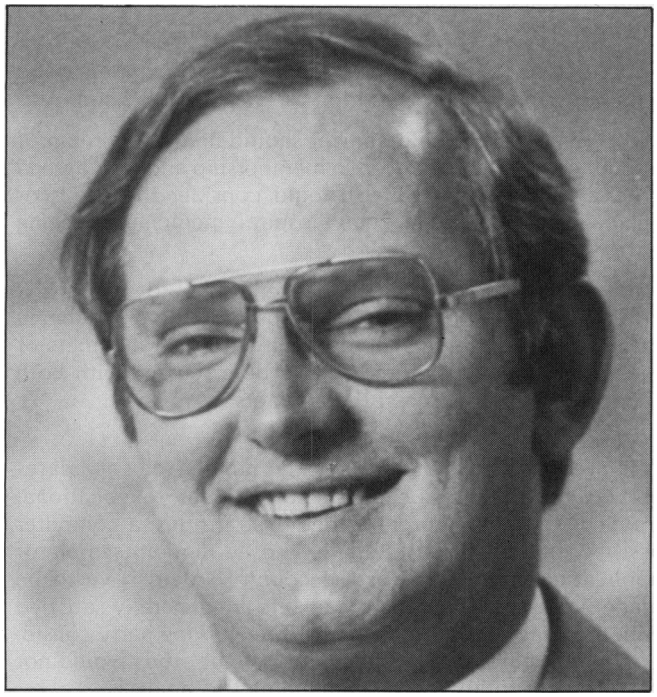
TRAINEE TOPICS

The selection of trainees

This topic was discussed at a meeting of the Conference of Advisers in General Practice in England and Wales in May 1982. As a result of the anxieties expressed about the large number of applicants and the diverse selection processes, a working party was set up to examine the problems of selection and to seek possible solutions. This is a summary of that working party's findings together with the recommendations that were presented to the October 1982 meeting of Advisers and Associate Advisers in England and Wales. It is presented by Dr Michael Varnam, Assistant Adviser in General Practice, Trent Region, who was the convener of the working party.*



Dr Michael Varnam.

THE working party carried out its investigation of the problem by collecting data from both Advisers and trainees, and by seeking their views. This was done by means of questionnaires.

All the Advisers and Associate Advisers in General Practice in England and Wales, including the armed forces, were sent questionnaires. Replies were received from all the regions, and from the armed forces, although not all the regions were able to provide all the information that the working party had asked for.

A different questionnaire was sent to a sample of trainees, namely the 248 in post in the Trent Region in July 1982. The Trent Region was thought to be reasonably typical. It has three medical schools but does not come in the top half of the national league table for the availability of resources. A small study in another region produced similar responses to those made by the trainees of Trent. The report of the Exeter Trainee Conference[1] showed that the views of the trainees in Trent were not dissimilar to those of their counterparts elsewhere.

Replies were received from 148 of the 248 trainees contacted—a response rate of 52 per cent. This makes the representativeness of the sample uncertain. It might be expected that those trainees with problems in the process of selection would be more, rather than less likely to respond to this questionnaire. However, the working party believed that the survey results were representative enough of the experience of trainees in general for its purpose of making recommendations to improve the selection procedure.

Numbers of applications and vacancies

Not all Advisers were able to detail the number of applicants they had for each post, but there was an average of 20 applicants for each of the 318 vacancies for which figures were available. However, Table 1 shows that the successful trainees in the Trent region made an average of only 4.9 applications before being appointed. Indeed, if the 16 trainees who each made between 10 and 104 applications to vocational training schemes are excluded, the average number of applications made by a successful trainee falls to 2.6.

Table 1. Trainee applications in Trent. (Analysis for 148 replies = 52 per cent response rate.)

Average number of applications per trainee		
Within Trent	1.7	
Outside Trent	3.2	
Total	4.9	
Number of trainees making		
1 application	61	*(41 per cent)*
2 applications	15	*(10 per cent)*
3 applications	17	*(11.5 per cent)*
4 applications	17	*(11.5 per cent)*
5-9 applications	22	*(15 per cent)*
10 applications or more	16	*(11 per cent)*

This suggests that there is a pool of doctors making multiple applications which are never successful.

Trainees who had had to apply 10 or more times for a post before being successful tended to be those:
-applying as a couple,
-seeking to work in the south of England,
-having no local connection with the scheme to which they were applying,
-having had several years experience in the UK or abroad.

