will be possible over the next few months and will, we hope, include analysis of scores according to demographic group including gender, ethnicity, country of graduation and age.

Future

It is hoped that in 2021 we can resume our normal selection process which provides a more robust, holistic assessment of applicants and permits them to demonstrate their abilities across a spectrum of domains. Assuming this is the case, please be assured that the process will have been reviewed in the light of this year's events. It is important that no applicant is disadvantaged as a result of COVID-19. We want a selection process in which all stakeholders have complete confidence and will work with the Statutory Education Bodies to help deliver that next year to avoid the frustration and disappointment of this year's process.