

Selection and Recruitment 2008

Following the debacle of medical recruitment in 2007, we followed the plans for 2008 carefully. Thankfully, selection was carried out in house, and the neurology community had rather more say in the proceedings, to some good effect. A large number of good candidates were interviewed (~85), and approximately 40 of them selected for appointment, either starting in August 2008, or for deferred entry.

What was different?

While in the past all recruitment was performed at a local level, there are increasing moves to centralise and streamline this process, using national application forms, selection centres, and standardised interview procedures. There are obvious advantages and disadvantages in national recruitment (which was the choice of the then lead dean for Neurology, Prof William Burr), summarised in Figure 1. A standardised, OSCE-style format was used, encompassing clinical, research /teaching and ethics/governance stations. Performance was scored, and appointments were made using a matching algorithm based upon the candidates' choice of location (up to 4). Because of the new format this year, and in response to concerns from several trainees, we conducted a piece of research looking at satisfaction with the process. A short questionnaire was sent by email to all candidates who were interviewed. Responses were returned by 41 individuals.

• 13 got the job they wanted • 19 were unsuccessful • 10 had not completed research • 27 were in the process of completing a research degree • 4 had completed a research degree • Candidates were more likely to be satisfied with the process if they were then offered a post (p=0.004).

What did trainees think?

Application form

In general, trainees were positive about the application form, indicating that they felt it enabled them to express themselves well.

Clinical stations

These were felt to be a good concept, and appropriate for inclusion in the interview process, but the way in which questions were asked was unpopular. There were concerns that the validity of an 'exam approach' was untested, that the questions asked were unnecessarily indirect, and that the marking scheme was overly rigid.

Figure 1

Single nationalised interview

Advantages:

1. Time and cost efficient (interviewers and interviewees)
2. Removes forced choices, i.e. with multiple interviews
3. Identical interview conditions

Disadvantages

1. Single opportunity to perform well
2. Only one recruitment round per year
3. Unknown format for most
4. Less local involvement

Personal Achievements

There was a strong feeling that the interview structure inhibited personal expression, and that previous achievements were not given due credit.

Communication

Candidates felt that they were not properly informed regarding the shortlisting, interview, and appointment process, particularly relevant as deadlines were changed to meet with deanery capacity. Almost all respondents wanted more information about the training programmes being offered (in summary form or including job descriptions for each post) prior to making choices.

Local vs. national selection

Although national selection was supported by some, there was a clear call from the majority for a return to local selection procedures.

Organisation

There were lots of positive comments regarding the organisation of the day, commenting on the friendliness of the atmosphere, and comparing positively with experiences in 2007.

What we're doing about it

There were clear problems, but none of these are insurmountable. There is a clear call for local selection, not only from trainees, but also from consultants, although a final decision about next year's process is yet to be taken. Whatever form next year's interviews take, we hope the organisers will take note of these results. We support the notion that previous achievements should be given due credit (either through more points for the CV, or a CV-based interview station). In addition, we believe that improving communication with candidates is vital to the success of any process. We are using the information we've gathered to inform further discussions with the Lead Dean for Neurology and the SAC, with a view to improving the experience next year.

Biba Stanton ABN Trainees Committee secretary, Royal Free Hampstead NHS Trust.

Andrew Kelso is Chair of the ABNT. He is an SpR in Neurology in Edinburgh, with a special interest in epilepsy. He is also a member of the BMA Junior Doctors Conference Agenda Committee, Junior Doctors Committee and Scottish Junior Doctors Committee.

Correspondence to: Association of British Neurologists, Ormond House, 27 Boswell Street, London, WC1N 3JZ, UK. T. +44 (0)20 7405 4060, W. www.theabn.org Email. info@theabn.org



EUROPEAN CHARCOT FOUNDATION UNIVERSITY CLASSES V

Focussed on Clinical Cases

An educational programme on Multiple Sclerosis

November 12, 2008, Taormina, Italy

Faculty:

M.P. Amato, T. Berger, M. Clanet, G. Comi,
C. Confavreux, G. Ebers, G. Edan, F. Fazekas,
O. Fernandez, J. Haas, H. Lassmann, X. Montalban,
B. Uitdehaag

Call for Biogen Idec young investigators travel grants

The European Charcot Foundation is pleased to announce that Biogen Idec has provided an unrestricted educational grant to sponsor 25 young investigators with a travel grant of € 1000,- to attend the University Classes in Multiple Sclerosis V.

Young investigators are invited to apply before October 1, 2008. Conditions for applications are available on our website.

For detailed information and registration visit our website www.charcot-ms.eu



EUROPEAN CHARCOT FOUNDATION SYMPOSIUM

Multiple Sclerosis and Gender

November 13, 14 and 15, 2008, Taormina, Italy

14th European Charcot Foundation Lecture

Prof. A. Sadovnick

'The natural history of Multiple Sclerosis and Gender'

Sessions on:

- Epidemiology
- Clinical evolution and gender
- Genetics
- Environmental factors and gender
- Experimental mechanisms
- Pathology
- Treatment