**The other members of the working party were Drs Ken Dawes, John Horder and Michael McKendrick.*

Problems with applications and selection

A third of the Advisers and three quarters of the trainees reported no problems.

Of the difficulties that were experienced, those most often mentioned by Advisers were:
-shortlisting from a large number of applicants,
-too large an interviewing group, with too few explicit aims of selection,
-anxiety about what happened to those who were frequently rejected,
Difficulties most commonly mentioned by trainees were:
-shortage of posts in the preferred locality,
-lack of published information about schemes,
-failure to acknowledge applications, and other administrative 'mishaps',
-interviews for different schemes on the same day,
-perception of selection bias (against women, couples and non-local graduates).
The response to the Advisers' questionnaire showed considerable variations between the selection processes for different vocational training schemes. 35 per cent had no application form; 66 per cent had an appointments panel that included trainers, consultants and the course organizer; 33 per cent involved the Regional Adviser in selection.

Suggestions for improvement

Although only 7 per cent of the trainees expressed dissatisfaction with their programmes, most of them made proposals for improvement. (Table 2.) Less than a third of the Advisers had proposals to make, but those that were made were similar to the suggestions of the trainees. The working party's recommendations are based on them.

Table 2. Suggestions for improvements in the selection process made by stated numbers of Trent trainees.

Provide more information about the programme being offered and the dates of interview	20
Provide more places with more choice of posts	10
Invite the applicants to visit the scheme before the interview and involve trainees in post and consultants in this	9
Show less bias against outsiders in the selection process	9
During selection, emphasise the importance of suitability for general practice rather than academic merit alone	7
Reduce the size of the interviewing committee	3
Provide a national 'U C C A type' system	3

Recommendations of the working party

Selection Procedures

National handbook. The information available in the Council on Postgraduate Medical Education handbook should be revised and extended to include dates of application, type of application preferred, availability of scheme personnel for pre-interview visits and the dates of interviews.

Integration. Each scheme should be administered by one local organizer who is responsible for the integration of all aspects of the programme. He or she should have enough help to ensure administrative efficiency.

A scheme brochure should be readily available to applicants. It should detail not only what is being offered but also the course objectives and how they will be achieved. In producing such a brochure organizers should be encouraged to produce details of learning opportunities in the hospital posts. In some schemes this will require considerable change in attitudes from consultants. Postgraduate Deans may need to be involved in order to bring about increased awareness of the teaching/learning needs of general practitioners.

Application form. All schemes should be encouraged to have one. It should include not only space for an expanded curriculum vitae but most importantly should allow the applicant an opportunity for self-expression.

Pre-application/interview visit. While the large size of some schemes precludes a series of formal meetings, all prospective trainees should be invited to talk with trainees, trainers, course organizers and consultants sometime before the interview.

Shortlisting. This should be done by a small working group with selection criteria agreed in the scheme or region.

Interview. The course organizer should be the chairman of a small committee balanced in membership and with agreed criteria for selection which should consider the needs of general practice rather than hospital medicine as being paramount.

Criteria for selection. Each scheme should define the criteria that are appropriate to the programme that is being offered. These criteria should be agreed by all members of the appointment panel and should be discussed with both successful and unsuccessful applicants.

Unsuccessful Applicants.

It is presumed that there is a large number of candidates making repeated unsuccessful applications to vocational training schemes. In order to demonstrate this, a computer assisted analysis of a nationally chosen random sample of applications from all over the country would have to be made. Vocational training organizers are generally satisfied with the candidates they appoint. The working party considered that the benefits of such a large scale study would not be sufficient to justify recommending this analysis.

Size of Vocational Training Programmes.

The working party became aware of the demand for more places on vocational training schemes. The number of trainees currently in training is adequate to meet the expected vacancies for principals in general practice in the foreseeable future. The vacancies for principals in the future will depend upon decisions made about desirable average list sizes as well as age of retirement, population growth and workload.

Whether or not vocational training schemes should be expanded to meet the demand for places by prospective trainees has political, terms of service and educational implications. While all those involved in vocational training can be included in the discussion of this topic, the working party felt that it was more properly the responsibility of the General Medical Services Committee.

This report was considered by the Advisers and Associate Advisers in October 1982. They agreed to encourage discussion of the recommendations by all those involved in vocational training and to take no further action concerning the survey of applicants for vocational training schemes.

Reference

1. Royal College of General Practitioners. *Occasional Paper 18.*