

Sent by email

30 March 2020

Dear Colleague

RE: Covid-19 Specialty Recruitment Plans

Following the cancellation of all face-to-face recruitment, contingency plans have been reviewed for all medical and surgical specialties by senior clinical representatives from across the four nations, and junior doctor representatives from the BMA JDC and AoMRC trainees' committee, supported by the Medical and Dental Recruitment and Selection (MDRS) Team. A number of general principles have been agreed to support the appointment of doctors to Medical training programmes, which will allow August 2020 start dates to be maintained.

1. All four nations have agreed that offers should be made to full training programmes rather than LAT for substantive appointments. A robust ARCP process will be used to assess successful applicants during their first year of training and consideration is being given to what support all trainees will need as we move forward. Existing LAT recruitment can continue in Scotland, Wales and Northern Ireland to fill short term vacancies of one year or less.
2. The only specialties at CT1/ST1 which will recruit in the re-advertised round are General Practice, Core Psychiatry, Paediatrics and Internal Medicine.
3. For specialties where interviews have already been fully completed, interview scores will be maintained and used to make offers.
4. For consistency, for specialties who were halfway through the interview process when face to face interviews were cancelled, we will require all applicants to undertake the new process.
5. It was agreed that all eligible applicants will be considered under the new arrangements, including those who had been shortlisted out due to interview capacity concerns. The one exception is applicants who were determined unappointable through the interview process, prior to the cancellation of recruitment.

The following approaches have been agreed for specialties which have not yet held interviews:

1. At ST1/CT1, Psychiatry and General Practice will use the Multi-Specialty Recruitment Assessment (MSRA), in a reduced format using only the Situational Judgement Test (SJT). This will be delivered through an online platform and used in isolation to rank applicants and offer to posts. There is a clear evidence base for this decision, which shows that the SJT acts as a strong indicator of overall performance at selection centre.

2. For Internal Medicine Training, IMT will use the self-assessment score generated in the application form as the sole means of assessment. Domains that have been shown to predict success from previous recruitment rounds have been prioritised. Clinician input will only be required where applicants cannot be split, based on their scores.
3. For all specialties recruiting at ST3/ST4 level to limit time requirements on clinicians, we are using self-assessment and shortlisting scores as the sole means of ranking applicants. There will be no validation of self-assessment scores where this already forms part of the initial application, however for general and vascular surgery where scores have not already been collected, a proportion of these will be validated with a small amount of clinical input. This is a high-trust model which limits use of clinician time in these unprecedented circumstances.

We are currently finalising contingency plans for Paediatrics, Paediatric Cardiology (ST4) and Clinical Oncology (ST3), the agreed plans for these specialties will be circulated later this week.

A revised recruitment timeline will be shared next week, which allows successful appointments to be confirmed to applicants and employers a minimum of eight weeks prior to post start dates. Please let me know if there any issues you wish to raise and thank you for your continuing support.

Yours faithfully



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